

# Coronavirus: Surviving ICU and the need for psychotherapeutic support

With Shaun Brookhouse

Jenna:

Hello and welcome to our UKCP podcast recorded during the COVID-19 restrictions. Current safety measures mean that both psychotherapists and clients are adapting to new online circumstances. In this episode, our CEO Sarah Niblock sits down with UKCP psychotherapist Shaun Brookhouse. In March, Shaun caught Coronavirus and was left in an induced coma for five weeks. Shaun talks about his experience with the illness, the long-term aftermath of the pandemic, and the need for psychotherapeutic support in helping survivors make sense of their extreme experiences.

Sarah:

Before we get into your story, Shaun, I wondered whether you might introduce yourself to listeners, tell us a little bit about yourself, please.

Shaun:

I've been with the UKCP since 96. I trained therapists, I started training hypnotherapists in 93, and psychotherapists in 95. But interestingly, I decided a couple of years ago that this was going to be the last year I was going to teach. So COVID had nothing to do with my decision to stop teaching. It just happened to work out that at least it happened when it happened, when I had done my last class in February, at least I could do my last class and go from there. So, I'm looking at new projects and things to get involved with, but of course, my first love is obviously my clinical work and something I still very much enjoy doing and have done so now for as a hypnotherapist since 89 and psychotherapists 94-ish, I think is when I first started doing psychotherapy. So, it's a long time doing it, but it's a worthwhile doing, I find.

Sarah:

Thanks, Shaun. Now, I wonder whether you could just take us back to March, when you first felt that something wasn't right. Can you tell us right from the very beginning of how you felt and then what transpired?

Shaun:

I think part of the difficulty was that when this originally showed it was March, I didn't think it was anything in particular, I just thought I was a bit unwell. I took a week off from seeing clients, I wasn't feeling at my best. But I didn't associate it with COVID. I mean, in March there was still panic about the virus, but we knew so very little about it, it didn't strike me that it was anything to be concerned with. Those around me, however, were concerned and apparently, my breathing became far more difficult. I didn't find it difficult. Again, I just assumed all was okay. And after some badgering, I allowed an ambulance to come and collect me to take me to hospital. Again, not thinking that there was anything particularly to be concerned with. And then basically, I remember nothing after being put in the ambulance to the time I was revived in ICU after five weeks of being in an induced coma state trying to get my respiratory tract back online and all of the associated Infections and problems that came from that. I've often said that it was more difficult for friends and family than it was for me because I wasn't conscious during this process.

So, to me, I didn't know what was going on, so I was as happy as a clam in some respects, not happy as a clam and others because obviously, there were implications for being out of it like that. And there's quite a lot of research on post ICU syndrome about the drugs that they have to use in order to induce the state that have long-term psychological implications. But I'm sure we'll talk about that as we go.

Sarah:

Yes, Shaun, I'm interested in what you said about the fact that everyone around you was very concerned for you. But right up until your last waking moment when the ambulance arrived, you said that you really didn't think it was that bad. I'm just wondering if you've reflected on why you didn't think you had a problem or weren't as ill as you thought you were.

Shaun:

I have meditated on this to try and come up with some sort of reason why. I'm not a very good patient at the best of times. And I mean, I have had over the years, various bits and bobs that have not been great healthwise, they've always resolved themselves, so I've never considered a problem. I assume that part of it was some kind of resistance, some sort of defense mechanism. My brain kicked in saying 'no, you're fine, you're going to be alright,' because the panic was so great that this disease was going to be significant. That people were dying and there was no cure and all of the things that we now know, probably kicked into some level to say, 'look, you can't have this'. At the end of the day, I've never been one to be a whinger about being, I very seldom take time off from work or otherwise for illness. So, I just assumed it was just a bit of a bug, nothing more significant than that. And I think probably there's a truth to the idea that I chose to believe that it was a bit of a bug, possibly, at least at some level, that it was safer. I didn't have to be afraid, I didn't have to deal with all that was going to come from this. I mean, again, if I'd have known then what I know now, I'm not entirely sure I wouldn't have taken action sooner. Because I'm not entirely sure that week before, if I'd have taken action, would it have been better? Would I have avoided the worst of this or not?

