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“THE VIEW FROM HERE: CRAVING FOR PROSPECT”

Keynote Address to the “Working in the West” ACE National/
National Disability Services Western Australia conference -
Perth October 21, 2010.

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[TITLE SLIDE]

Thank you for inviting me to talk to you. I found this a difficult thing to write. Not the personal story stuff. Truth be told, I've...dined out on my "story" countless times...I've always planned to tell you the truth, but wanted to avoid – along with coming off sounding glib - getting bogged down in preliminaries. I found this a difficult thing to *start*, not *where* to start it from but *how* to start it, with a series/ catalogue of provisos, riders. I remember hearing someone say that the first commandment of public speaking is that you start by saying what you are going say, say it, then end with re-stating/ saying what you've said.

[SLIDE – CONSTABLE]

I want to say some things – things hopefully more simple than obvious – about...subjectivity, about the "view from here" – that there are often limitations (as well as strengths) in what we bring of our life experience to, in the context of this conference, *how* we do our work. I say "we" and "our" because it's "you" and "I". Hence the title, but I didn't want to put you off by offering up a long list of riders for/ under my experience...of disability. I also want to say something about my *constituents'* [someone a few weeks back referred to me as a disability *lobbyist*] "craving for prospect" – about their need to put their disability behind them, to get above it, to be able to visualise an attractive future, to have prospects. And, so, I want to also say something about the need for services to exercise their imagination. This will all hopefully make sense as we travel. And be of some meaning, even of some use to the kind of work that you do. [Q&A, be here all day...I'm really very approachable...]

I know now to cut to the chase.

[SLIDE – 8 FEBRUARY, 1996]

This is the 8th February 1996, 10 past 7 in the morning. Just on the fringe of Sydney's central business district.

I've always imagined that in the curricula of every police academy around the country is a compulsory subject called something like "Diagrammatics 101". For the purposes of completion of Traffic Collision report P4, traffic – so-called - is divided into 4 sub-groups; namely "vehicles", "objects", "pedestrians" or "animals".

[SLIDE - MOVE]

To indicate one of these groups in motion on-road, please use the broken line - **THUS** - indicating both direction and distance. To indicate one of these groups...airborne, use the squiggly line - **THUS**...The squiggly line was me.

[SLIDE – MEDICO-LEGAL REPORT]

This is from one of those medico-legal reports, about me. I like the Latinate medical terminology:

[SLIDE]

“A fracture of the mid-shaft of the right femur.”

Car number 1 hit me mid-thigh. Over the bonnet, took most of the force of the impact with its windscreen frame – right here – just underneath the line of the helmet.

[SLIDE]

“Multiple lacerations and abrasions”

There was a fair bit of glass. (I don't know how I thought this, but I thought that they designed windcreens these days to shatter into little blocks, not razor sharp shards.) My body is etched...

[SLIDE]

“A comminuted fracture of his right zygoma.”

My right cheekbone and eye socket were in pieces.

[SLIDE]

“He sustained three skull fractures and a severe head injury.”

[SLIDE]

“He had incomplete avulsion of his right pinna.”

Car number 1 had a mental sun visor which sliced my ear off.

I continued over the top of the first car and landed on the bonnet of the car of the poor sod waiting in the side street for the lights to change. I understand that all three of us – me and the drivers of both cars - went in the ambulance off to [Royal] Prince Alfred Hospital in Sydney's inner west, the two other parties suffering from shock.

The *orthopaedic* surgery was, relatively, a piece of cake. I think this is right; the force of the impact - my leg going one way, the car's bumper going the opposite - made the break one of the cleanest the surgeon had ever seen. The plastic surgery, however, was a piece of miracle-working reconstruction. Easily, one of the most salient lessons from my experience is as follows; next time you're out and about, pay close attention to peoples' ears. When it came to choosing a metal plate to fit the space where my right cheek, eye socket and right forehead used to be, the plastic surgeon - I'm led to understand - had hundreds to choose from. So, CT scan of the head, they look at the space they need to fill – now full of non-viable pieces of bone – and then select, what, Plate 302B.

When it came to my "right pinna", I've been told there was some argy-bargy in the operating theatre. The orthopaedic surgeon was down one end of me doing heavy carpentry. The plastic surgeon was up the other doing fine needlework. The dangling ear was getting in the way. Hundreds of facial plates to choose from. Prosthetic ears? What one, two, five sizes fit all. I've paid an awful lot of attention to ears since then. They're as unique as fingerprints.

[SLIDE – CONSTABLE]

Looking back on it now – the first of these “views from here” – more than 14 years back, over the horizon, I can mollify/ soothe the lived experience, - the 18th/ 19th century English landscape poet William Wordsworth, from whom part of the title for this presentation comes **[SLIDE- “craving for prospect”]** talked about “recollection in tranquility” - I can mollify/ soothe the lived experience...along the following lines; I reckon/ reckoned that every life comes complete with its own built-in (genuine) trauma – its illnesses, its...episodes. So, then from the moment I hit the bitumen everything that could have could have turned right, did. If I'd sat down and planned a near-perfect near-fatal experience from scratch, then perhaps this was it.

