



## BECAUSE I AM INVOLVED IN MANKIND

My friends, I am very honoured to be talking with you today. I spoke at the New Beginnings Conference in Calgary in 1982, and the intervening years have been exciting, for our organization and for me personally, as a survivor of traumatic brain injury.

The title of my talk today is: “Because I am involved in mankind.” This is a quotation from the poet John Donne’s *Seventeenth Meditation*. It may sound odd to be addressing a group such as this with a line of 360-year old poetry as my theme, but after all, it is precisely *because* we are all involved in mankind that we are here today. We have brought many different viewpoints and experiences to this conference, but the one thing that unites all of us is our vigorous rejection of an apartheid approach that would separate brain damaged people from the rest of mankind and rob us of our dignity and our humanity.

Most of us have read *Alice’s Adventures in Wonderland* and perhaps also the sequel, *Alice’s Adventures Through the Looking Glass*. In the second book, Alice steps through the mirror into another world, a world eerily like the familiar one except that everything is reversed.

Almost ten years ago, I was involved in a head-on automobile collision that left me with severe brain damage and thereby changed my life entirely in the space of a split second. When I came back to consciousness, it was as if I had suddenly found myself in Alice’s mirror world.... a world that was familiar and yet was strange. It seemed as if my family and other people were standing on the other side of a mirror, waving and calling out and trying to reach through the glass to me. I remember my rage and despair and the futile questions I asked in those early years: “Why me?” I remember also the grief at what I had lost and the desperate desire to go back and be my old self again in my old familiar world.

I realize that for many of us who have suffered brain damage, there will be no turning back, no passing again through the mirror into the “ordinary” world, no closing of the book and putting it back on the shelf if the story isn’t happy. I have discovered one thing, though. In this “other” world just as in the “ordinary” one, we, to a large extent, each write our own script. Whether there is a “happy ending” or not also depends largely on *us*.

I am in the unusual position of being a clinical psychologist who suffered brain damage and who has slowly returned to almost full functioning. I have been on the outside looking *out*. Today, I still have a foot in both worlds. My professional background certainly may have added a little breadth to my viewpoint, but I am not going to be

talking to you today as a psychologist. I am not going to speak in a clinical, analytical manner about my experiences as a survivor of brain injury. Instead, I shall speak simply from my heart about what I have learned and what I have gained.

At the time of my accident in 1976, I was 39 years old, working as a clinical psychologist in a rural area of B.C., and had been married for 15 years to Angela, a social worker. We had three children: David, Rachel and Winnie. I was physically very active, enjoyed classical music and playing the piano, and read a great deal both within and outside of the confines of my profession.

I was admitted to hospital, following the automobile accident, in critical condition, with a broken neck, fractured skull, broken ribs, multiple fractures of the right arm, a splintered left ankle, broken hip, and numerous abrasions and contusions. The brain damage, which could be only partially assessed at first, was severe enough to render me totally unconscious for almost a week. I was paralyzed on the right side and showed no response to visual, auditory, or other stimuli.

For the first few days, I was kept alive only by heroic surgical procedures and the use of life-support machinery. I was given little or no chance of survival, and my family were warned that if I *did* survive, it probably would only be in a vegetative state.

Despite the virtually hopeless initial prognosis, I spent only two months in the hospital and only ten months at home. Please don't think, however, that I am boasting about getting out of the hospital in "only" two months, nor that I zoomed out of there like Lazarus rising from the dead, completely healed. I still don't know why I survived the physical injuries, and I still don't know why I recovered so quickly. The hospital staff nicknamed me "The Miracle Man", which I suppose indicates that they, too, were stumped for an answer. Nevertheless, from my present vantage point in time, I realize that the business of sheer physical survival was easy compared to the next two years of intense struggle to understand and to cope with the deficits caused by my brain damage.

The damage was initially assessed as damage to the left temporal/parietal areas, and damage to several cranial nerves (including the optic nerves). When our local hospital acquired a CAT scanner a few years ago, we found that there was significant calcification in the basal ganglia and thalamic or midbrain areas, and swelling of the ventricles. The immediate results of the injuries were: Lack of taste and smell, impaired short-term visual and auditory memory, lessened emotional control, and a greater tendency toward depression. Minor but annoying losses were an impaired sense of direction, impaired sense of balance, and the fact that I didn't seem to dream any more. This last was a real loss for a psychologist, but how much worse if I had been a psychoanalyst!!

