teaching purposes. They were pleased with the outcome of the siege. I received the official SWAT team T shirt for “services rendered.”

Nightmares

The nightmares started a year later, after the trial. My blood ran cold when the police told me that Torres had written a detailed plan for his rampage, from obtaining the guns to taking hostages and using them as cover to gain access to the wards. He had intended to kill as many doctors as possible before being killed himself. It had puzzled me why he came prepared to take hostages but never made any attempt to bargain for our release. Now I had my answers and they infiltrated my dreams. I had nightmares of being hunted and hiding in piles of bloody, bullet-ridden bodies. I found it increasingly difficult to get to sleep at night. I would go to bed at 1 am only to wake at 3 am after a nightmare, unable to fall asleep again before I had to get up for work.

“Real” doctors don’t get post-traumatic stress disorder

I would jump every time my pager activated. Immediately after the shooting I had no inclination for counselling—“real” doctors don’t get post-traumatic stress disorder. After the trial I conceded that I was wrong, that I needed psychiatric help, and I was relieved to find that pharmacologically “tweaking” neurotransmitter receptors works. I no longer look for escape routes when I am in a building, and the nightmares and insomnia have subsided, but they have returned every time I’ve tried to wean myself off the tricyclic.

I was puzzled why I should have such severe post-traumatic stress symptoms, as I had not been injured nor had I seen anyone shot. The episode had been more traumaising than the deaths of my parents, whom I had loved for 25 years. I found my answer while I was doing research for a paper on shell shock. W H R Rivers, studying the Royal Flying Corps, found that those most traumatised were the men in the observation balloons hoisted above the trenches. They were exposed to missiles from both sides and had no control over their fate. Being a hostage seems a modern equivalent.

As a result of the incident I developed a deeper love and appreciation of my retarded patients. Intellect can be used for evil purposes as well as to help mankind. It is not necessary to have an IQ above two digits to have a personality; to enjoy life, or to bring happiness to others. Severely retarded children do not need to be able to tell their parents that they love them.

I understand the impact of mental illness, with regard to both my experience with stress disorder and the delusions of my captor. I write to Torres, who is still paranoid but is an articulate man with no previous criminal record.

I realise that life is fragile and beautiful, and I treasure the happy times spent with my family.

Near drowning: self therapy in situ

Graham Ness, Norman Macaskill

Post-traumatic stress disorder is a common problem, developing in 15–24% of people who are exposed to traumatic events. General population surveys have suggested that 1 in 12 adults has experienced post-traumatic stress disorder, the commonest causes being violence (39.5%) and an unexpected bereavement (31.3%). Control studies have shown that cognitive behavioural interventions and antidepressant drugs are moderately effective treatments for fully developed post-traumatic stress disorder. Early psychological debriefing to prevent the development of post-traumatic stress disorder has had mixed results.

Previous stress inoculation training might help in such situations that might cause post-traumatic stress, but little work has been done to evaluate the effectiveness of teaching cognitive behavioural coping strategies to people at risk of trauma. In this brief paper we report the experience of a trained cognitive behaviour therapist working in a post-traumatic stress clinic who was exposed to the trauma of being trapped underwater and near drowning. During this experience he was able to use a variety of cognitive coping strategies. He did not later develop post-traumatic stress disorder but did experience an alteration of his assumptions about risks of trauma in general and an increase in the strength of his spiritual values.

Case summary

I was pleased to be getting a day off to go on a “boys’ ” sailing adventure on Lake Windermere. My previous experience of the lake had been of visiting lakeside cake and gift shops with my wife and 2 year old daughter, but now I was going sailing with a general practitioner friend of similar age (39), Peter.

Though the wind seemed disappointingly light, I was excited to be on an 18 foot yacht, having sailed before only in dinghies. I love water, being a strong swimmer and a sports diver. We made slow progress down the lake because of the light wind and were in danger of missing our planned cafe lunch ashore. We were using the engine, though this felt to me rather like cheating; I also felt superfluous as there was no crewing to be done and I was getting a little bored.