[SLIDE – to blank]

Firstly, I got hit at the right time. On the stroke of morning peak hour, so I didn't end up road kill from the traffic trailing me.

Secondly, when I think about the parts of the United States, Ireland and Australia that I've ridden my bicycle in, I got hit in the...right place; minutes by ambulance to a major metropolitan teaching hospital. In fact, the ambulance was called at 7:12, left a minute later, was at the scene two minutes after that and was back at the hospital by 7:26.

Thirdly, because I was hit in New South Wales – the legislation differs between states - because I was hit *on my way to work*, my injuries were covered by worker's compensation. (I will come back to that in a moment, because in many ways, the fact that I was a worker's compensation case tweaked my whole experience of return-to-work rehabilitation.)

Fourthly, I can't remember anything about that morning – getting up, getting on the bike – or my two weeks in hospital (my family can remember it all too well). I like to think that it's one of the brain-like things that it's one of those eccentricities of memory that my new - but discontinuous – memories post-trauma begin as soon as I left the hospital for the rehabilitation centre.

The last of my good fortunes I used to think – in fact, in preparing for today, I went back and looked at my diaries from the time – I *wrote* about it as being “the most trivial in the list”. 14 years further on, I feel quite the reverse. Another “view from here”. [Or “there”. In time.] It's one of those screamingly obvious life lessons that, unless you happen to *be sort of genuinely immersed* in an experience - like being in a brain injury rehabilitation unit - it might give you the slip. *All of us live and operate in the world armed and protected by the stories we can tell about ourselves.* [An idea I'll keep returning to over this hour.]

[SLIDE - CONSTABLE]

I was a *bicyclist* hit by a *car* - or as the ambulance driver figured it in his report - hit by *two cars*. Double victimhood. And double heroism. The heroism of the physical, I was barely post-prime of life, in the peak fitness. And...I was on my way to work, to a job. Perfect. The pseudo-“heroism” of my story still, to this day, plays and pays. No embarrassment, no shame, no guilt.

The brain injury rehabilitation unit I went to was a busy place. Not only was there daily physio., occupational and speech therapy and social work counselling, but the relentless troupe of families visiting their (mostly) sons. Most looked still in shock, others looked...beaten but there were one or two who you'd swear were there almost under sufferance. Their visits seemed almost behind gritted teeth. I was bold/ brazen/ brain injured enough to ask the counsellor about them, their...*stories*. She was, well, unprofessional enough to answer. One family- she told me - their drunken son had insisted on driving the sober best friend home from a party. The accident had killed the best friend, and their son was – by any reckoning - well, a [neurological] write-off. What looked to me like gritted teeth was some mark of their shared shame.

(I plan to talk more about the specifics of the disability of ABI in my workshop presentation this afternoon.) Suffice to say that the numbers are; *traumatic* brain injury is 10 times as common as spinal injury and produces – on average – 3 times the level of disability. Because it's the *brain* that's injured. Because of the *global* consequences of brain injury, that will affect them physically as well as affecting how they think, feel and behave, my constituents I believe comprise some of the severely, multiply and complexly disabled Australians. [In the 7 years I've worked in this sector, initially as a volunteer, in the last 18 months in a paid capacity, I've become convinced that anyone involved in the "human services" business – your business, my business, has to at least try and transplant themselves in imagination into the circumstances of their client, their customer. As both a first principle *and* a starting point.] Now, I'd ask you to transplant yourself, in imagination, into the circumstances of someone so disabled – and for many of my constituents this is a "prime of life" disability, it happens at the point of maximal expression/ exercise of independence (and often, risk-taking "behaviour") – an 18, 19 20 year-old [now] *man* or *woman* about to leave home, start full-time work, full-time study, travel overseas, move in with their boyfriend or girlfriend, perhaps starting a family - I'd ask you to transplant yourself, in imagination, into *those* circumstances, add these severe, multiple and complex disabilities...and then "add" to that that it was their *fault* or, at least, they thought it was – their "view from here" - because of a moment's inattention on a freeway, the casual brush up against someone in a nightclub that escalates into full-blown interpersonal violence.