At the end of the first stage of recovery, I thought that the battle was over and that I "had it made". I was back to work, I had learned to cope with my deficits, and I had even begun to have some glimmerings that I had gained something positive from the experience.

Without conscious volition, however, I found myself moving into another stage in my recovery. At this point, I began to look outward, away from myself and my own personal struggle against my own limitations. I began to ask more profound questions than just: "Why *me*?" I began to grow again as a person, and I think that it was at this point that I broke free and once more became "involved in mankind".

Nor do I want you to think that this stage was easy. It was *not* some euphoric floating away "onwards and upwards" toward "higher things"—like a hippie meditating in a cloud of incense and pot smoke. Instead, it was a protracted and painful struggle, like a butterfly trying to break free from its chrysalis. I didn't know, any more than a butterfly does, what I'd be afterwards, or where I'd fly, but I had to obey the forces that drove me to break out of

my shell and to start growing again. And that is why I am going to say something that may seem outrageous or even cruel. I can honestly say, now, ten years after my accident, *that I am glad it happened*. If it hadn't, I might still be slumbering the years away in my chrysalis case. I know that because of the experience, I have grown as a therapist, I have grown as a husband and father, and I have grown as a human being. Most of all, a whole new dimension of life has opened out for me to explore.

There have been losses, admittedly. I suppose a butterfly, too, must sometimes look back a little wistfully on all those extra pairs of feet and the fuzzy coat it left behind. But the gains have been so great as to outweigh the losses. As a butterfly, I may be nothing very special, but at least I have wings now, and I can fly!

In sharing my thoughts and reflections, I am not speaking today simply from my own personal point of view. I am privileged to have a very large pool of shared experiences to draw upon. This has come about for several reasons. First of all, a little article that I wrote soon after my injury, "What does it feel like to be brain damaged?" was published in *Canada's Mental Health*. It put me in touch with a very large number of survivors of brain injury from all over the world, and even today, years later, I am still receiving letters, phone calls and even visits from these people and their families.

Secondly, of recent years I have acquired a deeper knowledge of neuropsychology and have learned to administer a number of neuropsychological tests. Because of this, an increasing number of referrals have been made to me of other individuals who have suffered brain damage, not only for assessment, but also for psychotherapy.

Finally, I am involved in setting up a Head Injury Support Group for the Okanagan area of B.C. Through all of these different channels, I have come to realize that there are some elements of my own experiences of brain injury that have been shared by a great many others. It is these lessons which we have so painfully acquired together, and which we hold in common, that I want to talk about now.

People and their families need hope. They need it desperately and they need it immediately, following the trauma. That is why without exception, every brain-injured person I have been in touch with has asked me the same question in one form or another: "Is there any hope?"

To extinguish hope is to do a grave disservice to the survivor and to the family. Recovery from brain damage is a *shared* journey by patient and family, and there must be hope before that journey can be undertaken. The family are to my mind the patient's most powerful and most effective therapists. To extinguish hope, which is so often done by outsiders from the best of mistaken motives, is to abort this journey before the first step is taken. If the professionals, and then the family, are without hope, how can the patient do anything but despair? I said earlier that, in a sense, we all write most of our own scripts in life. If all hope is withheld, the brain injury survivor may leave his script unfinished, lay down his pen, and close the book forever.

There are other ways of killing hope and slowing recovery. One is the passing along of misinformation. A common myth is that recuperation will cease at a certain point in time. The point in time varies. Sometimes people are told that it will be six months—sometimes a year—sometimes three or five years is the limit imposed. That myth simply is not true. In my own case, I have experienced improvements and even gains throughout the past ten years. I have one patient who is experiencing slow but noticeable gains *twenty-five* years after the severe injury he received as a teenager. Remember, you write your own script, so be careful before you accept dictation from others - for their information may be wrong!

Another commonly-experienced obstacle in the journey to recovery is what I can only call "the conspiracy of silence". That is, the almost total lack of information and support that still prevails outside of the largest cities.

Let's not kid ourselves. We here today are involved with the growing movement to address this problem. There is our provincial associations, and numerous local support groups. Nevertheless, I assure you from my own experience and those of the many people with whom I correspond, that this still remains a serious problem outside of a few major urban centres.

