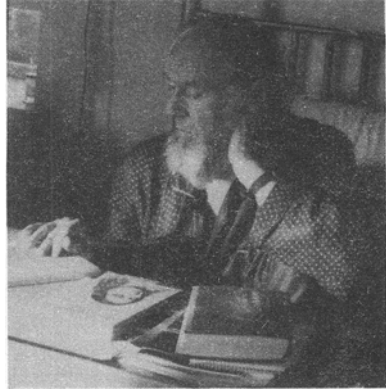


Vivian Milroy

Diary of Disaster (Micro)



Tuesday 19th October 1976, a day just like any other day. Breakfast like any other breakfast and a trip to the office like any other trip to the office. Office routine like any other office routine and lunch at a pub and back to the office like any other day. Then at 2.30 p.m. there was a sudden change in the sound-track, a slightly unearthly tremolo of violins indicating that something was going awry, and a change in the lighting. Colours started to dim. Reality tilted 5 degrees one way and I was locked in with an obsessional overwhelming tearing stomach pain that, give and take the odd half day, has stayed with me now for fourteen days.

Running the film through in retrospect, there were a couple of points of interest. The barman had muttered quietly to a colleague that that barrel was off and that was the barrel I had just drunk from. And then, just before the sound track changed, I twisted in my chair and I felt a coolish discomfort in my stomach. Nothing serious. 'That's funny. I think I've twisted something' I said and tried to twist it back. Instead of which . . .

Then wrestling with the agony. Deciding it was a psychic attack and I would have to fight it through on my own: deciding that I just hadn't the strength and giving in and sending for the ambulance. After that I was locked into a super efficient NHS conveyor belt which succoured me, topped up my body fluids, emptied my stomach fluids, measured my heart beat, blood pressure, temperature and sedimentation rate and provided me with caring attendance, fluids when I needed them, food when I needed it, baths when I needed them, and occasional visits from doctors all of whom were highly qualified, charming, and completely at a loss.

In between rigors, I cast an I Ching and had got Tui which gave joy, progress and attainment and told me to be outwardly yielding and gentle, warned that forcing joy would be evil; and that I was trusting someone who would injure me.

Actually as far as yielding was concerned I had very little choice for the next fifteen days. The amount of sheer energy absorbed by internal pain is phenomenal. Or at least the amount of mine that was. I'd never been much for bravery and have had very little experience of pain. So maybe I'm a cowardly atypical. Once I'd pushed the panic

button it all went very quickly, Ambulance arrives, scared eyes watch me stumble into it. Retching into a sick bag while we lurched the few hundred yards to Guys Hospital - the new tower is clearly visible from my office window. Sympathetic doctors, and sympathetic radiographers, and very sympathetic nurses, and then a circle of faces above me saying 'well we don't really know what's going on. If nothing comes to mind, we'll have to open you up and see.' But in the event they agreed to wait and I started on a three-day fast which produced a gradual diminution in my symptoms but no further evidence as to what was causing them.

The Nurses are tremendous with an ability to enter into a warm caring relationship with people at all stages of conscious functioning from semi-coma upwards. My right hand neighbour, George, in his seventies, was badly concussed in a car accident and hasn't been fully conscious since he came in eight days ago. Five or six nurses have been looking after him and with only one exception have treated him with a direct personal warmth that most of the time got through to him.

The first time I began to be aware of the nurses as people, all their names seemed to begin with J. There were Joan, Jane, Jo, Jinny, Jenny and two more Janes. Then came the S's. Three Sues and Sally, and Sabrina - followed by Seth, from Kuwait and Ceedee from Mauritius.

One small caveat about the nurses is their insistence on communicating only at their own level. To an almost totally comatose patient just brought in from a car accident and with tubes sticking into all parts of him, one nurse said jollily 'do'nt pull your tube out'? "What did you want to do that for?" neither of which sentences could have any possible semantic value to the lump in the bed who was obviously just about aware of his basic body sensations. Then later on when the same patient was at least half awake, one said very heartily, 'now I'm just going to aspirate your throat tube dear.' Even in full position of his faculties and in his own pub, the man would have looked at her as if she'd come from outer space if she had said something like that to him.