Sarah:

I can fully understand. I just recall, the media headlines were terrifying. There was this state of panic about the NHS becoming overwhelmed. And we were being encouraged not to contact medical emergency services or GPs unless we were absolutely convinced that we had it. So, it's perfectly understandable. The last thing that you remember, Shaun, was when the ambulance arrived. Can you take us from there?

Shaun:

It was five in intensive care and one in an ordinary ward. I wanted to get out as quickly as possible. The difficulty was, of course, when I fully sort of came out of it. I had no idea at the time, I had no idea how long I'd been there, in fact I didn't even know where I was for a good day or two before. I mean, people tried to explain, of course they did. But what you often don't get told, and I can understand the reasoning behind that, is you become paranoid. The drugs that they use to induce have a significant psychotropic affect the brain. I didn't know where I was, I didn't know who these people were and of course, add insult to injury, everyone is masked. So, it's a highly scary, terrifying experience. In normal circumstances, you wake up out of this sort of thing, you see faces, all I saw were people masked up, and I didn't know what was going on. I didn't know when things were. And I hadn't realised just how long I'd been out of it. I mean, I sort of look back and think, you know, there was some niceness to that. To not have to be responsible for anything because I didn't. Other people took care of other things. People kept me alive. You know, people look after my work, all the things I needed to have done, we're done. So, it was a relinquishing of responsibility. I don't recommend it. But in one respect, there was something good out of that. But there were far more difficulties as far as dealing with masks and not seeing people because of course, I hadn't realised that the lockdown really had happened.

Although the lockdown happened just before I fell ill, I had no recollection of it, so I had no idea why there was no one there. Where were my friends? Where were people to come and see me? I mean, I worried I must have offended people or something, that no one was coming to visit. But of course, they couldn't come to visit because of the lockdown situation, and I didn't have for the first few days the ability to verbalise. I had a trach tube and so I couldn't speak. It was a question of lip reading, which apparently, I'd learned later that all of the ICU staff are trained in lip reading to try and make it easier. And when they couldn't make out the lips, they have a sheet of letters where you're basically spelling out what you're trying to say, as much as one can do at the time. So, it wasn't a smooth transition from unconscious to conscious, it was a challenge to try to figure out what had actually been going on, which was not helped by the hallucinations and such that one experiences whilst in that state, that you think are real and feel real, but have no bearing on what actually truly took place.

Sarah:

Shaun, are you willing to share any of the content of those hallucinations? We've heard a lot about how those who've been in a similar situation to yours have been quite traumatised by those recollections.

Shaun:

One of the things that was done for me while I was in ICU was a loop recording of people who matter to me, friends and family and such giving positive messages, reminding me of things that had gone on before. So, in one case, I was certain that I was on a plane and actually was taken off the plane, ill. And that's how I got to where I was, it was the only explanation. But I didn't know where this plane was, I didn't know what country I was in and it took a little bit of time for the staff to convince me that I was in the UK and it was the NHS, and everything was going to be all right. But that memory was so crystal clear, so real, that it was upsetting, but it wasn't terrible. There was an image that I was in Dublin at one point, and I had gone to Dublin because I was doing a story on Kim Jong-un's brother, who had just taken over in a coup and would only talk to me and I was going to write this article. Rationally, as I sit back and look at it, it's insane. Of course, it's not going to be me. I am not a journalist. I don't know the man. But in that time, I was convinced all of that had happened. It was all true. And there's a major deal. I mean there were other, far more unpleasant things to relate to choking, and hanging, and things like that. But of course, that would make sense logically: the trach tube, respiratory issues and all of that. But the way the brain processed it was, I was being hanged, I was being choked, I was being assaulted, none of which happened. But it certainly at the time, I was convinced that these things were indeed going on. And the hospital records show that when these images were coming up, how different my body was responding, as far as respiration, and pulse, and all sorts of stuff. So, I was living in this twilight state, this induced state of unconsciousness and going through all that one would expect to go through if it were actually happening.

Sarah:

You said that you visited your medical notes, you looked back over what had happened to you. Why did you do that? And did you find it beneficial?