Because of their own lack of information about brain injury, many professionals do not know what to say to patients or how to advise them. Often, they do not know what support groups are available and thus do not refer people and their families for sharing of information.

All too frequently, the patient's *medical* symptoms are treated, but the brain damage and its effects are not addressed. The whole area is ignored, simply because the professionals concerned are ill-informed and uncomfortable in dealing with the subject. A person living through this ordeal alone and without information, hope, or a chance to share his experience with others who understand, suffers indescribable anguish. My friend John Donne understood this when he wrote:

*"As sickness is the greatest misery, so the greatest misery of sickness is solitude... Solitude is a torment which is not threatened in hell itself."* (Meditation V)

Again and again, I have had letters from people who have written: "By chance, I was given your article to read, and I feel for the first time that someone else in the world understands what I am going through."

Finally, there is the lack of understanding and help for the family. When I wrote my article, I had very little idea of the devastating effect my injury had had on my family. It is only now, years later, that I can begin to assess the impact. I must stress again that head injury to one family member damages all family members, and recovery involves the recovery of *all* family members. It is indeed a shared journey, every step of the way. Families need to be made aware that family problems will almost invariably follow the trauma of brain injury to one of their members. They must be prepared for this, and they must know where to turn for help.

I would like to illustrate these points in a personal way by sharing some of my own and my family's experiences as we set out on our shared journey toward recovery some ten years ago.

As I mentioned earlier, in the first few weeks after my accident, my family were told that there was very little hope of my living at all—perhaps ten percent. They were told that if I *did* survive, it would almost certainly be as a "human vegetable—blind, deaf, unable to respond, and totally dependent. They were asked to start thinking about the withdrawal of the life-support systems that were maintaining me. There was thus every objective reason for the extinction of all hope on the part of my family.

Why did this *not* happen? *Why* did Angela and the children *not* give up hope at this point? I can only attempt to explain this by sharing a very private and personal experience that I rarely discuss. I am doing so now, only because my message may be needed by someone here today.

Forty-eight hours after my accident, one of the doctors in intensive care gave Angela a sedative and told her to check into a nearby motel and get some sleep. She had been sitting beside me for that entire period. She went to sleep around midnight, completely exhausted and feeling the effects of the medication. About 3 a.m., she had a vivid, and compelling dream. She dreamed that I was sitting on the bed with her, holding her in my arms and repeating over and over again that I loved her. She found herself sitting upright in bed, wide awake and *filled* with energy and hope. She told me much later that she was immediately and fully convinced that I *had* been there, in spirit if not in person. So powerful was this dream that she dressed and went straight back to the hospital to tell

me, comatose though I was, that she had “got my message”. After that night, she never wavered in her faith that I would recover.

I should also mention that, sometime during this first week of my hospitalization, I myself experienced one of the “out of body” near-death happenings that Dr. Elizabeth Kubler-Ross has so ably documented. I cannot explain how this one memory remains with me when I still have complete amnesia for the year preceding my accident and for the first month following it. I cannot pin down the exact date or time of this experience, but Angela and I have often wondered if mine did not perhaps coincide with hers. Call them dreams, call them shared spiritual experiences; nevertheless, we are grateful that hope was rekindled in our family. Without it, I could not possibly stand here today, for my family were my first, my most powerful, and for most of the time, my *only* therapists.

In the early weeks of hospitalization, I had no sense of time, no sense that I was a man, no sense of who I was or who others were. I was angry and physically agitated at first, like an animal in a leg hold trap. Later, I became passive and acquiescent, often delusional and hallucinatory. Toward the end of my two months in hospital, however, I began to regain a sense of time and reality. I became angry again, my fighting spirit came back, and I wanted desperately to get out of the hospital and go home.

Physical problems had to be overcome, as well as the task of rebuilding my personality. I can look back and see that all of the unique qualities that made me “myself”—the personality that I had built up in 39 years—these were effaced by the injury. One of my daughters dreamed at about this time that I had been ground into a heap of powder, and that she was trying to sprinkle water on it in the hopes of rehydrating it and turning it back into her Dad.

I, myself, use a more homely analogy when thinking about this job of rebuilding my “self.” It was like putting the layers of an onion together, building from the inside out. One by one, these infinitely delicate membranes had to be formed and placed smoothly and symmetrically into position. Sometimes the old layers didn’t fit, so I had to discard them and create new ones. Consciously or unconsciously, the process went on—growing, discarding, selecting, and fitting into place.

Meanwhile, my family were stumbling along without support or information from any professional source. The “conspiracy of silence” that I spoke of earlier, surrounded me. It was as if I had not suffered any brain damage at all, only physical injuries. We had to find out for ourselves what worked and what didn’t. It was Angela who thought of making a big calendar to put on my hospital room wall and drawing my attention to it many times daily until my sense of time was reawakened. It was she who brought children’s felt letters of the alphabet for me to make words out of when I was still unable to speak. It was my brother who rigged up an arrangement of knotted ropes anchored to the bedroom wall, once I got home, so I could haul myself out of bed instead of calling for help.

I well remember my closest male friend saying to me the day I came home: “Now the hard part is just beginning.” That was about the only guidance I got, and how right he was!

For me, there was the painful task of recognizing and accepting my deficits, physical and mental. I couldn’t taste or smell, I couldn’t read even the simplest sentence without forgetting the beginning before I got to the end. I had a hair-trigger temper that could ignite instantly into a rage. Even the sound of one of the children turning over in bed in a nearby bedroom was enough to set me off. Accompanying these rages were periods of intense depression and withdrawal, and paranoid delusions. For example, I imagined that Angela must have put some sort of poison in the food, because I wasn’t ready to admit that I had lost my sense of taste and my sense of smell.

For the family, this was a period of enduring, and enduring blindly, and without direction. There was follow-up for my physical problems, physiotherapy and corrective surgery, but there was continuing silence surrounding my brain damage, and the emotional problems and family problems connected to it.

So, we had to continue to be our own therapists. It was Angela who sat down with me night after night and read simple narrative passages to me, and got me to summarize the gist of each and repeat it back to her in my own words. And it was I, myself, who insisted, almost as soon as I got home, on taking on more and more of the running of the house.

Later, it was my director at the Mental Health Centre where I had worked, a psychiatric nurse, who took the bold gamble of refusing to accept my resignation and insisting that I return to work when I didn't think I could. This courageous decision on her part was made without her having access to any medical or neuropsychological records or prognoses. She visited me frequently during my year off work and simply made her own decision that I could and would return to my job at the Centre. Thank you, Jeanette Mousing, I will not forget you.

The devastating damage to the family was a problem that we had to encounter unprepared and unarmed. At the time of the accident, David was 14, Rachel 12, and Winnie 6. From the first, Angela wanted them to visit me in the hospital and to share fully in the experience as a family. Having lived through World War II in Britain as a child, she believed strongly that the fear of the unknown is far worse than facing up to reality, as long as the reality is faced with one's family around one.

In some ways, the children's long-term reactions to the trauma were foreshadowed by their initial reactions. Our son was unable to come into the hospital room where I was, for the first two weeks. Time and again, he would get as far as the door, and then have to retreat. One day, the door was accidentally left open and he was able to see my bed, and me in it, reflected in a mirror on one wall. After he had looked at the mirror image for a while, he was finally able to pluck up enough courage to approach my bed and face the reality. I would say that the long-term damage to him was the greatest, perhaps because he and I are the only males in the family, and he was at such a vulnerable stage in his adolescence. His reaction was to retreat into his own world of guitar playing and rock music, and it took years for him to resume the emotional growth that had been "flash frozen" at the time of my accident.

Rachel reacted quite differently. She appeared calm and unworried and asked to be allowed to visit me right away. On arrival at my bedside, however, she turned pale and fainted into her mother's arms. Her reaction after my return home was anger and alienation. She was unable to understand or tolerate my rages and reacted by fighting back, which set off an escalating cycle of anger between us. More and more, she turned to her peer group and isolated herself from her family. Eventually, her very intense emotions found a different channel and she is now a third-year psychology student who is planning to specialize in art therapy. Through her studies and life experiences in the past few years, she has come to have a much better understanding of the dynamics of the family problems that we experienced, and we are closer now as father and daughter than we were before the accident.

Winnie, then aged 6, came through the experience relatively well. After her first visit to me, she seemed unruffled and was interested in all the life-support machinery. On the way home, she announced to the family: "You know what? I'm going to be a brain surgeon and fix people's heads." Although she did develop a temporary stutter, a nervous cough, and some facial tics, she was able to turn to her schoolwork and school routines for comfort and escape. She is now in Grade 12, has been consistently a top student each year, and is still planning to be either a physician or a psychologist.

Although so young at the time, she was amazingly tolerant and understanding of me during my most difficult times. She seemed to understand my efforts to communicate in the early stages better than anyone else. What

seemed gibberish to others made some sort of sense to her. I believe that the whole experience called forth unsuspected strengths and left an indelible mark on her. How much easier our shared journey would have been if some minimal information had been given to our family!

How much anguish and apprehension would have been spared us! How lucky—or perhaps I should say how blessed—we were to “make it” on our own!

As a psychologist, I have seen that, when people are abused, they frequently feel both helpless and hopeless. Our family experienced these feelings in varying degrees during the first few years after my accident. During this time, the older children’s problems were at their worst, and I was not only unable to help, but often made things even worse. I was still trying to find “myself”—still experiencing the intense self-focusing that is part of the healing process. I had no empathy for the rest of the family in their sufferings. Angela remembers these years as ones in which all she could do was keep putting one foot in front of another and tottering from one crisis to the next. We did eventually seek professional help, but it was too late to mitigate the damage that had been done to the family, and in the last analysis, we had to find our way through these grim years alone.

My brother also sustained serious head injuries and permanent physical damage in a car accident. Initially, his story was the same as mine, despite the fact that he lives in one of Canada’s larger cities. The difference between his story and ours is, first of all, that our family had “been there” already. We were able to reassure his family, inspire them with hope, and encourage them to get him home as soon as possible.

Secondly, a newly-formed group, A.R.B.I. of Calgary, contacted the family and were able to support and encourage them in person. This took quite a strain off my pocketbook, for we had been making daily long distance phone calls! Today, my brother, although he has only a Grade 8 education, is taking courses in law and labour management, and new horizons of many kinds have opened out for him.

Now I come to the most important message that I have to give you today. That is, the crucial importance to the brain injured survivor of two rather different things that yet seem to be closely linked—courage and spirit. Again, please bear in mind that I am not speaking here from the viewpoint of a psychologist, but rather speaking simply from my heart.

Nowadays, the first thing that I look for when I meet a new patient with brain damage is the presence of the fighting spirit, or to put it more crudely, guts. Without it, I have found that full return to productive, giving, growing adulthood is impossible. I try to get a sense of the presence or absence of this spirit in the person even before I administer neuropsychological tests or look at the medical history. Sadly, I meet some people whose brain damage is minimal—perhaps a few months or a year of impairment—yet who lack this spirit and who cease to grow, cease to reach for their fullest potential. Perhaps this is because the hope they had was extinguished at the beginning by others, or perhaps because their families’ motivation to help was also snuffed out. On the other hand, I have known many people, such as my brother, whose brain injury is severe and who also suffer permanent physical handicaps. These people nevertheless display unquenchable courage and continue to grow, to give, and to explore new areas of potential even though other areas may be closed.

The other element of the person that is vital to full recovery is the soul. I suppose most of us think of the soul as being the most evanescent of all expressions of the person—as delicate and as easily destroyed as a butterfly’s wing. One would imagine that it would be the first thing to be destroyed when brain damage occurs.

I have not found this to be true. I have found, instead, from my own experience and the shared experiences of others, that the soul is tough and tenacious. It is like one of those common plants that forces its way up through

bricks or concrete toward the light. Again, when I meet a new patient with brain damage, I look for that spiritual dimension.

I do not know why these two elements—courage and spirit—are so inextricably linked, but I have found that they are. To me, they are the best indicator of whether a person is going to come through the trauma of brain damage, and *gain* from the experience instead of losing. I feel that if a person lives in a purely materialistic, here-and-now world, with no spiritual dimension, and encounters some injury to mind or body, often he feels that his *entire* world is destroyed, and his will to heal and to grow is gone. On the other hand, if he becomes aware that there are *other* worlds beyond the material one, worlds that he *can* strive towards and reach out for, there is once again hope, meaning, and purpose in life. Robert Browning, the poet, summed it up when he wrote:

*Ah, but a man's reach should exceed his grasp,  
Or what's a heaven for?*

As I have said before, the usual prognoses given at the time of the injury seem pretty useless. They are often so far off the mark and so pessimistic as to do nothing more than quench that all-important hope that people must have to survive. I would rather look at the strength of the guts and soul in a person and not set any limits on what he and his family can achieve together as they begin their shared journey.

