

POINTS OF VIEW SECTION

A Doctor with Bipolar Affective Disorder

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When I was in my teens, my mother's behaviour took a sudden turn for the worse. Previously gentle and loving, she became argumentative and if my sister or I showed any sign of impatience at her tirades, she resorted to physical violence. At the same time, my parents started to have rows about money. My father at these times had violent rages which were similar to those which I later had during my hypomanic attacks. He never struck my mother but the furniture sometimes suffered. My sister and I suspected that our mother abused alcohol and were eventually proved right, but at the time my father refused to consider the possibility.

When I was a medical student in my twenties, my mother's illness came to a head when she was admitted to hospital with an overdose of alcohol and my father's anti-depressants. The psychiatrist confirmed the alcohol hypothesis and said she was suffering not from a mental illness but from a personality disorder. By that time, much damage had been done and she was later to suffer from pancreatitis.

A few months after my mother's overdose, and immediately following my grandfather's death, I started to suffer from sleep disturbances and difficulty in my studies. I was prescribed antidepressants but continued to have some ill-health throughout my studentship. It transpired that there was a good deal of mental ill-health in my family, including two suicides and my mother's overdose, but the full account was not made clear to me at the onset of my own illness.

On finishing my studies, I married a charming and cultivated lady, a first-rate cook, home-maker and hostess, who became a loving mother and, until my health deteriorated and my behaviour became too challenging, a devoted wife. She is also a talented and professionally trained artist and showed great promise as a student.

Unfortunately, we could not raise the necessary capital to establish her as a freelance artist when she left the Royal Academy. A major London gallery, after initial interest, refused to exhibit her work because she did not have a private income. Our attempts to raise funds from our respective parents resulted in so much ill-feeling that each couple never spoke to each other. She taught in a girls' school for a while but was unable to obtain other posts when I had to move to a distant part of the country.

The failure of my wife's career was to be important as my bipolar illness developed, as a cause of friction (the only significant cause) between us and because I could not afford to move to more suitable but less well-paid work.

Aged 28 and a Royal Air Force medical officer, I became very excited and eventually violent. I was staying at the time with my brother-in-law so my wife had a dreadful journey back, harangued all the way and threatened with being abandoned by the roadside. I assaulted her on return to home and she contacted the medical officer.

With commendable speed and efficiency I was admitted to the general military hospital where I worked, was given sedative medication and transferred next day to a specialist psychiatric unit, Royal Air Force Wroughton. There I was started on lithium and made a rapid recovery.

Acutely mentally ill people are a risk to themselves and others and need prompt treatment as I received in this case. However, my experience of my later illnesses and the accounts I have received from other sufferers and their families show the civilian service to be very inferior in this respect. It is very difficult to contact the psychiatric service out-of-hours and harder still to get them to act. The civilian service could learn a lot from its military counterpart, at least as it was in the 1970s. Unfortunately, there have been severe cutbacks in the military psychiatric services since then.

The precipitating factor in this and later attacks was money worries. The desire to produce a house, a car and an education for my future family demanded far more money than I could earn as a doctor. My wife often quoted the novelist Virginia Woolf as saying that the woman writer needed "A room of one's own and £500 per year". For an artist this would translate into a studio and an allowance to cover all personal needs, child care and help in the house while the artist worked. I would have loved to have provided all these but inflation over the many years since Mrs. Woolf wrote her famous essay again put such generosity well beyond my reach.

My parents were very ambitious for me both in financial terms and in academic achievement. At the time their ambitions seemed supportive but became more onerous as time went by. They refused to move with the times; my father, after a wartime training course and a single year at university, obtained a well-paid post as a computer research and development engineer with low-rent married quarters available. His younger brother obtained a similar post in atomic weapons research. With such a promising start in what had been a purely working-class family, I was, I suppose, expected to be a Nobel Laureate and a millionaire.

I showed a good deal of promise when young and the dean of my medical school encouraged me to pursue an academic career. Another lecturer, similarly encouraging me a few years later, described me as "intellectually gifted and a good communicator".

Eventually, my former college tutor put things into perspective when he wrote to me about career options. Research scientists, by my time – the 1970s, were required to do a postgraduate degree and several years of post-doctoral research on bursaries too small to support a wife and family. Certainly, many academics appear affluent, causing their juniors to expect the same lifestyle, but all they get is the money. Colleagues who have family money or multiple incomes (and he had both) create unrealistic expectations in those without.

Unfortunately, I could never persuade my family to accept this sound advice. Much was expected of me but little in the way of practical help came my way. Some years later, when I became a consultant, my mother wanted me to buy a house costing twelve times my annual salary, probably worth about a million pounds at today's prices. The reason was

that, as a nurse, she knew that other doctors had houses like that but she did not know where the money had come from.

Because of this pressure, I suffered bouts of guilt, inadequacy and anxiety about money whenever my mood was low and enthusiastically pursued ill-considered schemes to solve my financial problems when my mood was high.