Shaun:

Apparently and again, you don't know that sort of thing until you know it. Because I was unconscious, the ICU staff maintain diaries for people in my position, where they don't know what's going on. And mainly the nursing staff will say, today you were this, and today we did that today this happened, to fill in the blanks, because obviously, you're going to be, or I think I certainly was confused a lot of the time and for weeks after even getting out of hospital, I was confused about a lot of things. The diaries helped to fill in some of the blanks and answered some of the questions as to why these things were going around in my head.

And I'm glad I took time; I did not rush to go and do this. This was months after, to actually start to read this stuff, because it was troubling. It was upsetting. And I still try to rationalise the fact that I was never really in danger of dying. But of course, I was in danger of dying from the very beginning. Be it strong wilderness, be it the positive vibes that people were sending, be it prayer, whatever, for some reason or other I mustered up enough strength to survive it.

Sarah:

And of course, the medical staff at that time would have been still finding their way through a disease that we still know very, very little about. That's absolutely harrowing. I wonder, Shaun, you mentioned that there was this kind of strange hinterland between consciousness and unconsciousness. Do you have any recollection of when you became aware that you were coming to, when you were coming out of the coma?

Shaun:

Well, this is going to sound humorous, but at the time, it certainly wasn't. Everyone had a beard. I couldn't understand that. And of course, now I look back and I think 'okay, probably what you saw were the face shields,' and your brain processed it to say, 'okay, you see something on the face, that must be what it is.' In one respect, it was kind of galling, because the women's beards are so much better than mine, you know, much more full and lush but again, it wasn't real. I have a distinct memory of coming out of some sort of twilighty, sort of there but not their state, where there were priests' vestments on my bed. And I thought, 'why on earth would I need priest investments, I'm not a priest,' I long left that notion of an idea for my life. There were some things that were genuinely there, but just misinterpreted and then there were things that we just created to try and make sense of things. There were conversations that never happened. I had a conversation with one of the nurses about the reason why they put such a large trach tube in my throat was because it was too big for me to sort of cover and speak. And the reason why they did that was because they were trying to stop me from screaming and having a psychological or psychotic episode. But I explained that I understood that it was perfectly okay, you know, we're all in the same sort of line of work, I get that. The conversation ever took place. So, I was glad on one hand that didn't take place because I felt like such a fool. Obviously, the way my brain was trying to process all this was, this is why this is happening so don't worry. And I'll give you a memory, I'll give you a creation to try and make this make sense to you so that you don't lose the plot somewhere in the process. The advantage was, as a psychotherapist, I could recognise what was going on so I could take action quickly, get myself into therapy, talk to somebody who's an expert on trauma, and help me to come to terms with the fact that a lot of what I'm going through is not unique to me. I've said this to clients before that, you know, sometimes the notion that other people suffer as we do is a comfort and helps our process to move forward, to realise it's not just us, there are others who have gotten through this and have survived. So, the idea of going back in and doing therapeutic work again, with someone else was useful. The first several weeks, I slept very badly, I had night terrors, and all sorts of stuff that came up. I still get them from time to time now, but nowhere near the frequency that I used to get them. Even though I know in my heart of hearts that these things aren't real, it's helpful to talk to somebody else who's not looking at you to say, 'you've lost your mind, you should be hospitalised because you've gone crazy.' Rather than saying, 'well, actually, there's a certain level of this psychological, there's a certain bit about this, that's chemical. And there's a certain amount of that it's physical, and all those things are colliding at the moment to create this highly agitated psychological state when they occur.'

Sarah: And yet, the disease typically in the mass media is framed as a physical illness and understandably so. Your experience alone tells us that risk of fatality is absolutely terrifying. But you're describing two pandemics here, two viruses in one. The physical toll is inextricably linked, also, with the mental, the emotional toll.

What do you think as a psychological professional, as an expert, will be the after effect of this pandemic, on our mental health? What might for instance, policymakers or commissioners need to prepare for in responding to this crisis?