Two years after my accident, when I wrote my article, I was already groping toward this realization. I wrote back then:

*"No one really knows just how great an individual's potential is."*

Today, I have a much clearer understanding of what I was only dimly beginning to perceive then. I see now that the human spirit is like a river winding toward its destination. If the water is deep and powerful, it will find its way over, through, under, and around the obstructions that are placed in its way, and continue toward its goal. The river may have to carve out a different channel to continue on its course, but it will arrive at its destination gathering strength and depth as it goes.

When I wrote my article, I was still intensely focusing on myself and my own struggle. I had very little sense of anything beyond the material world and could only write about things that could be described in factual terms. I wrote, for example, about my various impairments and how I learned to compensate for them by a variety of methods. I did have some sense already, even then, that there had been gains, but again these were pretty superficial ones. I spoke, for example, of the greater access that I had to my emotions, of my more relaxed attitude toward life, and my lower blood pressure. I also spoke about the maturational aspects of the experience and the fact that others found me easier to work with.

At the beginning of this talk, I told you that I am personally glad that my accident occurred. I said that for me the gains have been far greater than the losses, and that a whole new dimension of life has opened out for me. I have also talked about the feel I now have for the guts and the soul in an individual and how crucial these are for his coming through a similar experience with gains rather than losses.

At first, as I have said, I was focused on myself and the motivating power toward recovery came mainly from the gut level. Later, I began to feel a need for more spirituality in my life, a need to get *outside* myself and make some larger sense out of my own experience rather than just fighting like an animal for survival. At first, this need grew slowly, but recently there has been a reaching out toward God, a flowering of spiritual life, a revelation of new

horizons. These are the greatest gains for me, and I am positive that this would not have occurred without my accident and injury.

In the article I wrote a couple of years after my accident, I summed up my feelings by saying:

*“I have fought a hard battle, given it my best, and won far more than I or anyone else ever thought I would. I ask only that other brain damaged people be given the chance to fight their battles, too, and to find out for themselves what their potential is.”*

Today, I ask much more than this, of myself, of others, and of society. I am talking, directly now, to those here today who are also brain damaged like myself. We are part of a growing movement to inform, to support, and to help brain damaged people to achieve their fullest potential. But we are *also* part of a vaster movement in contemporary society to respect all human life and to cherish the efforts of every individual to achieve his or her potential, no matter what his disability.

There is, however, an equally strong movement in society today to reject and to destroy human life that is deemed to be “imperfect” or “useless”. Our battle is thus not just for ourselves and against the physical and mental injuries that we have received. Our battle is not just against the lack of information, the misinformation, the misconceptions and prejudices of society at large. In all seriousness, I say to you today that the *real* battle, the greater battle that all of mankind faces, is the movement in the past half century to desecrate human life.

As recently as 1978, Dr. Francis Crick, a Nobel laureate proposed that:

No newborn infant should be declared human until it has passed certain tests regarding its genetic endowment and that if it fails these tests it forfeits the right to live.<sup>1</sup>

Again, we hear Dr. Florence Clothier, a psychiatrist, stating (in 1968):

We ... would want to include death of the body for those whose central nervous system and mind are already dead ... What clock that can tick but cannot tell time is preserved and cherished at prohibitive costs, financial and emotional?<sup>2</sup>

Having been myself in the position of a clock that was ticking but couldn't tell time, I am exceedingly glad that Dr. Clothier wasn't on the staff of the hospital where I was a patient.

Harping on the financial theme, Dr. Walter Sackett, a former Florida State legislator, proposed that 90 percent of the 1500 mentally handicapped patients in Florida hospitals be “allowed to die” under the auspices of a proposed “Death with Dignity” law. He pointed out that five billion dollars additional costs might be saved to the State of Florida if Down's Syndrome children were allowed to succumb to pneumonia.<sup>3</sup>

Two more physicians, Dr. S. Duff and Dr. A.G.M. Campbell of Yale University, wrote in October 1973 in the *New England Journal of Medicine*<sup>4</sup> that death should be presented to the parents of newborn defective infants as an option. Dr. Duff later commented in a Newsweek interview that:

The public has got to decide what to do with vegetated individuals who have no human potential.<sup>5</sup>

Bear in mind that these are not simply the harmless vapourings of far-out cranks. This anti-life, discriminatory philosophy is being put into action and enshrined in law. On March 15 of this year, the American Medical Association decided that it is ethical for physicians to withdraw all medical treatment from “irreversibly” comatose patients even if they are not terminally ill...<sup>6</sup> “Medical treatment” includes food and water in this definition. Again, I

thank God that my injury occurred ten years ago. I, too, was thought to be “irreversibly comatose”. Had the accident happened in 1986, I might have died horribly of dehydration and starvation.

