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## BRAIN-INJURED CHILDREN TODAY

Periodically one hundred people will arrive at The Institutes for the Achievement of Human Potential in Philadelphia for one week.

They will have nothing in common except that all are the parents of brain-injured children.

They will be mothers and fathers who have in common the refusal to believe that their hurt child cannot be helped.

If it is a typical group, the families will come from the four corners of the Americas and from Europe, Africa, Asia, Australia, or the Middle East.

In short, from everywhere on earth.

The children will range in age from one year to nineteen years.

There may be one young person or adult in the group.

Some will be so paralyzed that they are barely able to breathe.

Some will be so mildly injured that they appear to the eye to be totally well.

Some of the kids will be paralyzed from head to toe. Some will be blind as a bat. Some will be deaf as a post. Some will suffer from recurring violent convulsions. Some will be unable to talk or even make sounds. Some will have all of these problems.

They will come with recorded IQs of 90, 80, 70, 60, 50, 40, 30, 20, 10, or 0. Most of them will be said to have unmeasurable IQs.

They will arrive having been diagnosed as brain-damaged, mentally retarded, mentally deficient, cerebral-palsied, Down syndrome, spastic, emotionally disturbed, flaccid, epileptic, quadriplegic, autistic, psychotic, hemiplegic, rigid, etc.

Almost every one of them, on the basis of lengthy and sophisticated examination, we will diagnose as brain-injured, meaning that the problems are not problems of weak arms or legs, or poor musculature, or malformed organs of speech, or defective eyes as much of the world has believed. Instead, we will conclude that his problems originated within the

brain out of some accident which occurred before, during, or after birth and that either interfered with the brain's ability to take in information or with the brain's ability to respond to it.

Of course, if the problem originates in a condition that could be solved by surgery—such as hydrocephaly—we prescribe surgery. However, operable cases will ordinarily have been diagnosed and taken care of before the child reaches us.

In a typical group, about fifteen percent will return home and do no program but will see their children in an entirely different and better way and, as a result, give their children new opportunities to grow.

Fifty percent of a typical group will return home, diagnose their child, design a program for him, and carry it out with varying degrees of frequency, intensity, and duration with commensurate results.

The remaining thirty-five percent, the most determined group, will apply for and be accepted into the aspirant program, with the goal of being accepted into the Intensive Treatment Program.

It is for these parents that this week is designed so that we can teach as fully as possible the principles of brain growth and development and how to design a program to increase brain growth and development.

After this week these families will design such a program and carry it out with the intention of joining the Intensive Treatment Program in the future.

By addressing ourselves this week to the needs of these families we best serve all the families who have come to learn.

We act as if every family here is going to be a part of the Intensive Treatment Program because all of them will have everything to gain and nothing to lose if we do so.

Some of the children will be on the Intensive Treatment Program for a year. Some children will be on the program for five years. Some others will be on the program for longer. Some of the parents will run out of energy and give up. Most will not give up. Some will never give up, even if they lose.

The great majority of children will do better than their parents had dared hope on the basis of prior experience with the conventional methods. With others there will be disappointment.

Sometimes a severely hurt child will make greater gains more quickly than another child whose problems seemed much less serious.

Some of the children who were completely blind will end up reading—

not with their fingers but with their eyes, like everybody else. Some will remain blind.

Some of the children who were completely paralyzed will end up walking, running, and jumping—not with braces or crutches but with their legs like everybody else. Some will fail to walk.

Some of the children who were unable to make sounds will end up talking—not with their fingers by pointing and pantomime but with their lips and mouths, like everybody else.

Some who writhed endlessly or could not remain still will find an end to their writhings.

Some of the children who were paralyzed and speechless and blind and deaf will end up totally well and in the same school and grade as their normal peers. In short, they will be normal.

Others will end up walking, talking, and dancing and perhaps with IQs in the genius area.

The results, therefore, will range from total success to total failure.

It is not surprising that children sometimes fail in a world where most professionals were taught in school that hurt brains are beyond mending. Instead, it is surprising that anyone gets well. To many it would seem miraculous.

