Businessmen and Mental Illness

The foundation of a new charity

IAN CLARK, Consultant Psychiatrist, County Hospital, Stornoway, Isle of Lewis (formerly Consultant Psychiatrist, Cheadle Royal Hospital) and Medical Adviser, STEER Organisation

The popular perception of the business world is that dog eats dog, with the executive expecting material rewards to compensate for high levels of stress and risk taking. If you fail—too bad—you had it good for a while. A caricature of course, but like most caricatures it contains a kernel of truth. Sympathy for business colleagues who do fail is not a facility prized by competitively striving senior managers, viz Robert Maxwell's statements on the launch of the second London newspaper, "It's the law of the jungle—the survival of the fittest".

There are many casualties from this world of business and some of these are or become mentally ill. It is certain that some business and professional people become unemployed as a result of mental illness and also many will suffer mental illness as a result of becoming unemployed. There has been very little research interest in the mental health of this group, apart from a few papers on the subject of overwork, and there has been even less interest in rehabilitative therapy.

During the author's time as consultant psychiatrist at Cheadle Royal Hospital (1981–86) he was responsible for the medical development of the hospital's rehabilitation services. Cheadle Royal Hospital is an independent charity and has industrial and hostel-based rehabilitation services for patients with chronic psychosis. Acutely ill patients from the business world passing through the acute private wards could make little use of these facilities. An impression of common difficulties was gleaned from these patients and a more rigorous attempt was then made to examine their needs and the hospital's response to them.

In 1984 a small group (six) of male patients and ex-patients was invited to meet to share their experiences. The group comprised a cross-section of senior business personnel whose employment positions had included at some time one or more of the following: entrepreneurial businessman, senior executive in the natural gas industry, owner of large retail business, buyer for industrial company, commercial lawyer, director of engineering company, personnel director/trouble shooter for national construction company, master mariner, accountant/trouble shooter for multi-national company. Two of the group dropped out during the course of the following two years and were replaced by a managing director from a large bakery/confectionary concern and a manager from one of the major chemical companies. The reasons for bringing this group together were:

(a) to ask them more about their experiences of having been mentally ill;
(b) to ask them about their experience of psychiatric treatment—could the hospital improve its service to this group?;
(c) to see whether any support existed for a resource group to help others in similar circumstances.

The group met fortnightly at Cheadle Royal Hospital between the autumn of 1984 and late 1985 in the company of the author after which connections with the hospital were considerably attenuated as the group began to function as an autonomous agency (see below). The tasks of the group were enthusiastically taken up and this paper includes some of the points raised, particularly those which were confirmed by more than one group member. Also included are the observations of the author. The group members could be described broadly as having suffered from either severe affective psychosis or from reactive disorders associated with the interplay between stressful business activities and personality factors. Two members suffered from severe manic depressive psychosis and their illnesses pre-dated their business troubles. The majority (four and later six) had increasing similarities in their life histories and suffered from reactive states which nevertheless were quite severe with significant depressive symptoms. Without exception those in the reactive group had experienced problematic relationships with their fathers. They complained also of long-standing fluctuating feelings of doubt about their own personal competence but related similar histories of meteoric career advancement. All of them had achieved considerable seniority before they were 35 years old. They described similar problems in the period of months or even years leading up to their being in receipt of some form of psychiatric treatment.

The problems building up

(a) *Isolation* The group members had found that fellow businessmen, managers and others were not available to them to discuss feelings of distress or failure to cope. They had recognised that they were not right in some way or had become embroiled in some difficult business problem which they felt was overstressing them (e.g. one man had been given a large salary for doing nothing: this, for him, was extremely stressful). In every case they had not felt able to discuss matters with their bosses. They felt this would have proved them to be inadequate in their jobs, and would have given their bosses an opportunity to replace them or to deny them promotion. Fears of this type were not necessarily irrational—four of the total number (eight) were eventually sacked. For those in small businesses fear of exploitation by

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unscrupulous colleagues or business suppliers also added to a tendency to remain isolated with their problems. Bankers, suppliers and accountants were cited as groups who could be helpful and encouraging when things were going well but who could quickly "turn their backs" when practical advice and help were required in the face of mounting difficulties. Those members who were working for themselves could not easily find people with whom to talk. Such people might in any case be business rivals or rivals for advancement within the same company.