But I think that it's worth saying here – and my apologies if this is like teaching you how to suck eggs [and perhaps I'm venturing into dangerous waters, perhaps not] – that whose "fault" "it" was is but one of the elements that, I believe, makes the lived experience of *acquired* disability, as opposed to inherited, congenital disability, disability from birth different. Another element: survivors of even the most severe traumatic brain injury will *retain memory of their capacities and abilities pre-injury*. Not only that – it's their daily, hourly measure of...how far they've come in recovery, and how wide the separation/ gap is between life now as then. [And that measure is the simple exercise of *intact memory* – in the case of *acquired* disability – as opposed to *an exercise of the imagination*, in the case of congenital, inherited disability. Does that make sense? Also, seems to me to be an *uncontroversial* thing to say...requires different "handling", the exercise of a different kind of imagination...] It's why we call such life events *watersheds* - those ridges of land that separate two rivers, two bodies of water. **[SLIDE-CONSTABLE + WORDSWORTH?]** Alongside the "craving for prospect" of the title - my constituents' desire to put the injury and its consequences *behind* them, to *rise* above them – is the reach for continuities; to allow, to force the rivers separated by their injury to re-join.

[SLIDE- AERIAL OF RRCS + DANTE?]

Looking back on it now the...architecture of the rehab. centre was the most impressive, the most meaningful thing about the place. In the fog of my post-traumatic amnesia – and I'll come back to that in a moment as well – * it was rather like the Hell of 14th century Italian poet Dante's Divine Comedy. Except that the nine concentric circles of Dante's conception of hell operated more, I thought, like a system of concentric *sieves*. The circle to which Dante's sinners were condemned depended on the depth of their depravity; * circles two through five set aside for the lustful, the gluttonous, the prodigal, and the wrathful. * The sixth circle for heretics, the seventh for the violent. *The eighth set aside for those guilty of fraud and the ninth for those who'd betrayed others.

At the rehab. centre, everyone I thought entered and left by the same point - the first of the nine sieves, circles; * limbo – for the unbaptised and the heathens who'd led decent lives. You either stayed in limbo, were picked off and left, or you were shaken out and down to the lower levels. I was picked off. But I paid a visit to one of the lower levels.

I trust it was close to the ninth circle.

I suspect it was a little nearer to limbo.

Because I was *compos mentis* enough to vote in the federal election a month after my accident. The voting station was...on another level, and was nothing short of a warehouse. Whereas the mobile in limbo were walking, or hobbling on crutches like I was, the mobile here were in wheelchairs. * I know now that the analogy with Dante's Hell works because that was the first time that I can remember being frightened. I couldn't look any of them in the face, because if I got sifted out of Limbo that was, I thought, where – and how – I was going to end up.

Limbo wasn't much less grim. I knew nothing at this stage about the mysterious biomechanics of head injury, so couldn't figure why, again, the men... ten, or many of them more than ten - years younger than I was, were verging on the vegetative without bearing a mark on them. And here was I, my head, cut and pasted.

Perhaps some of you in the audience are either psychologists or have psych. Qualifications, training. I can't match you – knowledge for knowledge – when it comes to debating the verifiability of the standardized tests used to determine whether you're in - or out - of post-traumatic amnesia, or "PTA"; that state of general confusion as to time, place and person. (The duration of PTA is still the best measure of severity of ABI). But I kept flunking my tests on the same one question. It seemed like every day, a nurse would come in and introduce herself or himself like a waiter at an American diner – "Hi, I' nurse Nancy or nurse Nathan". Then they'd ask you what time of day is it, what day is it, what month, what year, who the Prime Minister was and so on. And then would round off with; and what's my name? I could never get it right. (And, of course, they never wore name tags.)

Thus, it seemed at the time, I was never allowed to progress. Another reason why the analogy with Dante's Hell works: I imagined that the few poor sods in the unit who were older than I was had been unable to advance to the next level (what was called the "transitional living unit" of Limbo) because, for each and every day of the last year, two years, five years, they couldn't say whether it was a Tuesday or Friday, because they'd never really been any good with days of the week anyway. When I returned to the unit - as a volunteer visitor - I would regularly come across clients in a state of perpetual anxiety about PTA testing because, to them, "failing" halted their progress up and out.

I knew I was going to get up and out. I knew I wanted to. I think that, for all the post-traumatic questioning of how and why I'd survived, when confronted with the men I saw around me at the centre, for all that, I experienced a kind of euphoria. After a little over two weeks, I was ready to leave. I asked to be discharged. [befogged, PTA...]

[SLIDE - CONSTABLE]

My recovery was exceptional/ was going exceptionally well or, perhaps – because I'd escaped Dante-esque purgatory - I assumed it was. However it was, I wanted to return to work. And I thought I was ready. I can't remember when I first expressed that desire post-injury but it would have to have been counted in months, not weeks. (And I'm under no misapprehension that there's no more challenging an ABI client than one who "presents well", in the first flush(es) of recovery, eager to return not just to any job, not just to his or her previous *employment*, but to the exact same roles, responsibilities and remuneration. - Heck, I wasn't a jet fighter pilot. I was a journalist. They'll have something for me to do. - But as much as any person with an ABI – particularly the *young traumatic* brain injury - will be prepared to

disclose, talk openly, with specifics about their disability, especially in the context of an eagerness to return to work, even when they do so, roughly 2 in 5 people with an ABI *themselves* demonstrate limited insight into the nature, extent and range of their impairments.)