And who is it who has accomplished such miracles, if miracles they be, in this new century? It is the parents who have done so, and at home. Parents—those commonly ignored, sometimes despised, frequently patronized, almost never believed people—will have done at home all of the treatment which brought a child from despair to hope, from paralysis to walking, from blindness to reading, from an IQ of 70 to an IQ of 140, from dumbness to speech. Parents.

In some cases, a medical doctor will be closely involved in the home treatment. Hundreds of physicians have come and watched the work at The Institutes—and then enrolled their own brain-injured child. However, more than 20,000 parents, quite without medical training, have brought us their hurt child and then gone home to carry out the prescribed treatments.

How is it possible for parents to accomplish this with their children?

Perhaps to understand such a process, it is best to begin at the beginning, which was more than a half century ago.

That's where we begin in teaching parents about brain-injured children. If one really wants to understand about brain-injured children, perhaps there is no place else to begin.

1950 to 1960

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DECADE OF DESPAIR

## 2

### TEMPLE FAY

When I entered the gleaming halls of Temple University Hospital & Medical School in 1941 to take up my new post as assistant chief of the Physical Therapy Department, I was considered by all to be fortunate to receive such an important appointment at a leading medical school at such a young age.

To keep the truth in perspective, however, it should also be pointed out that there were only two full-time therapists, the chief and me.

It should also be pointed out that my salary was ninety-five dollars a month plus meals for a five-and-a-half-day week, which, in all fairness was not bad for a physical therapist in those days.

To put the truth into final perspective, I was an eager but not very good physical therapist. Although I had graduated high in my class and had a high theoretical knowledge, I had had little experience.

There was one area in which I had absolutely no knowledge, either practical or theoretical, and that was the field of brain-injured children. It took me several years to find out that almost nobody else did either. In 1941 there were very few people who even claimed to know anything about brain-injured children.

Fortunately for me and for my future there was a man at Temple who probably knew more about such children than any man alive. His name was Temple Fay, and although Dr. Fay was then only in his early forties, he was both professor of neurology and professor of neurosurgery. He was one of the all-time Greats of Medicine. It was in his service at Temple University that I saw and was fascinated by my first brain-injured child.

In those days, few if any people referred to severely brain-injured children as brain-injured. Instead, they were called by names like feeble-minded. This was because, being severely brain-injured, a high percentage of them could neither walk nor talk. It was assumed that the fact that they

couldn't talk constituted sufficient evidence to prove that they weren't smart enough to talk.

I shall not forget the first brain-injured child I met. Being fascinated by all that went on and being aware of my monumental ignorance, it was usual for me to spend my off hours in the evenings going everywhere in the hospital. Because I was young and pathetically eager, department chiefs and head nurses opened the doors of their departments to me. Now that I am no longer young, I realize how irresistible it is to be confronted with a person who is at once young and eager to learn. How powerful is the alchemy and how mutually marvelous the opportunity when one who is young and eager to learn meets an older person who knows something worth learning.

On this particular day I was in the nursery, not where the newborns (who also fascinated me) were kept, but where the very small, very sick children were kept. The children were in little cribs, and except for them I was alone in the room. I had read some of their histories and was now seeing the children. Most of the babies in the room were asleep, and the room was quiet except for the labored breathing of the babies and the sounds made by my white crepe-soled shoes as I moved quietly from bed to bed.

I was therefore more than a little startled, and I jumped visibly, when a voice said, "Hello," in a room where I considered myself alone except for infants and small babies. While the voice wasn't an adult voice, it certainly wasn't a baby's. I glanced hurriedly around the room and was extremely uncomfortable when I could see nothing but very small cribs.

Just as I was persuading myself that I had imagined the voice altogether, the small voice spoke again. This time I happened to be looking at the precise corner from which the voice came, and, as a result, I started even more violently than the first time. "What's your name?" the voice asked.

By now I was totally confused and more than a little frightened as I took three or four reluctant steps toward the corner of the room from which the talking was coming. I would not, even then, have seen him if he hadn't spoken again as I stood directly over the tiny crib in which he was lying.

