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People and places

A case of inadvertent flooding: the perils of systematic desensitisation on Network South-East

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I have been treating a 55-year-old man suffering from a 21 year history of agoraphobia. The treatment has been cognitive-behavioural, primarily based around a systematised graded exposure to different transport systems and increasing distances from home. An accident recently occurred which serves to remind us that no matter how controlled an exposure programme is intended, we cannot protect either our patients, or ourselves, from the occasional chance encounter with unmitigated disaster.

My patient recently managed to take a short train ride for the first time in 20 years. Trains are at the top of his hierarchy and within this category of transport there is a further hierarchy as follows: modern clean trains, older trains with access between the carriages and finally, the most anxious-making, old commuter trains where there is no access between carriages. In these latter trains there is no escape from one's carriage to any part of the train (i.e. corridors or an open guards' van) once the train is in motion.

On this particular day, having repeated that first short journey, from Charing Cross to Waterloo East, we agreed to extend the journey time by travelling to London Bridge. Having spent weeks watching trains pull in and out of our chosen platform at Waterloo East during earlier parts of the hierarchy, we both felt entirely confident that all trains calling at this platform stopped at London Bridge. The next train with inter-carriage access would be the one to take.

The trip went very well; as we pulled into our stop we prepared to get off and discussed his coping strategies and success. However, the train glided into the station and then proceeded to glide straight out again. Horror filled both our minds. A neighbouring passenger kindly informed us that the next stop was beyond the suburbs, into the countryside! We quickly established that this would mean, in addition to the fear of visiting an unknown place, a further 10 to 15 minutes of travel-time and no escape.

My patient was reassuringly and surprisingly realistic and resigned himself to the trip. We talked about the mishap and how these things "do happen". He acknowledged that coping with the unexpected was an important aspect of his therapy. He was certainly anxious, but he did not panic. Having arrived at the next station, he was able to marvel at his coping and even laugh at how ridiculous it was that he was standing on a small country station in the middle of nowhere.

Shortly afterwards, a train arrived to take us back up the line. It seemed our troubles were over and while still very anxious, my patient seemed to be relaxing, knowing that he was going home, that it was all over and that he had coped well. However, once again fate conspired. Shortly after passing a small country station, the train pulled to an emergency stop and an announcement was made that there had been a fatality on the line. It emerged from the guard's account that someone had committed suicide by laying their neck across the rail in front of our train.

After a quarter of an hour's inaction by the train staff, my patient became increasingly anxious. Having identified myself and my patient to the guard we were dressed in orange fluorescent jackets and preferentially led from the train, along the electrified tracks, past the decapitated body of the victim, which lay in clear view, to the nearest station not 250 yards away.

We stood on the freezing platform, both dazed, in the darkening light of the late February afternoon, yards away from (but out of sight of) the mutilated body, in the middle of nowhere, with no news of further trains. After three quarters of an hour of further confusion and doubt about any form of transport being arranged, my patient turned to me and said "There really is no way out of this is there?" My fear that he was about to lose control and the prolonged tension of the whole session began to tell on me and I secretly began to think that he might be right!

Finally, a train did arrive, but of course it was a dirty commuter train with no access between the carriages. Sighing and knowing that there would be no other trains that night, my patient stepped on. The return journey took much longer, we even stopped in a tunnel and the carriage was self-enclosed, but he

managed. We pulled into our original stop nearly three hours after our first fateful move. My patient punched the air and leapt off. I felt like I had just stepped out of a film.

I called him the next day to check his reaction to this extraordinary day. He said he felt proud and amazed and had just had a hearty breakfast; the first one in years. He sounded bold and bright.

Flooding as a therapeutic technique is currently out of favour, mostly on ethical grounds. Graded exposure is seen as a much more patient-friendly behavioural approach. However, no matter how much we try to control and grade exposure, particularly when conducted in the field, it seems the "graded" intentions of systematic desensitisation can always be sabotaged, as fate conspires to flood.

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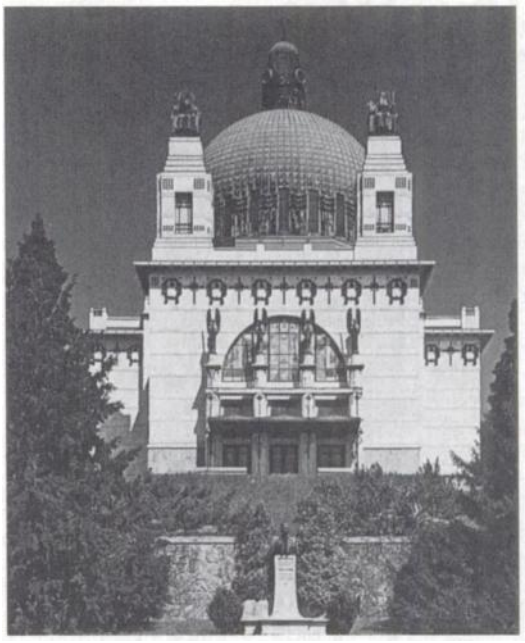
The church of St Leopold, Vienna

In 1907 the Lower Austrian provincial institution for the care and treatment of mental and neuropathological patients, *am Steinhof*, was opened. Situated on the slopes of Gallitzinberg, a hill in the 14th district of Vienna, the imposing complex of buildings was designed by the architect Otto Wagner. It had two departments, one for acute and one for long-term patients; male and female patients were treated separately so there were four units.

Since 1921 the hospital has been the Provincial Mental Hospital for Vienna, known as *Psychiatrisches Krankenhaus/Baumgartner Höhe* (PKH-BH). About 25 years ago the departments were reduced in size and the separation between acute and long-term patient units was discontinued. PKH now treats about 5,000 in-patients annually.

The church of St Leopold, situated in the centre of the hospital grounds, was built between 1905 and 1907 and was one of the major works of Otto Wagner. It is considered one of the most important architectural examples of art nouveau.

The four angels above the main entrance of the church were created by the Hungarian sculptor Othmar Schimkowitz.



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Buried Grief

Living in the mirrors of lost time,
He believes all time is lost
And spent.
All sadness eternal,
All joy an accident,
Unrecorded and without witness.

Pity the man with buried grief,
But offer him no comfort,
No relief.
He alone can disinterr
The gall within the stomach's soul.
Teach him to remember.

DAVID NORRIS