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# CRICKET'S BLACK DOG

THE STORY OF DEPRESSION  
AMONG CRICKETERS



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## Chapter 1

# A Personal Story

FOR 25 YEARS or so, I had been leading an unremarkable but satisfying existence as a master at Malvern College.

Then something happened.

It came as a bolt out of a clear, blue sky. It did not creep up on me, nudging me with increasing urgency so that I could no longer ignore it. One day I was fine; the next day I evidently was not. Now that it has become a regular visitor, so to speak, I often compare it to a tidal wave or a tsunami, one that shortly will knock me over, spinning me head over heels in the maelstrom, such that I do not know which is upwards to the surface and air, and which is downwards to unconsciousness and drowning. But perhaps the simile does not stand up to scrutiny. A tsunami is caused by an earthquake many hundreds of miles offshore. Those in its path speak of a terrible and prolonged shuddering in the ground, a sudden change in the character of the ocean, a distant roaring like the sound of a passing goods train and a noticeable and unusual receding of the tide. Even the wildlife, birds and animals have disappeared; they can sense something strange is in the air. In the first instance, I had no such warnings. Nobody came on the radio to tell me that the forecast for the following day was not so good.

In fact, I had my back turned, waving to the family on the beach, when the enormous wave hit me from behind, knocking the wind out of me, very nearly my life.

The 'it' that I refer to is chronic, clinical depression. Chronic because it is recurring. More than half of patients 'relapse' within one year of treatment. Clinical because it seeks to make a distinction between the layman's understanding of being depressed – in other words, sad, disheartened, fed up – with the medical definition that encapsulates longer-lasting and deep-rooted feelings of hopelessness, desolation and despair, frequently associated with suicidal thoughts and tendencies. Put like that, it sounds profoundly alarming and indeed it is. Did I ever feel like that? Yes, I'm afraid I did.

What caused it? That is a question I am frequently asked, and the simple answer is I don't know. It has been doing my head in (not the most felicitous phrase under the circumstances) trying to figure out a reason. Sometimes a cause *can* be attributed: a life-changing event; trauma; bereavement; divorce; redundancy; illness; financial woe. In short, pretty well anything that results in stress and unhappiness, *'the slings and arrows of outrageous fortune'*, as Hamlet put it. By the way, I truly believe Hamlet is a case study in depression. His father has died (murdered) and his mother has taken as her husband's replacement Hamlet's uncle (who turns out to be the murderer) in what is described as an *'o'er hasty marriage'*. Then Hamlet's girlfriend, Ophelia, drowns herself. Who can blame the poor young man for questioning the very purpose of his existence? But I can claim no such personal disaster and private angst. To me, the misery had no discernible origin.

What's it like in the loony bin? To be fair, not everybody put it like that but if they did, I didn't mind. People with

mental problems are not devoid of a sense of humour, an ironic view of the absurdity of their situation. In answer, I can only respond that it isn't too bad. I was incarcerated for lengthy periods of time in three institutions, in Birmingham, in Bristol and in Bromsgrove. So far, I have not reached 'C' in the alphabet. On two occasions, I reluctantly agreed to being admitted; on the third I most definitely did not. 'It is for your own safety,' I was told, 'It's for the best.' Hmm ... I was never convinced. It was unfortunate that this enforced stay coincided with the Covid lockdown. So instead of being encouraged to come out of my room to socialise with other inmates, staff and visitors, I was banged up in isolation, in a single room, all my possessions confiscated, with a guard at the door, just in case I felt the need to explore. I was allowed no visitors – not even my wife – and anyone entering the room – medical staff, cleaners, dinner ladies – was dressed in the full hazmat (short for 'hazardous materials' – I never knew that) as if I had Ebola or was a refugee from Chernobyl. Of course, at the height of the pandemic, I sort of understood the reason for the restrictive measures but at the same time I failed to see how being held in isolation was going to help my mood. It made for a lot of introspection and self-analysis, not all of it comfortable. The food ...? Reasonable. But then I lived in a school boarding house for 20 years.

One thing you can be sure of during any hospital stay is that you will meet people worse off than you. When I was recovering from my first knee operation way back in the day before the invention of anaesthetics, the chap in the bed opposite me, with whom I had got on famously, died of a heart attack in the middle of the night. His replacement was clearly very ill. He lasted two nights. When Occupant No. 3 arrived, his neighbour alongside leant across and

told him, 'If I were you, mate, I'd ask to change beds.' What on earth I, an orthopaedic patient, was doing in a medical ward, I never did discover. But the incongruous fact in a mental institution is that, on the surface at any rate, nobody looks ill. There are no patients with tubes protruding from their body, or shambling figures wheeling respirators around with them, or plastered legs hauled up on a pulley, or ghostly figures with the light in their eyes slowly dimming. But scratch below the surface and you find poor souls who are deeply troubled and severely disturbed. It put my problems into perspective. Or it should have done if only I were thinking straight, which of course I wasn't. Incidentally, it always brought a wry smile to my face whenever I was escorted along a corridor leading to the Mental Health Unit. Clearly, if I was heading in that direction, 'health' was a bit of a misnomer. Similarly, anybody turning left for the Sexual Health Clinic was rather giving the game away as well.

What treatment was I prescribed? Psychiatry and the treatment of mental illness is a relatively young discipline in the history of medicine. As far as full understanding of the brain and developments of 'cures' for its ills, we are still very much at base camp of the ascent. The current school of thought seems to be that no one size fits all, that the enemy needs to be attacked on several different fronts. On the understanding that my disorder might have at its source a chemical imbalance in the brain, I was put on a regime of heavy-duty drugs. This had the effect of dulling the pain, but it also deadened my sensibility. According to my wife, I was like a zombie, lifeless behind the eyes. Perhaps it acted as a sort of holding pattern, but it clearly could not remain as a long-term strategy. The consultant who put me on these drugs that smashed through the ceiling of

'recommended dosage' later admitted it was her last throw of the dice. Successive consultants who have read her notes have told me that she was very pessimistic of my chances of ... how can I put this ... of not, at some stage, taking my own life. Quite possibly, her decisive intervention saved me.

The cavalry, the spearhead of the offensive, to extend the military metaphor, is Electro-Convulsive Therapy (ECT). It sends an electrical current through the brain causing a brief surge of electrical activity, a seizure in other words. It sounds brutal and bizarre, rather like the brainchild (ha ha!) of somebody who has strayed from the pages of Mary Shelley's novel *Frankenstein*, but it has been medically proven to alleviate some mental health problems. There were long and detailed discussions with me, most of which I could scarcely remember, before I gave my consent. Quite frankly, by that stage I hardly cared what happened to me. I might as well give it a go was my reasoning; nothing else seems to be working. