'Physician, reveal thyself?'

Michael Shooter

In retrospect, I should have seen it coming – if you get what I mean! But retrospect is easy; insight is often the first casualty of distress.

I had always had a cyclothymic personality; walking on air one minute, ten feet under the next. Usually, the black moods would fly in like may-bugs, drone around my head then out again; but this one was here to stay. It was there in nightmare when I slept; it was there in apprehension when I awoke. It prevented all enjoyment. I could not ignore it. No matter how I swatted at it, the creature would not go away.

At first I tried to cage it in rationality. I had come late to medicine, on the back of an Arts degree, journalism, teaching and a thousand fill-in jobs. I drifted in by accident almost, for want of anything better. I was 'indebted' to a whole string of people who had allowed it to happen – parents who did not burden me with their bewilderment (after all, was I not supposed to be Prime Minister by now?), a wife who would have to support us on a probationary teacher's wages, the clinical tutor who struck all fees from the bill. And here I was, six months from qualifying, confronting for the first time the possibility that I'd made the wrong choice. I could not let them down. It would resolve itself with time.

At breaking point, I needed one last straw; it was Mr James. He was a University lecturer, single, aloof, about to die of a sub-arachnoid haemorrhage in a side ward on the third floor. I do not know why he wanted to see me, only that I was scared I would not have anything to say. I found some minor business to delay me and he died, as he had lived, alone. I had failed him like I had failed everything. I had no right to inflict my failure on anyone else. It was time to give up.

What helped me? First, a Dean who I had feared more than respected, who listened patiently to my 'decision', told me that I was depressed and promised to arrange treatment. We would look at it again when I could give myself 'proper choices'. Then, a family who stood by me among all those who didn't understand and told me, brusquely, that I was lucky to have second chances. Most of all, a therapist of skill and empathy. She gave me pills and they helped largely, I think, because pills meant illness and illness meant it wasn't my fault.

What she also gave me was 'permission' to experience my symptoms rather than trying to sweep them away out of her own anxieties. I lay awake at night; I cried; I ate against my unhappiness; I hid from company; I lost all interest in sex; I was riddled with guilt. What was the point in going on at all? It was only when I got to know her later, personally as well as professionally, that I realised how difficult it had been for her to contain all that, within our weekly sessions, in the wake of tragedy in her own life.

The 'lessons' for me have been hard learnt. I am no more immune than anyone else. I was depressed then and have been, intermittently, since. I will always remain vulnerable. But I have learnt to spot the warning signs – the vicious circle of overwork, disaster and drinking to relieve my sense of inadequacy. And when that is not enough, I have the knowledge that there is help available and that it will get me through.

In the process, I'm convinced that recognising my own vulnerability has made me better able to help others – not by offering false 'hope' from my own experience but by being able to share the blackness in the middle of the tunnel when they cannot possibly see the light at its end. "The woundedness in each of us connects us in trust" (Remen, 1990).

So what, you might say. This is the man who wrote somewhere: "spare us the personal odysseys!" But we work in a profession that is increasingly personalised, where the 'ordinary' drama of our clients' lives is fed upon by a media hungry for copy. At best, a carefully disguised clinical example can say in interview more than a thousand facts; at worst, all confidentiality breaks down and private agonies are paraded through our sitting-rooms in the name of the public's 'right to know'. The Royal College of Psychiatrists' campaign against stigma struggles with the media's insistence on stereotypes and anecdotes to fit them.

Strong stuff – surely times have changed? *States of Mind* was a sign of TV's willingness to look at mental illness more responsibly; blanket coverage of the latest College leaflet, on social phobias, is evidence of a growing partnership with the press in public education; the Patients' and Carers' Liaison Group is bursting at the seams with organisations wanting to cooperate with psychiatrists in demanding better services.

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Quite so, but still the stock characters stalk the screen. It is the most aggrieved who grab the headlines, those struggling to come to terms with the need for help who are most put off seeking it. Two startling reports at the back end of last year (Aggleton, 1995; SANE, 1995) showed just how desperate the situation has become. Services seem inaccessible; nearly half those that need help never get it.

It was in this climate that the Public Education Committee first considered tapping into a potential reservoir of positive attitudes – in ourselves. Many of us have had the experience of mental health problems and of successful treatment for them. Would clinicians be willing to come forward and offer those experiences as a 'role model' for those we are trying to reach?

There were understandable misgivings. It might confirm the image of the 'mad shrink'; but that would entrap us in the same fear of stigma that our clients face every day. Patients might be disillusioned to discover that their helpers had needed help themselves; but that would suggest the need for a 'perfect parent' rather than one who has learnt from experience. It might seem unprofessional in a world where we are constantly under scrutiny; but how much more 'professional' to draw people into help rather than shore up mutual defensive strategies. Wouldn't it simply be exhibitionism?

Some exhibitionism! It has taken me six months to pluck up the courage to write this article. In the meantime, events have overtaken it. Somehow the media caught wind of the idea and were interested. We ran a tail-piece on *All in the Mind* not long before Christmas on what the producer rather coyly called professionals 'coming out'. Other interviews followed and the reaction was immediate.

Of the sackful of mail so far, I was initially most hurt and finally most heartened by a letter from a users' group welcoming the idea of doctors exploring their own humanity but deriding the pomposity of 'role-models'. Come off it, Mike, we're all in this together! The most touching was from an ex-patient who wrote to say how psychiatry had changed her life. It began, she said, when she recognised how the carers around her had come to terms with problems in their own lives.

Which brings me back, as it always does at times of great anxiety, to Mr James. The question he asked of me, of course, is how we can live *with* unhappiness, in ourselves as much as our patients. Healing begins with the ability to confront pain, not finding the right words to make it go away. If you are willing, in whatever way, to share that from your own experience, we would welcome your support. If not, we would welcome your comments.

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