Suddenly the boat heeled to an angle of 45° under a gust of wind from the port side, catching me unprepared and out of position. Then it went over to 90° and I found myself standing on the inside of the hull on the starboard side waiting for the boat to right itself. Then it turned turtle.
I was plunged into the water among dark shadows with occasional shafts of light. I was trying to swim to the surface but without success, and I seemed to be stuck. I needed to take a breath but realised I couldn’t and that I had no prospect of reaching the surface. I realised I might drown and I became scared. I thought momentarily of whether I might get post-traumatic stress disorder, but then realised that I might not live to develop that. I decided I should concentrate fully on what control I had over events at the moment. I thought of the absurdity of how this had happened, of my wife not even being able to tell me off if I drowned; and of my daughter growing up without a father.

I was caught in the rigging, I could not escape. Despite desperately needing to breathe and wanting to thrust myself forwards, I nevertheless decided this would not be the best plan, and I would do better to turn round and try to retrace my tracks. I turned and then, in a rush of water, I found myself still in relative darkness but in air. I was underneath the boat in an air pocket, looking up at where I had been sitting. I took rapid panicky breaths as soon as I surfaced in the pocket but quickly realised I was not safe, as the pocket was shrinking.

Inevitably I thought again about my traumatic stress work, in which I had concluded that the origins of post-traumatic stress disorder are partly to do with the lack of sense of control over a situation. Nothing could change what had happened and my previous moments of relative helplessness but now I could breathe and I had at least some control. Peter was outside the boat tapping and shouting for me. But I felt I had to focus on where I was and what I was going to do. I rationalised that there was no point panicking or feeling helpless because if I drowned the panic would not matter, and if I concentrated on the control that I had, then this would serve as protection if I survived.

I reckoned I had about a minute. I briefly considered taking off my life jacket but it was too firmly strapped around my body and between my legs. I also realised that if I became truly snagged, unless unexpected and virtually miraculous help arrived, I would drown. I reached round myself to check for potentially snaring rigging and was relieved to find none. I lifted my head back as the air pocket shrunk some more, taking in a mouthful of water. I had not much time left. I oriented myself: the only way out was to my left. I reached a foot out to test and I could see it as I felt it hook round the edge of the upturned boat. There was enough air for two more breaths in the space I was in. I took them both, and planned simply to push down and then struggle for the only way out.

I pushed and swam, knowing that if I were caught I would be in real trouble—but my only hope was to keep on swimming as hard as I could, trying to free myself until I could struggle no more. There was darkness for an age, then light, and at last I surfaced and was able to breathe.

Boats were gathering round us and I was hauled aboard a speedboat. I sat shivering and watching the other boats trying to attach a line and tow our boat ashore but very soon she nosed down and sank.

The long road home allowed for a postmortem of the event, and I felt that I should pursue a kind of debriefing with Peter. We concluded that the keel might have been damaged previously and not let fully down; the sails should not have been sheeted hard in, especially when under power; and the doors to the saloon should have been taped shut to prevent flooding with water in a capsize. I felt that as I knew nothing about such nautical matters I could not have foreseen the need for them, but I had a strange sense of feeling sorry for Peter, who was probably more vulnerable than I was to psychological sequelae and might be left with a sense of guilt.

I took advice from the consultants at the traumatic stress service where I worked and followed their advice by talking endlessly about the incident and also writing this account. I went back to Windermere to try and dive down to the wreck, a somewhat extreme example of the recommended exposure therapy. I spent 20 minutes on the water as part of this exposure, but there were squalls, hail, and high winds and my companions were anxious to get off the lake. For exposure treatment it would have been better to stay until the anxiety dropped, which might have been an hour or more.

Since that Sunday, 19 September 1999, I have had one nightmare and several flashbacks, but only a few of those have been painful, and now they hardly occur at all. I have not developed post-traumatic stress disorder nor any depressive symptoms but I am left with some strange feelings. One is an emptiness that existence is no longer predictable, that we assume in the modern world that we will live out our three score and ten years—or more—and not die prematurely. I no longer believe this. And I do not feel as safe, mostly, as I used to when driving on the motorway. Spirituality is much stronger now in my life.

Meanwhile I am happy with such excitements as my slippers being a little too toasted by the fireside and with the dream of a weekend some time in 2001 in which our family will again visit the cake shop and stroll round the firm shores of Windermere.

