



the government, politicians, bureaucracy or fate (all very common in our setting) for all the ills, it is far more fruitful to initiate effort and start improving conditions, even if on a small scale. Perhaps what we most lack in our social setting is the spirit, motivation, perseverance and dedication to bring about a change, and all these need to come from within.

We believe that it is better to light a small candle than to curse darkness. Our work at the shrine of Diwan Sahib has shown us that this is just the end of the beginning. There are countless people with mental illness in other parts of the country who are receiving no better care and need to be approached. The journey of a thousand miles begins with a single step and we think we have taken that first step. Despite all the opposition and

temporary set-backs our spirits remain high and we are currently in the process of expanding our work to other remote areas of the country.

"There is a loftier ambition than to merely stand high in the world. It is to step down and lift mankind a little higher."

Reference

WORLD HEALTH ORGANIZATION
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ANONYMOUS

That 'praecox feeling'

I've worked in psychiatry now for over a decade but never have I experienced that 'praecox feeling' with such certainty and dread as I did with Alyson.

Alyson, now in her mid-30s, is an arts graduate, an attractive woman who retains an interest in music and literature. She is from a large professional Roman Catholic family, financially sound and apparently supportive.

Alyson is my sister-in-law.

When we first met I was a senior house officer in psychiatry, inexperienced at work and naïve in many aspects of life. My partner, at that time, had ambitions about a career, a family and security. I wanted to share and contribute to this future but I always lived with the anxiety of that 'praecox feeling'.

At that time there was no diagnosis for Alyson. She was unemployed and drifting. Her family cared enormously, encouraging her to sit postgraduate exams and pursue work, but with repeated failures and rejections the undermining and cynicisms insidiously evolved. She would present unexpectedly at one of the family homes, dishevelled, penniless and vague. Confusion was paramount. After a bath, clean clothes and a meal the issues surrounding her appearance were never addressed.

Over the years the family gradually split. The 'lazy' camp disengaged, wanting nothing to do with her until she 'pulled herself together'. The 'ill camp' wanted her admitted to hospital and labelled – anything less was perceived as 'doing nothing'. So the family, previously supportive and caring, were now perceived as critical, over-involved or hostile.

She was advised to separate from that critical part of the family for her own survival. Survival for her now means day hospital attendance, a bedsit and a community psychiatric nurse. She is ravaged by illness, the course and development of which has been so insidious that it

has defied both family and professional recognition for 15 years. Her superior intelligence facilitated on-going education despite decline in personality, relationships and coping strategies. Her articulate and distressed family have fought hard against a diagnosis they feel unable to accept. And the profession have colluded, waiting patiently until her whole demeanour is so fragmented, just a small part remains – so little to remind one of the beautiful child within.

And myself?

Well I have risen steadily through the ranks of training in psychiatry. I have my family – a partner and two small and perfect children. I have my security – in part.

But my fears and regrets are many fold. I too remained detached – dreading being dragged into in-law family feuds and having to take sides or give advice. She has professionals to do that, I rationalised. I have never volunteered my opinions but always wondered why no one asked – my training is no secret.

I feared for my partner. Was there a chance of illness presenting there? No I think age is on our side. But mostly I live with the fear for my children. That small but important increased risk, that 'positive family history'. I endeavour to look for differences between them and Alyson – looks, colouring, personality – anything, however irrational, that will reassure me of their differences. At the same time, I work each day with young people with schizophrenia, with their families, with their grief and loss. I admire their profound courage and resilience in the face of such cruel illness. I pray that I too will find the strength to support and nurture my own children should fate and heritage ever strike them such an unfair blow.

Anonymous