

special
articles**MURAD M. KHAN**

Travellers on a dark journey: caring for a patient with chronic psychiatric illness

He was only 18 years old but over 6 feet tall. Strong, muscular, well built and handsome. He had already played club cricket and had been selected to play for the province. He could bowl fast and move the ball both ways. He certainly had the physique of a fast bowler and the potential to reach the highest echelons of the game.

Then he went abroad to study and during the first semester something went amiss. He started getting strange ideas, imagining people were after him and became so scared he would not go out of his room. He dropped out of college, came back home to Karachi and refused to go back.

When his father first brought him to see me almost 15 years ago, he did not appear too bad. I felt optimistic that this would be a short-lived illness, brought about by the difficulty in adjusting to the new environment abroad. After all, I had seen many other young people in similar circumstances and the vast majority of them had recovered with some time off, counselling and readjustment. I felt he too would recover completely to resume his life.

The cricketer in me

A few weeks into the treatment and with little sign of improvement, I started to panic. I changed his medications, tried different combinations and saw him frequently, sometimes twice a week. I pleaded with him to start playing cricket again. I imagined how it would be when he would step out on the field in whites. The first flush of excitement, handling of the new ball, measuring the run-up, shining the ball on his trousers. The exhilaration of beating the bat outside the off stump, the joy of making the batsman give a faint snick to the keeper. I thought all this would be enough to pull anyone who ever played cricket out of any kind of depression. I felt if I could get him just well enough to get out on the cricket field, he would recover. The cricketer in me could not accept that such a talent could go to waste and such a promising career could be wantonly cast aside.

However, of course, serious psychiatric illnesses follow their own agenda; some resist any kind of intervention and, like a wildfire, destroy everything in their path. And so it happened with this young cricketer's life; the illness not only established itself in him but it continued to eat away at everything that was part of his personality. By the time it finished with him, some 10 years later, there was very little one could recognise of his former self. The handsome features were gone; the muscular physique was replaced by a bloated overweight body that lumbered along aimlessly. He had lost all motivation, all initiative and could not even be bothered to look after himself. Significantly, he had lost all desire to play cricket.

Enduring crisis

The disintegration of this young man in front of my eyes was heart-rending. Yet his father would faithfully bring him to the clinic at the appointed date and time. Sometimes when he refused, the father would come alone to report on his progress or otherwise. Despite the fact that he had to travel long distances, he refused to take his son to any other doctor.

In the process of the son's illness, the father had to endure multiple crises in his own life. First, he lost his wife to complications of diabetes. He then had to let go of his young daughter as he could not look after her – she was adopted by his sister, who told him to limit his visits so as not to confuse the child. He lost his job at the firm when it went bankrupt. He had to deal not only with his son's mental illness but with his physical aggression towards him as well. At one point the aggression became so bad he had to leave home and live somewhere else for many months, afraid to go back home. He never gave up on the young man and continued to provide him with whatever little he had.

Time went on . . . Sometimes the young man would come to the clinic to meet me, always respectful, always polite; sometimes only the father would come. Every time the young man came, he would tell me that he was getting 'better'. Of course he would say this to make sure I would not increase his medications or admit him to hospital.

The facts told a different story. He was spending all his time at home, frightened to venture out. He made his father do all the work and although the physical aggression had subsided, he remained verbally abusive towards him. His only redeeming feature, his father told me, was that when Pakistan was playing, he would follow the cricket on the television.

Some months later I heard he had been diagnosed with collapse of lumbar vertebrae due to tuberculosis. He had developed paralysis of the lower limbs. He became bedridden and doubly incontinent. His father became his main and only carer, cleaning, feeding and dressing him. I found out that he had had an operation and was slowly improving – he could stand on his feet with support. I was pleased and looked forward to seeing him in my clinic again.

Longest five minutes

Then suddenly, one day, in the middle of a busy morning clinic, the secretary came in the room to tell me the young man's father had turned up without an appointment but wanted to see me. As I was already running



late, I told the secretary to tell him to either wait or come back some other time. He said he would wait. By the time I was through with the other patients it was almost 4 hours later. I asked him to come in.

He came into the room, apologised for turning up without an appointment and as I asked him about his son he told me the devastating news. Following complications of kidney failure, the young man had passed away. As he said this, this proud and brave man, who had endured such traumas in his life, broke down. It was the first time in over 10 years that he had been coming to see me that he started to cry. His grief was so palpable one could almost reach out and touch it.

He sat there crying, for what must have been the longest 5 minutes I had ever known. But eventually, as he got up to go, he told me he had come not only to tell me the news about his son's death but also to thank me for all I had done for his son over the years. He told me how I had always encouraged him and given him hope; that I always gave him time and would see him without appointments. He said he could not thank me enough. As he said this, it required everything on my part to hold back my own tears. It was one of the most humbling moments of my life.

Travellers on a dark journey

I often wonder how people develop the resilience and strength to endure such traumas in their lives. What is it

that makes them carry on and not give up? How can people continue to have confidence in professionals like myself, even when it must have become patently clear that there was very little I could do for the young man?

It was obvious the father was not looking for a cure from me – that must have become obvious to him many years ago. It was, I believe, a bond that had developed between him and me. A bond of mutual trust and respect, that transcended all medical and psychiatric treatment. A bond, not measured by clinical improvement or deterioration but one which helped us both in our struggle against insurmountable odds. We both shared a strong common desire to help the young man. In some ways, we were both travellers on the same difficult and dark journey.

For the father, it was never giving up the hope that one day he could get his son back again. For me, it was hoping that the cricketer in him would somehow be rekindled again.

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