So, here's the [what I *thought* was an] invincible piece of reasoning I applied to my return to work. (Again, it was my [naïve, PTA-fogged] “view from here/ there”.) You injure yourself. Your benevolent employer (mine was *public service* – the Australian Broadcasting Corporation) retains a rehabilitation provider to secure the employee’s return to the right job at the right time. Ipso facto, impressing the rehabilitation provider with your enthusiasm for returning to work will, in turn, “infect” your employer, thus expediting your return to work.

Somehow, the *brain injury rehabilitation unit* got to choose my return-to-work rehabilitation provider. I’m not sure how they got that right, but my employer – the ABC - had no say over the choice they made. Furthermore, no correspondence between the ABC and the rehab. centre would be entered into. The only reports the ABC got about my condition and my recovery were via my contact with work colleagues who managed to slip under the rehab. centre’s radar and phone me as friends. I don’t know the intricacies of worker’s compensation law in the various jurisdictions. No doubt, they’re tedious anyway. A case of an employee covered by *federal* worker’s compensation law was probably unusual for the parties. (Someone once told me that State and Territory legislation grants the employer greater leverage to press for the employee’s return to work.) So, the posture both the rehab. centre and the rehab. provider seemed to adopt was the one that they were used to; the patient-employees’ rights – what, especially with a highly vulnerable clientele like people with an ABI, who I *now* know are highly susceptible to workplace “failure” if return to work is premature - were to be defended at all costs. Employers are adversaries.

Even though the ABC *had been* – because I found all this out after the fact – prepared to offer the most graded of returns to work, a return that was highly negotiable, highly revisable, the rehab. provider was locked in to a return-to-work after...18 months rehab. I don’t know whether they were pursuing some quasi-clinical formula - this length of post-traumatic amnesia equals this severity of brain injury necessitates this amount of time off work – or whether I was being “parked” to maximize their compensation. But after the ABC and I decided to dump the rehab. provider and transfer to the ABC’s original preferred provider, I learnt that the rehab. provider’s Acquired Brain Injury Worker had promised a letter cataloguing her “issues of concern” about me to the ABC’s Rehabilitation Manager. I asked the Rehabilitation Manager to give me a copy when she’d received it. The letter? Again, sent to my *employer*. What was of

more interest to me than: "Mr. Rushworth had been observed to express dissatisfaction with a number of professionals and organizations and then to choose a new one"...or than "Mr. Rushworth played one professional off against another, questioning each one's professionalism". (*Though the "professionals" were unnamed in her letter, all of them got a copy because I had signed a consent form allowing the rehab. provider to correspond with anyone and everyone involved in my care.*) And, "Mr. Rushworth's conversation possibly depicted cognitive problems such as tangential and circumlocutory speech, disorganization of thought" and on it went.

Make no mistake. I probably wasn't the standard issue client with an ABI. For those who knew me before and after, depending on their "view from here" I'd always spoken my mind, or I'd always been a smartmouth. After my scrape, I was frontal, I was [more] disinhibited. Coming from a family of intellectual over-achievers, I *know* I was living in fear that my scrape had rendered me dumber, permanently. So, I was probably...scratchy. Now *that is* standard issue ABI, especially for someone *specializing* in return to work for people with an ABI, and someone who's *exercising their imagination*. [All this was 14 years ago. Maybe things have changed...for the better.]

I wrote to the Acquired Brain Injury Worker's manager as follows; "If I have been forced to learn anything about brain injury rehabilitation, firstly, almost every aspect of cognition, personality or behaviour can be attributed to brain injury. For instance, Ms. Jones [we'll call her] had wondered if I was more "verbose" since my injury (though she gave a bolder construction to the assigned social worker - that I had appeared to her "chatty and egocentric"). It seems to me that such an assessment is made, is of value to the client, only because it *may* present a problem in the client's future if it does not resolve, if it's not manageable (I would have welcomed Ms. Jones' diagnosis of acute "Reticence and Humility Syndrome"). But much more importantly, I don't need a modicum of my remaining intellect to deduce that such post-morbid join-the-dots neuropsychological assessments are of absolutely no value unless you have some pre-morbid assessments for comparison. Just one phone call to any of the QUOTE "representatives of the agencies nominated below" who had known me prior to my injury would have confirmed to Ms. Jones my pre-morbid verbosity and egomania. Or an application of very ordinary intelligence would tell you that both are pre-requisites for a career in broadcasting. Besides, if Ms. Jones was really concerned about my "verbosity", my "cognitive problems such as tangential and circumlocutory speech, my "disorganization of thought", all sequelae attributable to brain injury, then what could I have done to prevent them from becoming potential problems at work? Was cognitive rehabilitation called for? Probably

not. I can remember Ms. Jones telling me at our very first meeting; “we don't do treatment here.” Secondly, the two most powerful words in the head injury rehabilitation vocabulary are “denial” and “acceptance”. If neither the client, nor his family, nor his work colleagues have learnt of the cognitive or behavioural changes the rehabilitator finds, then they're in denial. The brain injured really can't win.”

