



Patrick - A Legacy



Wendy Thomson*

Department of Applied Psychology, University of Portsmouth, England

***Corresponding author:** Wendy Thomson, Department of Applied Psychology, University of Portsmouth, King Henry Building, King Henry 1 Street, Portsmouth PO1 2DY, England, Email: wendythomson7@icloud.com

Submission: 📅 April 25, 2018; **Published:** 📅 May 27, 2018

Abstract :

As therapists every new patient is an encounter, a journey tinged with excitement but also one of responsibility and privilege. In this case study the outcome was sad and unexpected and left me recalling the beginning and the end of the journey and what happened in between. But of course, it wasn't the end the end is what we learn and take to heart - a legacy.

Opinion

The local paper had a section concerned with petty crime – very occasionally I would glimpse through and read colourful reports of court appearances – some became familiar just because the name kept reoccurring. One such name was Patrick Donahue – he was infamous locally, his lawyer defended him loyally year by year. The police appeared to view him with a degree of acceptance, his offences they took for granted. The offence was always drink related. I have to claim that I pictured him as a burly Irishman, strong, aggressive, brutal and frightening when under the influence. So, this was the background to my first encounter with Patrick.

In person - I first met him in a bed of newly planted wallflowers outside the window of the boardroom at the asylum where I worked. On that morning I was running a course titled: "The containment of violent patients". The asylum boardroom was the centre of the course, the lecturer was doing his stuff at the blackboard and everything was set for the course attendees to return to their respective hospitals more confident that they could contain difficult patients in the most effective and efficient manner. The need had arisen in this and other asylums because the historical use of strait jackets, and padded cells for the purpose of restraint and containment were no longer available. A new regime and breed of staff had to deal with such patients without these adjuncts to treatment hence the course.

Listening to the lecture I became aware of a face in cupped hands pressed against the window. It wasn't a particularly attractive face! Framed with greasy black hair, florid complexion, with eyes peering through dirty horn-rimmed spectacles into the boardroom. Sensing disruption and not wanting to disturb the class from their instruction I quickly made my way from the room, past reception and outside. In the flower bed the figure was still peering

in through the window. Very stealthily I joined the figure tiptoeing in the flowerbed not to crush the wallflowers, and gently took his elbow. He turned around and smiled at me. I took his arm and led him away from the window and asked his name "Patrick" he said "Patrick Donahue".

Was this really the notorious drunk who I had imagined as frightening? He asked me who I was and when I told him my name he slurred 'Wait' He then fished around in his jacket pocket swaying and lurching. I needed to hold him to steady him and prevent him from falling. - Eventually he retrieved a tiny rather dirty square of paper. To my amazement it was a paper I had written on Stress & Personality [1] a few years earlier! Incredulous at this coincident I wanted to know more. But at the time I couldn't spend more time with Patrick and ponder over the meeting and how he had managed to obtain a copy of my research, never the less it was and still is an incredible encounter and coincidence! – As far as I knew nobody in the asylum was interested in this research? – As amazing as this first encounter was, it was now my duty to return to the class ensuring the course members had their coffee break, and to be available to answer questions and generally being on – hand.

That meeting with Patrick was just the beginning – I can't remember how but he became a member of a group I was running latched onto my job as deputy manager of the asylum. The members of the group were referred to me for rehabilitation best explained by the word eclectic. However, the word eclectic was 'stretched' to say the least. Most of them were chronic drug or alcoholics who had no expectation of a change of circumstances; they were entrenched in the sub culture of abuse.

A day started with coffee after which the group members did jobs round the hospital, such as washing cars for which we

charged, or they helped in the wards, or sweeping up leaves etc. As a group they met for lunch, then again for group therapy with me over tea, after which they left for home wherever that happened to be, to return the next day. Any money we raised I would use to fund someone willing to come and teach some skill or pastime to the group. An artist came on Wednesday and they all did drawing. A lady came with her knitting machine and some of them made scarves. While they were busy I was trying to ensure the hospital was ticking over.