Eventually, I was advised to obtain "part-time work in a suitably supportive environment" but in civilian life I was unable to find lighter work which still paid enough to support my family. The punishing 1 in 3 rotas of my early years as a civilian doctor cannot have helped my condition but I did well enough for my G.P. to stop my prophylaxis. Withdrawing medication because the patient looks all right in the consulting room without further investigation, consulting the patient's family or obtaining the opinion of a psychiatrist, is most unwise. I agreed to the proposal at the time because I wanted to be "normal" again but I should have asked for a more thorough assessment.

One of the first lessons I learnt as a medical student was to listen to the patient. In psychiatric practice it is equally important to talk to the family as the patient's understanding may be distorted. My hypomanic attacks were brief and so I was only twice in nearly thirty years seen acutely disturbed by a health professional. I well remember my then wife's plaintive "Why will no one believe me?" Perhaps if my doctors had listened to her and acted accordingly, my illness might have been far better managed.

All seemed well until my forties when my mood started to swing between a paralysing depression, which stopped me doing my work, and bouts of hypomania which caused problems at home.

After several months of sick leave, I had to retire from medical practice.

Careers advice in an Arts magazine led to the final breach in my marriage as I became convinced, in my excited state and desperate about finance in view of my retirement, that if my wife followed its plan to establish a studio using a business bank loan, success as an artist was inevitable. I was encouraged by female colleagues, one of whom said "How wonderful it must be to have a supportive husband like you".

I became angry when my wife refused to talk to the bank about the plan, then bullying and finally violent. While this was only one, but the last and the most serious of domestic incidents arising from my illness, it is typical in that I thought at the time I was acting for the best and became angry and confused when opposed. In general, my powers of logic were unaltered but my judgment was severely impaired.

Possibly love had misled me into overvaluing her work but that had nothing to do with my illness; few people can fathom the workings of the modern art market. My expectation that she would be pleased and flattered by my interest, as my colleagues had led me to believe would be her reaction, was far from the mark but again perfectly reasonable. My angry reaction to opposition to my plans was the disease in action.

My wife had already sued for divorce but after this quarrel I was obliged to leave the matrimonial home. I felt angry for many years about the divorce because I had 'done my best' in seeking help and taking medication but these feelings have faded as my health improved and as I began to realise how hard a time I had given her.

Some sufferers from Bipolar Disorder are unwilling to take medication because they enjoy the sensation of being 'high' too much. This was never the case with me. I found the highs and the lows equally distressing and accordingly was always fastidious in taking my medication as prescribed.

The dramatic nature of a hypomanic attack is the result of a torrent of energy which can be used for good or ill, depending on the circumstances, and it is these circumstances which defines whether the patient looks upon the 'high' as a good or a bad thing. The mass media tend to concentrate their attention on those who use their mood swings to gain success, making the selection after that success is achieved. By doing so, a misleading impression may be given.

A bad attack can have the effect of turning "one of the nicest people I know" into "a monster", as my second wife put it. In my experience, the monster arises from frustration. The family needs to be prepared to deal with the patient's highs and lows and this was never done for me and my family. The old idea of "humouring the lunatic" is a sound one here. If my first wife had agreed to have her work valued and then to discuss the matter with the bank manager, the situation would have been defused. By the time we visited the bank my attack would have been over and we could have discussed the pros and cons of the scheme calmly and rationally.

In the last year, the combination of lithium and olanzepine therapy and the support of my second wife, who has been instrumental in nursing me back to health, despite suffering from cancer herself, has resulted in a better mental state than I have enjoyed for many years.

My daughter has inherited both her mother's talent and her father's illness but is responding very well to the improved medication available today, thus showing the importance of pharmaceutical research. I am very glad for her but have to concede that much in my own life has been destroyed by my illness and cannot be regained. Perhaps her foxes will one day be as famous as Louis Wain's cats or Richard Dadd's fairies. On the whole, however, I would wish her a happy and healthy life rather than posthumous notoriety.

My illness has caused great hardship to me and to those around me with the loss of career, wealth, rank, marriage and friends. Much of that loss could have been avoided by timely and adequate treatment and support. I am, however, fortunate in the love and support of my second wife and of my children, who have been a great support to me.

The psychiatric services fell short of an acceptable performance, although my doctors were hampered in the early years by my parents concealing the family history. In particular, there was a failure to listen to my wife and family and to react to psychiatric emergencies, a long period without

specialist supervision and appropriate treatment and a lack of support and guidance for my family.

The mainstay of my treatment, lithium, has been around for many years and scientifically used for fifty. Fortunately, I have reacted well to it but it is toxic, with a small therapeutic ratio. Additional treatment has been made available to me only in the last year. When one considers the steady stream of new treatments for other illnesses and the great progress made in oncology, for example, more could be done in psychiatry. More research please!