I think that there are a number of things here worth thinking about – that, again, relate to subjectivity, the “view from here”. I think that there's a natural tendency, and perhaps this only applies to ABI – with all its mysteriousness and uncertainty – there's a natural tendency for services to view their clients as if *de novo* – without a past, without a work history, a family history, without a pre-morbid/ pre-injury fully-formed personality. And, as a result of that, to *pathologise* behaviour, presentation, function – that the reason why this client thinks, feels, behaves this way is *due to, because* of their injury. When it comes to educating people about brain injury – and Brain Injury Australia could be as much to blame as anyone else here – we tend to catastrophize brain injury, by which I mean, we tend to emphasise the worst case scenarios of, for example, challenging behaviour. We also don't emphasise enough how little we actually know about the brain and the way that it functions [**SLIDE- ICEBERG? – what we know about the brain, in the injured brain, how, how well it recovers is radically exceeded by what we don't know – the, to paraphrase the former US Secretary of Defence, the “known unknowns”**]. We don't do enough to encourage people who work with, for instance, in ABI to generally apply a kind of uncertainty principle to their assessments, their “diagnoses”. Let me give you an example, though it's a blunter subtlety – in the more pure *physical* domains of ABI. I recently conducted a second round of training for the 200 staff of the nation's largest ombudsman's program – the Telecommunications Industry Ombudsman. The vast majority of their interaction with their “complainants” is over the telephone. I emphasised, as I do in all my general awareness training, that – while I aim to arm people with some key identifiers, some markers, some red flags to look for in the presentation, the behaviour etc. of people that might be *indicative* of an ABI, specifically in circumstances where their disability might be understated, undisclosed, even undiagnosed – this is not a *tagging exercise*. Not all people with an ABI manifest these red flags. And not all people who manifest these red flags have a disability. Some people have experienced damage to their frontal lobes. Other people have always been behaviourally dysregulated. So, I say to the staff of the Telecommunications Industry Ombudsman, because it is the brain that is damaged, every aspect of function might be affected, including the muscles of the mouth, the tongue and the throat – what you might see referred to as *dysarthria*, where speech might be slurred for

example. I said to them, you might get a call from a complainant at 9 in the morning where you'd swear they were pissed. Now they could be post-stroke. But they could also be pissed.

Just one last pass by the "Acquired Brain Injury Worker". Another "issue of concern" was she felt her work had been compromised by uncertainty as to what constituted my "social support." I wrote to her manager: "She never bothered to ask. If she had, I could give her names and telephone numbers. She might have contacted them, but I doubt it. They might have given her a handle on what kind of Mr. Rushworth had hit the car. But everything about my experience of brain injury rehabilitation tells me that it's profoundly ahistorical, an almost anti-forensic craft." Now, my "view from here", with more than 14 years worth of vantage point in my recovery, it was then, is perhaps now, easy to imagine a brain injury rehabilitation so supremely confident in its science that its practitioners can look at, talk to and test the person that they've got in front of them, four months, four weeks post-trauma and not only deliver a verdict on what that person's future's going to amount to, but conjure their past without any reference to...witnesses, to loved ones, friends, work colleagues et al. Little doubt things have changed...

It was something warmer than cold comfort that the Acquired Brain Injury Worker concerned was sacked over the letter and its contents.

[SLIDE – CONSTABLE]

On to the second station. I'm hoping it won't be too, well, blue for you. I shouldn't think so, but...[it's an important subject, an omnipresent one – but it's rarely spoken about.]

Let me transplant you, in imagination, into the mind of a man on the cusp of the post-prime of life. He's suffered a severe brain injury, but he thinks that he is still in the midst – in the midst - of a phenomenal recovery, defying the odds and so on. He's a...curious man, but at this stage, he's done no reading into what he can expect. He has no idea that this phenomenal recovery is about to degrade into a long, abject taper. His employer has changed his rehab. provider in order to expedite his return to work, a decision he sees as a vote of confidence in his potential to return to something resembling his pre-morbid capacities. But this man half-lives in the fog of – what I'll call – a perceptual vertigo. "Denial" and "acceptance" still ring in his ears. The optimism that was either born in him – or bred – the optimism that he carried into - and beyond his injury - *he now distrusts as distorting his judgement*. Hope now stands *between* him and realistic self-appraisal.