My aim was to help them abstain whilst establishing a pattern and purpose in their lives that would prepare them for work and freedom from the hold the substance had over them. I had no involvement with their prescribed drugs and treatment. The group became friends and would help each other with advice to ride the ups and downs of life. For them there had been many more downs than ups, sustaining them and demonstrating their self-belief nurturing their talents and aspirations was working well within the group.

Diagnostically they were suffering from personality disorders: to me they all had stories which had set them on the wrong path from which they could not quit. They were caught in currents without any control, floundering hopelessly towards rapids and clinging on to whatever they could to keep them in touch with reality. They were self-treating with whatever they could lay their hands on to blur that reality. They had all spent time in the asylum as patients, been in prison, or were involved with the judiciary. Patrick became a member following that first encounter. They became as near to a family as they could, empathizing with each other's predicament. Happy when they had survived a weekend without drugs or drink and welcoming Mondays and the safe ritual it heralded for the coming week.

The group was self-funding, inconspicuous to the hospital as a whole, nameless, yet dependent and attached to the asylum without resources: eating its food, occupying a spare disused flat and a small kitchen. They were not depressed life for them was about comparisons: comparison now with the life that had gone before was much better, they were proud of their achievements however small. They were developing identities savouring the experiences they had never had. Discovering taste, smell, and an appreciation of beauty previously denied to them and experiencing childlike as if for the first time. They were changing - immersing like chrysalises into characters establishing identities discovering themselves. Interestingly they would confess that they were genuinely frightened because they did not know who or what they were without the influence of alcohol, or drugs. Their development had been arrested sometimes from a very early age.

On a Friday I would ask them to prepare for the weekend - the worse time for them. Washing clothes was now something they needed to do, charity shops would provide them with clothes but naturally the clothes needed laundering - something which hadn't concerned some of them before. Patrick would explain how he planned to cut the Roman Catholic Church grass on Saturday

morning followed by the Church of England grave yard grass in the afternoon. Then he quite liked going to the laundrette on Sunday morning to launder his bed linen and to get his clothes ready for the next week, he enjoyed seeing the washing go around. Patrick in the past had no home - he would sleep on tombstones in the cemetery, conveniently across the road was the shop that opened early where he could buy alcohol. He would tell the group how he would wake to find rats gnawing at his shoe leather in the winter when they were hungry.

Also, on Sunday I encouraged them to use their bus passes to go on trips and take a packed lunch. This was the one concession the hospital allowed, a bus pass. Although it owed to the blind eyed approach of one particular woman that the group were issued these. I had a few of these important individuals who would favour me with various resources which made such a difference to what I could do wearing my therapist cap without incurring budgetary difficulties wearing my managers hat.

On one occasion newly in post I was left in charge of the asylum. All hell broke loose. The temperature dropped, and it snowed, the ceilings in the wards leaked, nurses couldn't get into work, a patient started punching nurses and to cap it all a patient absconded. There were no contingency plans - but the patient a lady, had to be found. She had escaped during the night in just a nightdress unnoticed by the night staff. We turned the boardroom into an operations room. A map of the area was put on the blackboard and search teams were organized to scan the area. The police, the fire service, the radio hams, air search and rescue all descended on the hospital. My patient group were put in charge of caring for these various emergency personnel. Patrick took to wheeling a trolley with tea, sandwiches and cakes. He took great pleasure in speaking to the police force, who all knew him so well over the years as a notorious drunk in the cells.

The police inspector said;

"Patrick? I'm dumbfounded! I've only ever seen you drunk!"

"Oh yes inspector this is how it's done"! While Patrick poured tea with some delicacy and aplomb.

"Can I offer you a cheese scone sir?"

"Oh, sergeant I see your cup is empty and I know you take one sugar and you like strong tea?"

"Patrick I can't believe it? I never thought I'd see you looking after me" A sergeant replied. The police were incredulous at the change in him and at the progress he had made. They similarly saw old acquaintances amongst the group who had been in court for various offences.