"My name's Billy," said Billy, as I looked down at him. If it had been difficult to believe my ears, it was now even more difficult to believe my eyes. No one in neurology or pediatrics had ever taught me that such children existed. Looking up at me from a tiny crib was an extremely strange but not unpleasant adolescent face set in a head as large as any adult's. What shook me to the core was the fact that, although I could see the very

large head, the rest of this child's body—covered with a blanket—could not possibly have been more than two feet long. I had the horrible feeling that he had no body at all and that I was being talked to by a disembodied head which spoke pleasantly and intelligently.

Although today, many thousands of brain-injured children later, I can honestly say that I have never once since felt horror at contact with a brain-injured child and am, in point of fact, quite upset by people who do, I must admit that I strove mightily to contain the horror I felt then. I now realize that it was not the child I was seeing that so upset me, rather it was not understanding the child I was seeing.

If I was upset, Billy was not, and his next statement gave me time to gain my outward, if not my inner, composure. "I'm eleven years old," said Billy, in a voice that made me think he had often answered that question. I do not remember the conversation that followed, but I do remember that Billy remained entirely composed throughout the ten or so minutes which followed. I have always hoped that I sounded more sensible than I felt.

When finally I managed to escape that room, I paused outside the door to calm myself before seeking out the charge nurse. I tried hard to appear nonchalant when I said to her, "Oh, by the way, what's the matter with that big kid...er...ah...that is, that eleven-year-old kid, Billy?"

I shiver a little as I remember that question and realize how it revealed my total ignorance. The searching look she gave me as she answered made it clear that the question itself completely revealed my ignorance. "He's hydrocephalic," she said steadily. "One of Dr. Fay's patients." She made both of these statements as if either one by itself explained everything.

I wonder now how I got the courage, but without even stopping to look hydrocephalic up in the medical dictionary, I took myself directly to the elevator and to Fay's office and asked his secretary if I might see him. It was an impulsive and astonishing thing to do since his appointment list was crowded with famous people. Fay had been called in to examine no less a person than President Franklin D. Roosevelt himself.

While I had made rounds with Dr. Fay, I had never actually spoken to him, and so large was his retinue when we made rounds that I had sometimes made rounds with him without actually seeing him. Since he was at the head of the long column, and I at the very end, I was frequently around the corner from him and received whatever physical therapy orders he gave me at third or even fourth hand.

I shall never know for sure why he agreed to see me and saw me imme-

diately, unless it was his insatiable curiosity, whetted by the unlikeliness of my request.

In addition to everything else, Fay was a formal man in the old-fashioned professor mold, and it was difficult not to stand at rigid attention before his desk as his piercing eyes looked into me and, for all I knew, right straight through me.

I didn't give him a chance to ask me why I had come, but blurted out the question which was driving me to distraction and which had driven me to stand before this awesome person.

"Sir, I have just seen Billy, the hydrocephalic. What the devil is the matter with him?"

"The matter with him," said Fay, not answering my question, "is that he is hydrocephalic. Why the devil were you seeing him?"

Not even the clear rebuke in Fay's question could put me off, and after a brief and not very clear explanation of how I spent my spare time, I asked the question again. What the devil was the matter with Billy?

While I was obviously in trouble for seeing Fay's patient without his consent, it was equally obvious that something in my answer had pleased him. I later learned that nothing was more irresistible to Temple Fay than a young mind that wanted answers and that would dare to come to the right place to get them.

The great man explained briefly that hydrocephalic children had huge heads and tiny bodies because the cerebrospinal fluid constantly being manufactured within the brain was unable to escape, as it does in well people, due to a clogged reabsorption mechanism, and that the consequent increased pressure forced the skull to expand in size and compress the underlying brain. He recommended several books for me to read, although he cautioned me that they weren't entirely accurate.

Having thanked him for his time, I headed for the door. I had already partially opened the door when he stopped me to ask if my training at Penn had included experience in the operating room. I told him that it had.

"Did your experience in the O.R. include brain surgery?" inquired Dr. Fay.

In some intuitive way I knew that this question was a highly important one which could mark a turning point in my life. Fay's question had not been asked in a casual way.

I turned to face him. "I have never seen a piece of brain surgery, sir."

"Don't be so defensive, son, very few people ever have," said Fay, very deliberately. "Would you like to see some neurosurgery?"