The medical staff, on the other hand, are helpful, skilled and diligent and extraordinarily alienated from their patients. I had a range of five in my hierarchy whom I named Colonel Consultant, Major Registrar and first and second Lieutenants House Officers - The Colonel gave an extraordinary polished performance. He was slim, grey haired, suave, beautifully tailored, had an urbane air with his students and radiated an aura of charisma, power and knowledge. Yet in the first six days in hospital I had seen him for one brief two-minute flash (flash in the bed-pan as it were) when he did manage to establish eye contact and smile for 1.5 seconds. The rest of his two minutes was spent asking the 2nd Lieutenant's assistant to describe my symptoms and then telling the students what they could do about it. The Major on the other hand had his human side. Although on my first evening there he offered to 'open me up and see'. I protested that I didn't really fancy being opened up and he was extremely good about this and said 'very well let's wait for a few days.' And again the treatment was extraordinary liberal and even 'naturopathic'. I was on a fast three days with only sips of water to drink and then gradually introduced via food fluids to a light diet. The diet I had to do a bit of juggling with to avoid going straight to roast

beef and yorkshire from fruitjuices, however it was varied enough for this to be possible. The assistants too had got quite open ideas about the system. They agreed that it was alienating but thought it was changing - that most students are well aware of it and would in fact try to relate to the patient as a person rather than a disembodied stomach.

I had several longish discussions with the Colonel on this subject all of them in his absence - where I made the following points. That we were both in a problem-solving situation and that ultimately, at one level or another, I had all the answers. His hypothesis would have to map on to my data or else. If they didn't he would have to change his hypothesis, he couldn't adjust me to fit.

But these were early judgements. As time went on they all gradually broke through their roles and got on to a warm friendly relationship. My judgements were premature (and prejudiced?). Now, I shall miss them when I leave. Assuming I do leave.

My other problem is trying to link east and west. I've for some time been moving towards an oriental/naturopathic/bodymind unity approach to all matters of health and now I'm being called upon to integrate some of these. If western man is rolling about in agony on the floor, can the acupuncturist do as well as pethadine? Certainly, there'll be no question of waiting for a diet to start to take effect. Are there natural limits between the two disciplines? Are there immediate, obvious, acute, 'physical' symptoms that are best dealt with with drugs and hospitalization? Is it perhaps in the long-term approach that oriental medicine and naturopathic medicine can come into their own - in prevention as opposed to cure? So why was I with all my knowledge about all kinds of medicine - albeit a layman's knowledge - caught out and having to be cured in such a really violent and unequivocal way? The answer to this question of course can come in many shapes depending on what level of explanation one is working on.

My first one is that I am suffering from 'hubris'. I've recently been discussing a thesis area on the limitations of the basic philosophy of the National Health Service and the western approach to medicine and suggesting - not entirely frivolously - that most of the resources of the National Health Service would be better directed to training bare-foot doctors in the Chinese style, or conscientious first-aiders in ours. At one swoop, my organism snatched me in mid theory and said 'work that one out.' When the pethadine needle went in, and the drip went in, and the nurses tucked me into a cosy bed, I was glad that they were not Chinese barefoot doctors.

The next theory concerns psychic infection. Recently at two encounter groups I had small emotional breakdowns which seemed to indicate that I had a fund of pain inside me which I wasn't really in touch with. Had I been bottling up too much for too long? Had I been absorbing pain from other people into myself without thinking how best to discharge it - or worse without even recognizing it and experiencing it as pain? In fact when I did a psycho-synthesis fantasy on my abdomen what I got was a large black spider with its feet pressing into all corners telling me that he was there to make me feel my own pain and implying, although he said it very nicely, that it would go on doing it till I really did feel the pain myself. And he did and I did for ten days or so.

The other explanations include food poisoning - I had had a suspect Guinness and a meat-pie - only an hour before the onset.