I imagine that, on that road to realistic self-appraisal every brain-injured person hits a wall, where subjectivity – and the *hope that in a sense feeds it* – is confronted by some kind of objective reckoning. In my case, this man on the cusp of the post-prime of life, well it's springtime and, well, the sap's on the rise. I can remember walking to work one sunny morning and spying a woman whom my pre-morbid self would have found physically attractive. **[SLIDE: portrait]** Just so we're clear about this, I am talking about a feeling a long way prior to anything transgressive - of socially acceptable, correct sexual political *thought*, let alone interpersonal behaviour – way prior to a mental undressing, for instance. This feeling – or lack of it – continued. Testing it wasn't difficult. Tests were everywhere. I went searching for them in order to make sure. It seemed like I wasn't able to conceive of what a feeling of being attracted to someone - in the abstract - what that feeling would be like. [Sigmund Freud, the father of psychoanalysis, had a great word for what I had lost – in German, “besetzung” somehow translated/ transliterated into the English “cathexis”; a concentration, a charge of emotional energy, or libido focused on a single object or idea.]

The state I wasn't in didn't worry me at first, but soon did. What if my accident had rendered me – leaping straight to the direst of conclusions, and reading irrationally back from them – what if the accident had rendered me not only impotent, but asexual, “acathected”? So, how would the man on the cusp of the post-prime of life go about testing this, a curious man? How to make sure that this wasn't simply a problem of visual information-processing the result of a brain injury? A practical man. But a man in a hurry to...find out. Maybe my *imagination* was somehow impaired. I needed to find an edge, a brink to which I could press this. I think I thought that my imagination needed help. It needed a concrete reminder. I was single so the only means of self-experimentation was either by paying a visit to a prostitute - but I just didn't have the gumption to risk a semi-public...humiliation - or go to a newsagent - one far enough away from where I lived, to avoid detection - and buy some...pornography. I wasn't going to read the articles so I bought something soft core that was heavy on the pictures; the something-or-other edition of the “Girls of Penthouse”.

I hurried home, took my clothes off and climbed into bed and tore the plastic wrapping from the magazine. I didn't linger on the individual photographs, mostly because...nothing was happening. Instead, I flicked through the pages in search of something that may finally excite. I think I thought, I read it like a novel, that the faster, the closer I got to the end, the more the tension would build, the more explicit the photographs would become, I guess. At least, there would be some...conclusion. And thus began an exercise, because that was what it was an exercise in sheer will.

In a truly devastating display of mind over matter, I managed to masturbate a completely limp penis into ejaculating/ convince a completely limp penis to ejaculate. [And quite speedily.] I remember looking down half-horrified. At least my imagination was working.

[SLIDE]

208 Australian participants with moderate-to-severe TBI

54% reported:

**decrease in the importance of sexuality and frequency of engaging in sexual activities
reduced sex drive**

decline in ability to give their partner sexual satisfaction, to engage in sexual intercourse decreased enjoyment of sexual activity and ability to stay aroused and to climax

I want to make two quick passes at this before I go on to the last station – just to re-assure you [in all seriousness] that including this wasn't intended to be prurient or salacious

I'm still fascinated by that day's display of mind over matter, what the brain – by the sheer force of will, or/ of habit – can make the body do. *Because I can afford to be.* The American writer, Susan Sontag, from her 1977 book "On Photography" described it this way; "fascination is just the reverse side of boredom - both depend on being outside rather than inside a situation and one leads to the other." My sexual function was...restored. Not only that, but I probably always knew that it would be (I'll come back to that notion at the end). From my vantage point, from the "view from here", it's easy for me to talk about. And like the rest of my story, it makes good...copy. I guarantee you it won't be as easy for other young men – and women – to talk about. And I know you're professionals in the return-to-work field. You're not [specialist] counsellors. But I think it's fair to say that those of you who believe that a young person – and this a prime of life disability – a young person in their sexual prime and with very recent memories of exploiting their sexual prime, now experiencing sexual dysfunction, those of you who believe that that dysfunction will not affect their work readiness, their work capacity are guilty, I reckon, of a failure of the *imagination*, at least.

[SLIDE - ADD:]

people with TBI and family members reported that 15% of rehabilitation health professionals made enquiries about sexual concerns during rehabilitation

The second pass is about what I think of as one of a number of fundamental mismatches between client and service provider population in TBI. Around 3 in every 4 are men [though women are now giving men a run for their money]. I think it's around right to say that the majority of rehabilitation professionals, especially in allied health, are women, most of them young. A statement of the bleeding obvious: men – of any age – tend to be tight-lipped on matters of their own sexuality, especially sexual *performance*, regardless of whether they're functional or dysfunctional. It seems reasonable to assume that young men will remain silent about their sexual dysfunction, especially in the presence of a woman, doubly especially in the presence of a woman they consider of peer age. Though my memory of *my* rehabilitation isn't, crash hot, I can't recall being forewarned on matters sexual. I certainly wasn't interrogated.

[SLIDE – CONSTABLE?]

To the third and last station.