Although he watched me very closely, he would not have had to, since the answer was obviously written all over my face. “Go see the head O.R. nurse and tell her you have my permission to come once. If your O.R. behavior suits both her and me, perhaps you can come often.” He turned his back and dismissed me.

I couldn’t believe my luck. The Dean of Neurosurgeons, Fay himself, had not only answered my question but had invited me to join him in the operating room. I was sure it was the first time he had ever seen me as an individual human being. He had called me “son”. Did that mean anything or was it simply a synonym for young?

Fay had daughters but no son. I was to find that it was a term he used very seldom.

Being in an operating room with Fay was sheer delight. Not that he permitted an instant of nonsense. He ran a tight ship and he dominated that operating room for every second his team was in it. He did not dominate the situation because of his very high-ranking position; he dominated it because he was Fay.

Fay was a Teacher. He was a born Teacher, he was a trained Teacher, he was a Teacher by design, he was a Teacher by choice, he was a Teacher by instinct. Most of all Fay was a Teacher because he could no more help teaching than he could help breathing.

I don’t mean that he was a teacher, I mean that he was a Teacher in the same way that Aristotle and Christ were Teachers.

In the sixteen years of hours, days, weeks, and months that followed, when for weeks on end I virtually lived with Fay, I do not believe there was a period of longer than fifteen consecutive minutes that he was not teaching me.

In all the years that followed, I do not once remember discussing the weather with Fay, even in blizzards, unless the weather had something to do with the brain or with a patient. If that’s hard to imagine, I can only say that Fay was a man hard to imagine and impossible to forget. He himself was dominated by his own voracious interest in almost everything that mattered. I would say that he had contempt for all things that did not matter, but that wouldn’t be quite true. It is closer to the truth to say that he was completely unaware of what didn’t matter, or perhaps that he had some way of totally tuning out what didn’t matter.

I had been completely hypnotized that first day in the operating room watching Fay caress a human brain. Fay was a superb surgeon. A few

years ago a prominent neurosurgeon told me that he had served under two very famous neurosurgeons, one of whom was Fay. Although he had always been furious with Fay personally, he said that one of those two famous brain surgeons was a true artist in the operating room and the other a bull in a china shop, and that regardless of how he felt about Fay otherwise, it was Fay who was the artist.

Even so, it was not Fay's brilliant surgery or even his love of that marvelous organ, the human brain, which made him the delight he was in the operating room. What fascinated me was his eternal teaching. He taught every moment he operated, beginning with his preparation of the patient, which, in later years, he insisted on doing himself, and ending not before he had personally put the patient back into the patient's own bed. One could learn more practical neurology and neuroanatomy watching Fay in an operating room than from any book or lecture.

There before my very eyes was the "beautiful and wondrous" thing he so respected and loved. Here was no dead, gray, ugly thing in a jar but instead the live, throbbing, coral-colored human brain. Even hurt ones were beautiful to Fay, and so they became to me. In those days, more than a half century ago, there were not a great number of people who had ever seen a live human brain, not even among graduate physicians.

A certain way to arouse Fay's quiet ire was to let him hear an "expert" discuss the human brain familiarly if he had never seen a live one. Fay would note caustically that getting an idea of what the human brain was like from looking at dead ones in jars or photographs of dead ones in jars was very akin to getting an idea of what human beings were like from looking at corpses in caskets.

We had the extraordinary opportunity to see live ones, for in those days it was not unusual for a single piece of neurosurgery to require eight hours.

Apparently my behavior in the O.R. passed muster, because after the first time I was invited back again as often as I liked. Not only did I spend every moment of my off hours watching and listening while Dr. Fay performed his brain surgery, but indeed, I began to use the slow periods in the physical therapy department for the same purpose. By and by, I began to use some of the not-so-slow time in the physical therapy department, and as a result it was not long before I was called on the carpet not only by the chief therapist but also by the physician who was responsible for the department.

What the devil was the matter with me, they wanted to know? Didn't I know I was a physical therapist and had work of my own to do? Watching brain surgery performed by the master himself was interesting and all that, but when you had seen a few operations you had seen them all; but what was most important was that I was shirking my work.

They were right and I promised to reform, at least in terms of my working hours, which I did. But I still haunted Fay's operating room in all my off hours, including full time during vacation.