Sad as it was for the poor lost patient the group benefitted from being in a position of serving and earning respect by those very people who they had come to dislike and fear. (The lost patient amazingly was found alive after four days). My fear was of how much this would affect the hospital budget but amazingly no service claimed expenses.

The group and Patrick were doing well, and I began to discuss with them a future with paid employment. We had ups and downs, but they needed to learn to ride these and survive. They were now doing night classes and tentatively exploring relationships beyond the group. Socialising was an important step for them; previously socializing was restricted to a peer group of similar abusers. Writing their own stories was added to the list of things to do help by a poet who was interested to contribute. Patrick was becoming very expressive, writing a daily diary and exploring literature. I was hopeful that he could develop this aptitude for expression and perhaps take a course leading to a degree.

But it wasn't to be! One Monday morning I had a phone call from the superintendent of police he said:

"I've got some very bad news for you. Patrick is dead".

I went to the funeral and was among a huge congregation of police, shopkeepers 'off licenser's, churchgoers from two churches – it was packed. After asking around I eventually met the only member of his family to attend - a sister from Ireland, to see if I could comfort her – she seemed bemused.

Patrick had left a legacy there were many unanswered questions, why did he die. What had happened I even wondered if I had inadvertently played a part in his premature death by somehow pitching his future too high? One of the tasks I had required of the group was to write their stories. Before his death Patrick had written his story, he had given it to me - it's a story without an ending, like so many of our patients in similar situations. Sometime later the police from the main police station sent me two photos they had taken of Patrick - they too were left grieving like me and wondering what might have been.

Legacy

So, what was Patrick's legacy to me as a therapist? First my being negatively influenced by the local paper, and then putting my own spin on someone I had never met. Secondly the coincidence: Patrick getting my research and knowing my name? Patrick didn't

even read the local paper never mind a research report. I never did ask him how he came to know me via my research before that first meeting in the flowerbed. In retrospect of course, I wish I had. I can only say that I was extraordinarily busy and knew that all in good time further down the line that question would be answered. Furthermore, Patrick was not the only patient they were all vulnerable trying to find themselves the dynamics between them was interdependent and critical I couldn't favour one.

Thirdly the benevolence of the police was wonderful to observe they had had years of Patrick in the cells, seeing him at his worst: putting up with his behaviour, feeding him, giving him tea and much more. But they were police they were interested in improvement, but they were helpless to intervene therapeutically. They were incredulous not just seeing the tables turned in the boardroom and the realization that Patrick was looking after them, but how proud they were to be witnessing this profound change.

Some will miss the point and view Patrick quite wrongly as a criminal what I'm keen to convey is that as therapists we need to realise therapy is a two-way process. We need to be professional and knowledgeable. We also need to be passionate and genuinely intrigued by our patients, delving into the past, identifying where things went wrong listening to their stories. If we can demonstrate and impart our intentions for them, they will appreciate the understanding and trust they crave, and the motivation to change will follow.

Lastly the funeral – the church was packed with people coming to pay their respect and to say goodbye to a notorious and once broken man, but a man who had clearly touched their hearts. How was it that they all came together in such short notice he didn't even belong or attend a church? What did I learn and take away from this brief encounter that began in the emerging wallflower bed and ended with mountains of flowers fully blooming on Patrick's simple paupers coffin? The last becomes first.

References

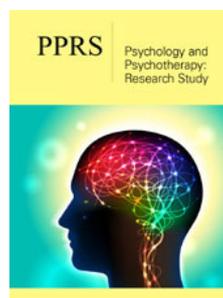
1. WR Evans (1981) Stress & psychoticism. *Person Individ* 2(1): 21-24.



Creative Commons Attribution 4.0 International License

For possible submissions Click Here

Submit Article



Psychol Psychother Res Stud

Benefits of Publishing with us

- High-level peer review and editorial services
- Freely accessible online immediately upon publication
- Authors retain the copyright to their work
- Licensing it under a Creative Commons license
- Visibility through different online platforms