In rebuttal to this destructive and discriminatory philosophy, I would like to quote the words of John Milton. Three hundred and thirty four years ago, Milton was struck with blindness and found himself excluded from the world of “normal” people. He was desperately poor, was a virtual outcast from society by reason of his politics and religion, and had just lost his beloved wife in childbirth. He was unable to carry on any useful trade and almost no one appreciated his poetry. By the standards of the authorities quoted above, he was useless, and he felt this keenly. He wrote the following poem in the early days of his blindness, and in it he struggled to justify his own continued existence in a world that *still* discriminates against disabled people as “second class,” “not fully human,” or “too expensive to maintain.”

*When I consider how my light is spent*

*Ere half my days in this dark world and wide,*

*And that one talent which is death to hide*

*Lodged with me useless...*

His justification was:

*God does not need either man’s work or His own gifts.*

And he goes on:

*They also serve who only stand and wait.<sup>7</sup>*

Little has changed in the past three hundred and thirty-four years. I doubt very much whether the authorities quoted above would have time to read Milton’s poetry, nor do I think they would agree that “they also serve who only stand and wait.”

I think, however, the contemporary French biologist, Jean Rostand, would agree with Milton. He wrote recently:

*For my part, I believe that there is no life so ... deteriorated, or impoverished that it does not deserve respect and is not worth defending with zeal and conviction ... I have the weakness to believe that it is an honour for our society to desire the expensive luxury of sustaining life for its useless, incompetent, and incurably ill members. I would measure society’s degree of civilization by the amount of effort and vigilance it imposes on itself out of pure respect for life.<sup>8</sup>*

Finally, in rebuttal, I would like to quote Sondra Diamond, a clinical psychologist who was severely brain damaged at birth, and who herself had been labelled as a hopeless “human vegetable”. She wrote to Newsweek in response to the interview with Drs. Duff and Campbell, as follows:

I’ll wager my entire root system and as much fertilizer as it takes to fill Yale University that you have never received a letter from a vegetable before this one, but much as I resent the term, I must confess that I fit the description of a “vegetable” as defined in the article “Shall This Child Die?”

Due to severe brain damage incurred at birth, I am unable to dress myself, toilet myself, or write; my secretary is typing this letter. Many thousands of dollars had to be spent on my rehabilitation and education in order for me to

reach my present professional status as a counselling psychologist. My parents were also told, 35 years ago, that there was little or no chance of achieving meaningful “humanhood” for their daughter. Compared to Drs. Duff and Campbell, I believe that I have surpassed it!

Instead of changing the law to make it legal to weed out us “vegetables”, let us change the laws so that we may receive quality medical care, education and freedom to live as full and productive lives as our potentials allow.<sup>9</sup>

Sondra Diamond is worthy of respect, because she has fought her own personal battle bravely, but also because she sees clearly that it is only part of the larger struggle, the struggle to uphold the sacredness and the unity of all human life. John Donne recognized this when he wrote:

*No man is an island, entire of itself;*

*Every man is a piece of the continent, a part of the main;*

*If a clod be washed away by the sea,*

*Europe is the less,*

*as well as if a promontory were,*

*as well as if a manor of thy friends’*

*or of thy own were;*

*Any man’s death diminishes me*

*Because I am involved in mankind;*

*And therefore never send to know for*

*whom the bell tolls;*

*It tolls for thee.*

If every man’s loss diminishes mankind, then surely it follows that every man’s victory can only increase the dignity and the glory of humanity. We who have suffered brain injury must remember that we do not fight our battle for ourselves alone. The dignity and courage, with which we bear our part in the combat, reflect on all humanity and will contribute to the eventual victory over all those who would seek to desecrate and to destroy any part of it.

Thank you.

*By: Frederick Russell Linge, Psychologist*

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