Next a violent viral infection from outer space. And next - this was the Registrars suggestion - a twisted gut. I had in fact twisted somewhat on my chair just before the onset of the first symptoms, I had been bending down and wearing a tight belt. So this could have happened. As against this, is the fact that I've in the meantime done several yoga twists to untwist it if it were twisted, and at the moment the signs are that everything is going through happily. Pancreatitis has been thrown in by the medical side; prostatitis by me. But neither of them say anything except there is an infection and I think by now we must all agree to that.

What I want to do is try to involve the best of both medicines. If I can find a naturopathic or oriental doctor who is prepared to work quietly unseen while I am still lying here nurtured by the NHS, then we might get away with it. I think acupuncture is out: the nurses would certainly notice if I had rows of needles in me on being tucked up at night. But oriental diet and herbs are quite possible I have sufficient spies in the yoga camp to smuggle these in to me. In fact I already have a container with brown rice in the nurse's fridge. I hope by the time you are reading this, these are all hypothetical questions and an answer of some kind or other has emerged. But in humanistic terms I am really 'experiencing' this theoretical and somatic problem, deep in my own gut and it would be nice if something useful came out of it.

THE LAST ROUND

Friday morning - D-Day plus 10 I managed to expel all the accumulated residues plus the offending, if they were offending, pies. Immediately everything felt better. I seemed to come back to life. For a couple of hours I revelled in this by now quite new feeling. I'd been booked for abdominal X-rays and thought I'd better go along with the system till I actually had the strength to walk out. The Porter came with the wheel-chair. I spent some of the time propelling myself and some of the time wheeling the porter who was quite happy to switch roles. That was at a quarter past eleven. At half past two I was wheeled back, a quivering wreck. All the time had not been taken up with X-rays. They had had an emergency and I had managed to crawl onto an adjacent stretcher and have a bit of sleep. However, for something up to an hour, I have had barium fluid squirted up my back-side and then air pumped in to expand my intestines and in this excruciatingly uncomfortable position, with pipes extruding from me I'd been turned in every position forwards, backwards, sideways, upright, downright, pressed against the apparatus with my tummy flat against it. It was a nasty, gruelling experience. With some occasional interest. The original injection of barium was watched on Video - some of the time by me. I was able to talk about radio-active pollution to the radiologist who seemed not very concerned except to say that the amount of radiation I received that morning would not be very good if I had it every day. As he shot through me four or five times what I have had in my entire lifetime to date, I guess this is an understatement.

Anyway, what this inquisitorial method seemed to produce was a complete revival of all symptoms and I was back more or less where I started. I went home for the weekend and took my pain and problems with me. It was slightly different at home. I had a bit more control over what I was doing, and was able to decide on my own initiative to stop my antibiotics on the Sunday morning. My temperature immediately crept up to 101 and stayed there for four/five hours then gradually crept down again. I had been worried about my intestinal flora. After what I'd originally done to it, it had then had the antibiotics to contend with and then the violence of the barium injection, I decided to help it back to recovery with some yeast, yogurt and vitamin B tablets. I think this seems to be working. Certainly 24 hours afterwards I managed to produce a nicely textured and wholesome smelling stool. The problem now is to keep prying scalpels out, not to mention prying enemas. Medically they are still in the dark here and are still talking in terms of a laborotomy (open up and look). If I can't do it on my own, and go back into the pain belt, then this could be a reasonable alternative. With my systems gradually beginning to build themselves together again, I'm keeping my fingers crossed.

SPOTLIGHT

Our January issue is going to be turned over to a full report on Psychosynthesis. We'll be presenting an article by Gabor Von Varga and an interview with him. Roger Evans will be giving the Institute of Psychosynthesis point of view and we shall have a personal interview with him. We shall try to give you background - places - costs - courses - the main people involved in and around Psychosynthesis - who they are and what they are doing now. And we shall bring personal views from individuals who have done work in Psychosynthesis, from one weekend to longer term involvement.

During 1977, we plan to turn the SPOTLIGHT on

Reciprocal and Co-Counselling

Sex and Sexuality workshops

Bioenergetics

Alternative Therapies

Primal Work

Transactional Analysis

Massage and Energy Work

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