Still, I had to ask myself what I was doing spending all that time in neurosurgical O.R. After all, I was a physical therapist and a pretty junior one at that. Aside from the fascination of watching an artist work with his hands, aside from listening to a true scientist discuss what he was doing, why indeed was I wasting such a major portion of my life on this subject? There did not appear to be even the most remote relationship between what Fay was doing in the operating room and what I was doing in the physical therapy department.

Why was I gathering such large amounts of knowledge I would never be able to use? I did not know. I knew only that I was compelled, absolutely compelled, to spend every single moment I could steal watching Fay and listening to him. I was hypnotized. I was fascinated. I was intrigued. I was bewitched. I was hopelessly lost in what I was watching. Every day I was learning, although I had not the foggiest notion that ultimately his specialty, neurosurgery, and my specialty, physical therapy, would interact to provide new hope for brain-injured children everywhere.

Although I had no way of knowing it at that time, what I was seeing was the answer to what was wrong in the world of the children who had been written off as being hopelessly retarded. It would be a heartbreaking number of years before we would appreciate the relationship between those "beautiful, throbbing, coral-colored brains" that Fay was showing me and the children the whole world was failing so miserably.

Although I had not the faintest notion that it was so, it was the beginning of the beginning. A team was forming which would some day profoundly alter the lives of brain-injured children the world over and the lives of their families as well. It was a team whose work would lead it deep into the world of brain-injured children and beyond that into the world of children we presently call well. It was the beginning of a journey that would consume the lives of many people, some of whom were not yet born.

There was, however, much to suffer before that team would become a working reality. For one thing, there was World War II.

The morning after Pearl Harbor, I enlisted as a private in the U. S. Army. For the next four years I went from the Medical Corps to the Infantry, from the United States to Africa and back to the United States for infantry Officer Candidate School at Ft. Benning. In the course of infantry combat through France I became an infantry rifle company commander. Through the bloody, icy Battle of the Bulge and the struggle through Luxembourg, Holland, and across Germany and the assaults across the Moselle River and the mighty Rhine and into Czechoslovakia itself, we fought, we maimed, we killed, and we were maimed, and we were killed until we stood victorious. We had wounded, killed, or captured many thousands of young German soldiers. Of an original company of 187 men and 6 officers, I had three times been reduced to 18 men and no officers. In all the world there is no greater pacifist than a victorious combat infantry soldier at the end of a war—unless it is possibly a defeated combat infantry soldier. Except for uniforms they are astonishingly hard to tell apart. The brains I had destroyed sharpened my desire to return as quickly as possible to my practice of healing rather than destroying.

### 3

## I AM PLUNGED DEEP INTO THE HEART OF BRAIN INJURY —AND DESPAIR

**A**lthough I did not know it, when I was discharged from the army in 1945, plans were being made for me by others.

Since the company whose command I had inherited during the war had been one of the outstanding companies in General Patton's Third Army, I had received a large number of decorations and the press had made much of it.

Back home in Philadelphia, the members of the Physical Therapy Association had read of this, and although they did not remember me, they read that I had been a physical therapist.

As a reward for what they considered my wartime accomplishments, they decided to give me a ready-made practice. All of them were overworked and so each of them decided to turn over to me some of his patients. It was extremely kind of that group who later became my close and dear friends. I had never even heard of anyone who had been given a busy practice as a gift. It was a great compliment.

My new practice was, in fact, unique. It consisted of thirty-one patients, every one of whom had had a stroke. I would guess that nobody else in history had ever had a practice consisting entirely of stroke cases.

I was once again involved with the human brain—for a stroke is a brain injury, although we didn't think of it in any such orderly way in those days.

The vast majority of strokes are a result either of a hemorrhage due to a broken blood vessel in the brain or of a blood clot that lodges in one of the blood vessels which supply blood to the brain. The location, the extent, and the severity of the paralysis that follows a stroke is determined by the location, the extent, and degree of the brain injury itself.

My new patients mystified me mightily. As time went by I grew ever more successful at keeping my stroke cases alive longer and longer; it was

clear that the more active I forced them to be, the more healthy they became. But rarely was I wise enough to get them walking independently, even more rarely could I get the speechless ones to talk, and never was I able to make the curled and spastic fist of the stroke case into a functional hand. It seemed a strange thing to fail so consistently.