Shaun:

I think we are likely to see a psychological crisis the likes of which we have never seen. I can remember when 9/11 happened. And after 9/11 people suffering with PTSD, people had no contact with New York who had no family, friends or otherwise, but just purely traumatised by the constancy of seeing the planes hit the building, minding their own mortality, being scared that what we believe was safe is no longer safe. And that was a very finite example where, okay, if you don't get on a plane and you don't go to tall buildings, chances are you're probably going to be alright, but we still generalise it to create other issues that came along. This is something that every family is going to know somebody who's either had it and survived, had it and died, had been touched by it in some way, shape, or form. If we look at this purely from a trauma perspective, we're traumatised, we don't know it yet. And the frustration and I mean, I'll admit, I've stopped watching the news, I've stopped engaging with this, because the politicalisation of the disease breaks my heart. This is not red and blue. This is not Conservative and Labour. This is everybody. We're all up the creek on this one and we need to take steps now to start getting people the psychological assistance they're going to need. You're a journalist, you know that there are certain things that will capture the imagination of people and this has got everything: this has got death, it's got people who survived, heroic stories of sacrifice, this has got the whole package. The bottom line is mental and physical health still are not on an equal footing and this is going to cost us in the long run.

Sarah:

What does self-care look like to you now?

Shaun:

I've been very, very fortunate. I think I'm no different than a lot of people, we forget about how fortunate some of the stuff that we have in our lives is. I have good friends who have from the get-go ensured that I was looked after, that food was available, that anything I needed was gotten. I needed to be able to take care of myself to be able to start to adapt, because that's always been the way I've endeavoured to live my life is to be able to adapt to circumstance and to be okay. But you know, having good people around you, having people who care is essential and if you don't, you got to reach out, you got to fight. I mean, I hate asking people for things, it's not my nature to ask for help. A friend of mine gave me some advice once to say, 'take the help, that if you don't get offered the help, ask for it.' Because if you don't ask for it, they're not going to know you need it. And there's no shame, there's no weakness in saying 'I'm struggling, I need some help.' We are interdependent on each other. In the great scheme of things, we need to be able to reach out to each other when we need it. And in our kind of work, that's our stock and trade, we are the people that are being reached out to, we just need to make it easier for people to be able to reach out to us. Again, it's a question of the slant to which the story goes, you have all the people who say 'oh, they're breaking the rules. They're doing this. And that's why we're back in the mess that we're in at the moment.' Maybe that's true. Maybe that's not true. I don't know. All I do know is it still proves the fact that even if it is true, we're still so interconnected, that the actions of a few people can impact so many others. It can be negative; it could also be positive.

So, let's focus on the positive stuff. I mean, certainly in the early stages of this, how we lauded the NHS for that heroism, and I don't think you can call it anything other than heroism. These nurses and doctors are putting their lives online still now, for our benefit. What's the old expression, there's more that unites us than divides us and I think it would be wise of us to remember that in these times that have yet to come.

Sarah:

I wonder if you have any closing words that you'd like to give to any policymakers or commissioners that are listening to this podcast?

Shaun:

The time has come to listen to the experts. Now, we don't know everything. Of course we don't. But we in the mental health community, the psychiatrist, psychologist, psychotherapist, counsellors, have insights that are useful to create a new narrative. And in the end, the health concerns the physical health concerns are without question, they're obvious, we see that the mental health concerns are yet to come. And I'm not unique in this in terms of the struggles that I still go through. I mean, I had hoped when I come out that by September time, I would be more or less back to my old self. I'm not my old self, I don't ever think I'm going to be my old self again. I mean, I've been lucky. There have been no physical scars, the scars in the lungs didn't happen, I'm extremely grateful for, but there are plenty of psychological scars. And I'm not the only one who's going to be carrying them. If we don't start to treat mental health, on a parity with physical health, we'll have physically healthy people who cannot pull themselves together, which will ultimately affect their physical health in the long run. If we work together to try and make things better for everybody, and that there should be no one who wants for mental health assistance who needs to go too far to go and look for it. There's got to be a way of balancing this so that it makes economic sense. Of course, it makes economic sense. A happy workforce is a productive workforce, so we need people to be well, and if we can just focus on being well will be a hell of a lot happier in the long run.

Jenna:

You've listening to UKCP psychotherapist Shaun Brookhouse, speaking to Sarah Niblock our CEO. If you're interested in finding out more about the role of psychotherapy during the COVID-19 crisis, then why not check out one of our previous episodes? We are regularly updating our website with helpful guidance and resources which you can find online by visiting [psychotherapy.org.uk](https://www.psychotherapy.org.uk). Till next time.