(b) *Fear of contagion* They all recognised that they had themselves avoided people in business who were failing. They felt that "failure" whatever that meant, was considered to be catching and agreed that struggling businessmen were usually shunned or sacked before the "disease' had a chance to spread to others.

(c) *Rigid home relationships* Most of the group had a type of marriage/family arrangement which pivoted around the high earning nature of the husband's work. Husbands were not home often, worked very long hours, were 'company men' and travelled about. A large influx of money meant that private education for children, domestic help, extra cars and other features of material affluence cushioned this relative absence of marital partner and father (thus possibly helping to perpetuate the father/son problems into the next generation). It should be said here that companies paying high salaries were thought to expect such commitment from their executives and also from their families. In the event of the male becoming ill or overstressed he could not easily move into the family as a supplicant. All the men in the group set great store by their abilities to keep their wives and families well, to be the providers of goods to the family rather than the recipients of support from it.

(d) *Identification with the work* Most of the group reported an over-identification with their work. They had thought during the period of illness development that:

(i) Something in them was inadequate for the task before them and that therefore they should try much harder—this in spite of the problems they faced being seen more objectively in retrospect as enormously difficult and having been contributed to by other people's inadequacies, disordered management structures, impossible external economic changes, etc, all of which were outside their personal control.

(ii) They were the only people able to carry the job through because of their unique knowledge/experience/ability or responsibility. This tendency to grandiosity may have been fostered by employers or may have been a consequence of the structure of the business as, for example, in the case of a one man retailer who really was the only person in his company who knew and could do all that he should. Of course, he had been responsible for creating this business structure. In any event these feelings meant that the overstressed individuals continued to work hard despite failing health. They could not allow themselves to stop.

(iii) There was no relief. All of the people in the group had difficulties benefiting from holidays. They were under pressure because of their unfamiliar role within the family whilst on holiday and had a sense of foreboding about their business world. There were reports of their taking no holidays for years, returning early from family holidays and of a high incidence of marital strife whilst on holiday. Various degrees of contact were reported between the holiday venue and the workplace. Some would take a briefcase full of documents and others made daily phone calls to the office. (One businessman not in the group but treated by the author was so unhappy out of his usual routine that he used to tape record the Radio 4 *Today* programmes and take the tapes with him on holiday to play at 8.00 a.m. each morning).

Looking for help

There came a time when each member of the group had to seek assistance. Most of them had a social knowledge of their own general practitioners but this did not usually facilitate early seeking for help. Some members expressed the view that because of their social connectedness they were reluctant to expose their difficulties to their general practitioners. They also had preconceived ideas about how helpful the doctor might be. They spoke disparagingly about the five or ten minutes surgery consultation and several of them indicated that they eventually went to their doctors not expecting that he would be able to provide much assistance. They described consultations which were brief and unsatisfactory for them. They would not feel able to describe to their doctor the complexities of their problems, in some cases because they felt it hard to be self-disclosing and in others because the doctor did not open up the consultation to permit such revelations. There tended to be a collusion with the doctor towards the end of the interview. The consultation was often closed with the doctor offering what they considered to be some inadequate advice or a prescription for some pills which, although they felt them to be inadequate and unsatisfactory, were accepted nevertheless without a dissenting word. The piece of advice most disparaged but given in three cases was that the individual should go off on a long holiday away from his work. The drug treatment most disparaged but again given in three cases was diazepam. The patients taking this drug said that it merely left them less able than before and they would not persist with it for long. There were two members of the group who had frank manic depressive illness and they were appropriately referred on as necessary and expressed less dissatisfaction with their general practitioners.