I recalled over and over again the first patient I had ever seen. This was before the war and just after I had graduated from school. He kept coming back to my mind unbidden, and at the oddest times, until remembering him came to annoy me vastly because if there had been something to learn from him, I had failed to learn it.

He was pathetic in so many ways. In the first place, he was old. In the second place, he was completely uneducated and poor as a church mouse. He had had a stroke in his left and dominant hemisphere and a bad one. Thus, he was severely paralyzed on his right side and totally without speech. In short, this poor old gentleman had absolutely nothing, which was precisely why he had me. I was fresh out of school and had not a single patient. He was very poor and couldn't afford someone better.

I remember that his house did not have electricity and I remember, as well, that his family was just like him, which is to say that they were also desperately poor, had no education to speak of, and were extremely simple people.

Full of enthusiasm and burning to help, I began to treat him. I did what I had been taught to do. I had seen plenty of people who could not move an arm or leg. They were mostly people who had suffered broken arms and legs and who had just had the cast removed. I had, in school, seen a few stroke cases, and we had been taught to treat them in the same way. So I began vigorously and enthusiastically to heat, to massage, and to move the joints in his paralyzed arm and leg.

His family watched me in what was, I became increasingly aware, puzzled silence. After a half-hour during which his son, his two daughters, and his wife had several whispered conversations, his elder daughter, prodded by the others, finally dared to ask a question.

"We don't understand what you are doing," she ventured.

"Well," I responded magnanimously, delighted that the strained silences and whispered conferences had come to an end, "just ask me, ask me anything you like. I'd be glad to explain to you."

I was simply bursting with inner confidence, based on hard-won knowledge of every muscle in the body as well as its origin, insertion,

blood supply, and innervation.

“The doctor said something had happened to Dad’s brain right here,” she said timidly, pointing to a spot about three inches above his left ear.

“That is absolutely right,” I said with complete finality. “A blood clot lodged in your dad’s brain at just that point and that’s just exactly what a stroke is.”

“Then why,” she asked, “are you rubbing his arm and leg?”

There followed a brief but thunderous silence. What I said to that poor and ignorant family was in every way inevitable. I was right out of school and filled to the very brim with modern knowledge and erudition. Indeed I was brimming over.

When I think of it now, which I do often, I burn with embarrassment.

“Oh,” I said, “I couldn’t possibly explain that to you. You have to go to school for years to understand that.” It wasn’t as terrible that I said it as it was that I believed it.

Who in the world in my position would have dared wonder whether my learned professors could have been so wrong and this poor, uneducated family could have been so right?

What I said to them, I still believe was inevitable. But if only, riding home in my car, I had asked myself exactly the same question that they had asked me, namely, why in fact I was rubbing his arm and leg, we would have saved more than seven years.

I sometimes wonder where our work would have been today if we had known the truth seven years sooner, and my mind boggles at the thought. I know that a severely brain-injured child coming to The Institutes today has a vastly improved chance over a similar child who came seven years ago. I have an extremely active imagination, but I cannot for the life of me imagine what our world of brain-injured children will be like seven years hence. All I’m sure of is that we will know even more than we know today and be able to do more for more children.

But, unhappily, I did not ask myself why I was rubbing his arm and leg. I just continued to do so. I did so three times a week for the next fifteen months at the end of which time he was fifteen months older—but not even a little bit better. There was no real reason why he should have been better. What I was doing to him had a great deal to do with his symptoms, but it had almost nothing to do with the cause of his problem, which was in his brain.

Somebody said once that ignorance did not consist so much of not

knowing anything as it consisted of knowing so many things that aren't true.

That family was a perfect example of the former, and I was a perfect example of the latter.

Since I did exactly the same thing for my thirty-one other stroke cases as I had done for the old man, none of them got well either.

Perhaps I am too hard on myself and on those days because one terribly important advance had been made. Prior to World War II stroke cases had been kept in bed since virtually everybody believed that it was physical exertion which had caused the stroke in the first place and that the slightest physical exertion would cause another one. Because the patients remained in bed they very quickly developed hypostatic pneumonia or urinary tract infections as a result of immobility and then they died—not of a subsequent stroke, as almost everyone took for granted, but of hypostatic pneumonia or urinary tract infection.