By the time of my second neuropsychological assessment, I was three months into a "graded" return to work at the ABC – you know the kind of thing; 1 day a week, then 2, then 3 etc.. This was September of 1996. I imagined that my return to work was going well, a couple of small prices to pay notwithstanding. Journalists tend to work in open-plan offices. They tend to be tethered to their telephones and/ or typing 8 hours a day, 5 days a week. Trying to concentrate in the middle of so much competing noise was a trial. I'm sure my fuse was shortened with colleagues. Prior to the accident I was a pretty efficient two-finger typist. I wasn't as efficient then, am not now. From my vantage point, it's readily lived with.

But my recovery hadn't hit that slow, abject taper that I thought was normal after 6 months.

I swear to you that there were individual days when I could report...."Report"; in some ways it was like being seized by the kind of boyish enthusiasm with which you'd rush home with tales of what you'd learnt at school that day. There were individual days, and I'm sure that, when you break that down, there were individual hours and minutes when I knew that I was "stepping up" in recovery, I could almost feel neuroplasticity at work.

The second neuropsychological assessment knocked me off my step. **[SLIDE: Vocational Capacity Centre]**

The standardized tests found that my Performance IQ had “**declined**”, that my “**attention, concentration and memory**” were “**significantly impaired**”, and that my “**academic potential**” would be “**significantly compromised**”. However the neuropsychologist was – and his report was professional and detailed - I’ve always reconstructed him in memory as wearing one of those medical labcoats, perhaps with a stethoscope slung around his neck. And I’ll never forgive him for letting not me - but the next someone like me, or the next or the next - simply take his kind of report and walk off into the sunset. It is, I believe, no exaggeration to liken it to saying; here's a hand grenade. I want you to hold it for me while I take out the pin. Now goodbye and good luck. I think he walked me through the report. I can’t remember whether he offered me counselling to go with it. I can’t remember whether he offered me any hope.

[SLIDE: SUNSET]

But I certainly remember the sunset.

I took the report and headed off home on the train. I can remember walking west on a Sydney street near where I lived. I was asking then, as I’d been asking with every step down from the neuropsychologist’s office, what would being “compromised” make me into? I looked up into the sunset, one of those sunsets where the colour was so brilliant, so bright as to be...gaudy. Hot pink clouds, with fluorescent orange linings. The colours were so *unnecessarily* bright, they made me smile. Though, at some other time, they could have made me laugh. I thought then, if this is what being “compromised” feels like, amounts to, I can probably live with it. And turned the corner to home.

[SLIDE: CONSTABLE] My “view from here”, but it *was* also mine from there [laser point], was that this wasn’t *resignation but resilience*. I want to return to the catalogue of good fortunes that comprise the near-perfect near-fatal experience. I forgot to say that my family’s full of doctors. My father’s a brain surgeon. My mother – less useful at time – is a gynaecologist. My older sister’s a doctor as well. There are three reasons, at least, why this mattered materially to my recovery. It’s my conviction, particularly when sitting in cross-disability forums, that community, the general awareness about ABI lags around 20 or 30 years behind that of other disabilities. One manifestation of this is; if you look at any decent survey of people with an ABI, family members and carers, what they complain about most often, most bitterly is the dearth of not just good information, but any information about ABI. This is especially acute when they, their loved one is in hospital.

So, firstly, my family was clearly...informed. They hand-picked my surgeons. Secondly, they were closely, and - crucially, unusually - (almost) at equality with the staff of the hospital. **[SLIDE: MEDICAL RECORD “becoming more restless and agitated with muscle tremors of limbs occurring. Required haloperidol. Stated he was feeling very afraid. Agreed to a sedative to help him settle.”]** They were able, for instance, to engage in high level discussion (and debate) with the hospital’s psychiatrist about the appropriate use of anti-psychotics and my level of sedation. I was the standard issue head trauma patient, in need of both pharmacological *and* physical restraint. [Haloperidol is an anti-psychotic.]

Thirdly, colleagues who work in the sector – especially those who work in injury prevention - will say that “*brain injury doesn’t discriminate*”. And if you’re working in injury prevention, you want to try and capture as many pairs of ears and eyes to your message as possible, to include as many *people* as possible within the ambit of risk of the injury you are trying to prevent. The truth, however, is that those people at the greatest risk of a TBI are drawn from exactly the same populations as those at risk of *any* injury – from backgrounds of low income, low levels of education, high levels of unemployment, poor housing, histories of abuse and neglect, parental alcohol and other drug abuse, marital breakdown and so on. [Brain injury *does* discriminate.] For those of you who know Sydney at all well - half of the TBIs in the Sydney metro area occur in its “Greater West”, in effect between Parramatta and Penrith. And that’s not the, well, “world” that I come from. And I’d hazard a guess – whether it’s transplanted to Perth, to Adelaide or Melbourne - that most of you don’t come from that “world” either. Believe [you] me, I’m no bleeding heart – working in journalism for any length of time puts paid to that – but many, perhaps the majority, of my constituents were already born behind society’s eight ball/ the wrong side of Parramatta Road. **[SLIDE: ABS Social Atlas – the two Sydneys]** Their brain injury mostly serves to add [significantly] to their disadvantage. These next two slides are from the 2006 Australian Bureau of Statistics Social Atlas of Sydney – I don’t think they would have changed that much since then (perhaps the disparity has become even more pronounced north to south, east to west) – and these are numbers of *unemployed people*, from the low numbers in yellow to the high - the hotspots - in red.