The next development in every case was hospital admission in a crisis setting. Two of the group had collapsed into a shaking, trembling, weeping state and were unable to go to work or to take part in any sensible activities. Another person had attempted to hang himself by stringing up a rope over a beam in his garage. He had not suspended himself

from this rope but was found with it in a state of considerable agitation and distress by his wife. The fourth person was found by a milkman in his garage having got up early in the morning and run his car engine with the garage door sealed up. He was found before any organic damage could be done. Another individual had taken a large overdose of an antidepressant drug and was found unconscious.

Treatment in hospital

All of the group were admitted to Cheadle Royal Hospital at some time and all of them required some form of antidepressant treatment with supplementary psychotherapy. Those with reactive diagnoses had become so severely ill as to require tranquillisation and antidepressant drugs at least in the first few weeks of hospital care.

There was uniform expression of positive feeling about the hospital staff and the group was keen to emphasise that any criticisms should not be considered to indicate serious disaffection with the hospital. All of them were treated as private patients and most of them were in a health insurance scheme. They were treated in a consultant only service on an acute ward which had an ecletic treatment base. The ward involved community meetings and daily group psychotherapy in addition to the full range of physical treatments. The consultant was a full time salaried member of the hospital staff.

There was a general criticism concerning the lack of familiarity shown by the hospital staff, including the consultant, with their business preoccupations. This led to problems for them, particularly with regard to knowing how much information they should disclose to their employers or business colleagues about their illnesses. The treating consultant was himself concerned about this. On occasions, with the patients' permission, he did communicate with senior management personnel but it became clear later that in one case at least this actually proved to be to the detriment of the patient, although the message that was passed on was that the patient would be returning to full health and would be able to continue in his work. On other occasions the consultant did not communicate at all with business colleagues or managers and again this non-communication was held up as being unhelpful. There was an eventual consensus that this problem arose from the attitudes and difficulties of industrial senior personnel who, it was considered, handled and understood mental illness in their senior staff poorly. Some senior managers, it was considered, find it very hard to accept the opinion of a doctor with regard to the abilities of one of their colleagues who has had a mental illness. The group, themselves senior managers, recognised that they had held similar attitudes in the past.

(i) *Group psychotherapy*

Another criticism concerning staff's lack of awareness of their personal preoccupations involved the content of group psychotherapy. There were rarely more than two business people in the ward at the same time and the daily group was made up of individuals with psycho-neurotic problems and those recovering from psychoses. The groups tended to focus upon emotional development, emotional expression and issues to do with inter-personal relationships. The business people felt that on many occasions this group therapy was very wide of the mark when it came to their particular needs. This, of course, may or may not have been accurate but they did mention the fact that other members of the group, and in particular nursing staff, found it hard to sympathise with them when they spoke of losing a large portion of their income, especially when their residual income may still have exceeded that earned by the nursing staff. There tended to be an ethic within these groups to the effect that money was not everything or perhaps that it did not matter at all. This attitude contrasted quite starkly with their own necessary preoccupations in the business world.

(ii) *Occupational therapy*

Several group members remembered being very upset when they first encountered occupational therapy. "It was when I saw those coat hangers I knew it was the end", said one. Occupational therapy was unanimously considered to be unhelpful. Even where they recognised a need within themselves to develop interests outside their work, the low level of sophistication which they considered to exist in the occupational therapy department disallowed them the constructive use of what facilities there were. There was no occupational therapy specifically organised for this occupational group.

(iii) *Patient-doctor relationships*

The group were all used to employing staff, being in prominent positions of control and influence and unused to losing arguments. There were arguments between some of them and their consultant over, for example, the advisability for and duration of leave, the necessity for ongoing drug therapy and the amount of involvement in business affairs. The treating consultant insisted on 'winning' the arguments over issues which were unequivocally to do with good practice in the patient's own interest; however a good deal of time and energy was expended in this process. The consultant was on less sure ground over matters such as the degree of involvement that was advisable in business affairs. A variety of compromise arrangements were struck which were not always comfortable and perhaps not necessarily the best for the patient.