Back in 1940, one of my relatively young stroke cases had decided that he would rather get out of bed and take his chance on dying than staying in bed and living. He absolutely insisted that I try to walk him. His doctor agreed to accept the terrible risk of letting the patient get out of bed. We did so and he improved vastly. We soon satisfied ourselves that it was the immobility itself that was killing people. So it was that in late 1940 and in 1941 we had gotten a half dozen patients out of bed into chairs. Moreover we had “walked” them around supported by two people. The more activity we had imposed on them, the healthier they had become.

Now instead of dying quickly they lived for years and years. But since few if any actually learned to walk or talk this only meant that they had more years in which to be depressed, despondent, morose, or even suicidal.

These were the years of my discontent. I was now seeing five patients a day. Since each patient required about three hours of my time, it made a long day.

I massaged their paralyzed arms and legs, I used infrared lamps or hot packs or diathermy on their arms and legs to speed up their circulation. I moved all their joints in arm and leg over and over again to exercise them, although I always noted with a vague feeling of uneasiness that after I finished vigorously exercising a patient it was I rather than the patient who was tired. And why not? It was in each case I who had done the work. Following this bed treatment I would get the patient up and walk him around the room. At least after this walking we were both puffing. Finally, I would spend a long time just talking to the patient cheerfully pointing out



how much farther we walked each day, discussing the news of the day. This was very difficult if the patient had a speech problem and I had to make a single conversation seem to be a two-sided one. I noted with concern that this business of cheering the patient up seemed to be the most effective thing I was doing. The patients looked forward with apprehension to my treatment but with pleasure to my visit, which roused them temporarily from their depression.

I also noted with distress that it became ever more difficult to pull them out of despair as the hopelessness of their individual situations became clearer and clearer to them.

There was an additional reason why these brain-injured patients had come more and more strongly to rely on me. This was that almost everyone else, including the people who loved them most, believed (covertly or even overtly) that they were either insane or mentally deficient.

I, on the other hand, living as I did with thirty-one different patients, had a unique opportunity to observe them.

Strangely enough, the more I observed these brain-injured patients with their agonizing frustrations over not being able to walk or talk, the more my opinion ran contrary to everyone else's. I found myself less and less able to believe them to be either feeble-minded or insane. The more time I spent in intimate contact with them the more I became convinced that they were not only intelligent human beings but also extremely sensitive ones and this despite some apparently peculiar patterns of behavior. Indeed, I gradually became convinced that highly intelligent human beings were more likely to have strokes than less-intelligent ones and that they retained that intelligence after the stroke although they were frequently terribly frustrated by being unable to express it.

It was obvious to these patients that I was deeply sympathetic to their problem and that I, and sometimes I alone, knew them to be intelligent and sensitive. This increased their dependency upon me to dispel their gathering gloom. It also increased tremendously the emotional strain that I was experiencing in the losing battle to keep spirits high. My patients saw ever more clearly the hopelessness of their situation, and so did I.

As it became more and more difficult to dispel their despair I began to feel a despair of my own and to ask myself if I had really done them, or the world, or myself a favor when by getting them up I had increased their life expectancy but done nothing to decrease their frustration.

By now the practice of getting stroke cases out of bed was becoming

reasonably widespread, so that now there were tens of thousands of people who had been brain-injured by strokes who were not going to die but who were not going to regain much function either.

My patients spent the better part of each day crying, and more and more, I spent the better part of each night wanting to cry, and on occasion I did so.

It was almost good news when a family called to say, “We wanted to tell you that Mother died this morning and to say how grateful we are to you. Your visits were the high points in her life. They were about the only high points in her life.”

Then I would say, “Isn’t that nice. I’m glad her problems are finally over.”

Then they would say, “Yes, we wanted you to know.”

They were real Alice in Wonderland conversations, where life becomes problem and death becomes solution.

I was extremely busy, very much in demand, with my practice of stroke cases growing larger every day. I was possibly the most successful therapist around. I was certainly the busiest young therapist in the county. I prospered.

It was the absolute low point of my entire life.

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