When I said earlier that I’d, well, discovered the blindingly obvious in brain injury rehabilitation; that we live in the world armed with, protected by, the stories we can tell about ourselves it clearly includes our *life* stories – all those accidents of birth, of family born into. Whatever you choose to call it – socio-economic, locational, positional disadvantage, or...simply, class. The greatest part of the reason why I chose the title for this speech is I didn’t want to come across as a charlatan. Not only is *my story*, my “view from here” very unrepresentative of recovery

from severe brain injury, but the greatest part of the reason for my recovery – however it might be thought of or described; exceptional, phenomenal etc. blah blah blah - the greatest part of the reason for my recovery IS my [life] story, the very kind of person I was *before* I hit the car(s). I hope I didn't get this gig under false pretenses – on the promise of an “inspirational story” – of *individual* “triumph over adversity” and the like. I think we've got to be wary of trafficking in “super-crips”. I think we've got to be wary - both as purveyors *and* consumers of stories - of stock narratives of *overcoming* disability. I'm *fascinated* – and there's that word again – as someone coming at disability from a media background, by the words we use to describe it. We rarely, it seems to me, talk about *overcoming*...cancer. We talk about *battling* cancer, but it's always a win or lose proposition. And it's okay to lose one's battle with cancer. But perhaps not to *give in* to disability. Whether or not I'm right on the semantics, I think I've got the sub-text pegged. That “success” at disability involves besting, rather than beating it, it's about the “view from here” being from prospect. It's about continuity – both within a life, that you can make, force, those waters – separated by the watershed - to re-join, but it's also about being continuous with the rest of society, about being able to do what the non-disabled rest can do. Some would say it's about rendering yourself invisible. [Maybe I'm wrong, or mad, or both..]

What I'm sure about – and I blame the Yanks here, for exporting not only a culture of extreme self-reliance, but the seductive myth that you can be, you can *re-make* yourself into, whatever you want to be, that every American boy or girl can grow up to be President, if they'll only try, work hard enough. I worry, again not out of sentimentality but as a matter of pure pragmatic reality, that within a broader culture of creeping competitive individualism – of sink or swim with safety nets - we risk losing sight of the role that structures, that systems, that communities, [laser pointer] places and families *still* play, as they always have done, *and as they did with me* . And this is not only because there's no necessary direct relationship between *individual effort* and recovery from *brain injury* (the brain is much too complicated, much too messy for that) but, moreover – and you can call me quaint - I just don't think that society's quantity of fight, let alone resilience [of rebounding from adverse events], gets shared around equally. Between *individuals*, certainly between places, between “heres”. I don't much worry about my two Sydneys. Perhaps it's always ever been thus. But I do worry about the increasing disconnect - and perhaps this applies to other cities, other regions, other states, including Western Australia, perhaps - I do worry about the increasing disconnect between the lives of my constituents and those who ...tend them, the clinicians, the allied health professionals, the service providers. Sydney's northerners rarely venture south of Parramatta Road unless it's for the purpose of “ethnic” food tourism. Sydney's southerners and

westerners dare not venture north or east, unless it's to the beach. And we know what happens then. Remember the riots at Sydney's Cronulla in 2005?

Brain injury is often referred to as the "invisible disability". 3 in 4 make a good *physical* recovery. Ordinarily, all the cognitive-behavioural impairments are on the "inside", hidden from plain sight. As much as I'm concerned about the risks involved in an individual making their *invisible* disability *visible* to the wider world, I worry more about people with an ABI being rendered invisible as a *population*, by where they live. Or don't...live. Any decent local or international survey of the homeless will show between 10 and 30 per cent come from backgrounds involving brain injury. Somewhere between 40 and 80 per cent of *prisoners* have experienced traumatic brain injury, and those who *haven't* going into prison are likely to get one while they're there [the second most common reason for prisoners reporting to prison health clinics is assault]. Prevalence rates of brain injury in *indigenous* communities are around triple that of the rest of the population.

Visibility is a two-way street. The driver who hit me told police he just didn't see me – which is motorist's code for I hadn't done enough to *make myself visible*, to him. But did he *look* for me? My impression is that people with a brain injury, as much as they have difficulty making themselves *visible*, aren't regularly *looked for* either. And where they can't be *seen*, their – what – life circumstances aren't regularly *imagined* either.