All of the group were articulate, powerful, inquisitive and controlling people. They were adept at finding support for their own perceptions of reality in any dispute.

(iv) *Hotel services*

The hotel services of the private hospital can be used as a non-specific focus for dissatisfaction with

aspects of treatment or with other more long-standing emotional problems. This phenomenon was observed by staff at the hospital on a number of occasions. Provided that the hotel services are good, such interpretations as the above can be offered helpfully to patients who complain. One might expect the businessman more than others to demand a high standard of environment and food and for such complaints to be frequent from this group. This was not the case. There was no consensus as to how important the hotel services were. Most considered the quality of the staff—their warmth, understanding and support—to be by far the most important feature of their environment.

Preparation for discharge .... and return to work?

Most of the group were unsure of their ability to work at the time of discharge and for some time afterwards. Symptomatically they were much better but the treating consultant was also unsure as to whether they had returned to a reasonable level of functioning. The nature of their work was not well known to the consultant and, in particular, anxieties expressed by the group about the predatory or sadistic nature of colleagues or bosses were not easy to assess. The treating consultant did not know these other people who might well have had the difficult personalities attributed to them. It was hard for the group to measure themselves against the tasks which they saw before them in any helpful anticipatory way. They all had a good deal to do with how they managed their own jobs but of course they were now recovering from illnesses which may have arisen out of a poor assessment of their own capabilities in the past. Who could they ask? Where could they try themselves out? No obvious answers were found.

The development of a new charity

This group became through several intermediate stages the STEER organisation, now awaiting registration as a charity. The organisation is devoted to seeking some of the answers to the questions posed above and to provide assistance for for business people who have been through or are in the process of going through similar experiences of mental illness. The organisation is a company limited by guarantee and has published its aims and objectives. The author became medical adviser and a second medical adviser, the Medical Director of the Priory Hospital at Altrincham, was appointed. The STEER organisation has an office base and is now in receipt of a large grant (approximately £100,000) from the Manpower Services Commission towards a re-employment project for those professional and business people who are out of work because of mental illness. It is building up a network of self-help groups and has people available 24 hours a day to assist with aspects of business difficulties arising during or after mental health problems. It also provides a counselling service. The organisation has a large number of clients and work is in progress to check the validity of much of the above through a more rigorous study.

The organisation welcomes contact with other people operating in the same field and also is able to accept referrals.

Registered office, STEER Organisation,
29 Arthog Road, Hale,
Altrincham, Cheshire WA15 0LY
(telephone 061 980 1784).

New Publications

Making the Most of the Court of Protection (Project Paper 71). The Court of Protection is responsible for a massive sum of money, mostly belonging to elderly people with mental illness. It is considered costly, bureaucratic and complicated and is often avoided by both clients and staff.

This guide, published by the King's Fund, explains the law and practice relating to the Court of Protection, including the Enduring Powers of Attorney Act 1985. It should help health and social services staff, their clients and relatives of clients who need the services of the Court to use it more effectively.

Copies are available, price £3.50, from Book Sales, King's Fund Centre, 126 Albert Street, London NW1 7NF. Further enquiries: King's Fund Publishing Office, 2 St Andrew's Place, London NW1 4LB.

A Descriptive Bibliography of Books and Articles on Black and Ethnic Minority Mental Health in Britain. This publication/database was produced by Laurence Ward of the Black and Ethnic Minority Development Team and lists over 200 articles, books and research theses, with a short description of the main conclusions of each work.

The *Bibliography* costs £3.75 and cheques should be made payable to MIND Mail Order Department at 4th Floor, 24 Stephenson Way, London NW1 2HD. The database is available from the Administrator, Black and Ethnic Minority Team, at the same address. It costs £15 and is available in Smart and Ascii.