Conclusion

Using cognitive reframing—emphasising the positive aspects of a difficult situation—and holding on to control of the situation at the time may have enabled me to avoid possible serious psychological sequelae. We wonder if anyone else has had, or knows of, a similar experience, in which self treatment during the event
Patients’ perspectives

may have been of value. If so, we would be grateful if they would contact us. If there are other cases, and if it seems that in situ self treatment of this kind is of value in life threatening situations as prophylaxis against post-traumatic stress, we would like to publish a series.


Operations: spinal versus general anaesthetics—
a patient’s view

Vivien Stern

“Operations are fine, so long as you have the right attitude to them,” a good friend told me. “Just treat them as a great adventure.” And how should one maximise the adventure aspect of the operation? Stay awake while it is done.

I do, however, have some serious points to make about surgery. Firstly, an operation is an opportunity to get better, and more emphasis needs to be placed on this; secondly, doctors may sometimes be overprotective; and thirdly, an operation is a major event in one’s life, but it can be treated as either a trauma or an adventure. Which it turns out to be may depend largely on the attitude of those professionals taking care of the patient (and those taking care of me had the right attitude).

I have had spinal anaesthesia twice now, once last year for a minor leg operation, and recently for a myomectomy. At the end of the operation, my surgeon made a comment about my colour, that I looked “all pink and happy.” “I am happy,” I replied. This was true: I genuinely was, and remain so. Here’s why.

I had seven fibroids, five of them measuring between 13 and 44 mm, the sixth the size of “an apple,” and the biggest the size of “a baby’s head.” I fully understood that this would be a very difficult operation, and that life would be a lot simpler for the surgeon if I were prepared to have a hysterectomy, which I was not (for no “logical” reason whatsoever as I am well past childbearing age). Also I had been offered, but declined (for various reasons), a course of injections to shrink the fibroids before the operation.

I also understood that the surgeon might find it impossible to perform the myomectomy and might be forced into a hysterectomy instead. Although I had signed the consent form for it, I had never really adjusted my mind to that outcome and my surgeon knew that I did not want a hysterectomy unless there was really no other way out.

“That poor surgeon”

When I had asked the surgeon if the operation could be done under spinal anaesthesia, he had shifted uncomfortably in his chair, hunched his shoulders up to his ears, and said he did not know but would discuss it with his anaesthetist. He then told me, “But you won’t enjoy it, you won’t really enjoy it.” He turned out to be wrong. Later, a general practitioner friend of mine, on learning that, on top of all the other difficulties already facing my surgeon, I also wanted to be awake, commented, “Oh, God, that poor surgeon!”

■ “You really won’t enjoy it”

So I went into theatre not really knowing what operation would be done, and having fully understood the difficulties. My surgeon was right up against it, and I knew it. He was also worried, too, by his patient—I heard him tell his assistant something like, “The last thing I want is to be sued by a solicitor.”

After opening me up, they saw that basically everything was packed in tight, one thing wedged right up against the next. It was then that the assistant apparently asked the 64 000 dollar question, “How the fuck are you going to do it?” Unfortunately, I never heard this remark (I was only told about it later), but how I wish I could have savoured this gem at the moment it was uttered. I would have enjoyed the laugh down there in this bizarre theatre atmosphere. Indeed, if my surgeon had ultimately been forced into doing a hysterectomy it might even have been easier to live with if I had been able to share the moment with them and had had the impossibility of the situation explained to me “on site,” as it were. If I had heard the remark, he could have taken the opportunity to explain what they had found and, had myomectomy proved impossible, said “I’m sorry, Vivien, but I just cannot get these out.” Why couldn’t I have joined in? Weren’t we all in this together, all part of the same team?

So that was why I looked “all pink and happy” at the end of the operation, because it had been a complete success and I was aware of that fact. I still had my uterus, despite all the odds stacked against a successful myomectomy, and had remained awake (except for drifting off into natural sleep for a few short periods). There had been absolutely no pain, thanks to the anaesthetist’s skill, only a quite comforting feeling of work going on down there, letting me know that my problems were being taken away. My surgeon had talked to me for some part of the time, which had also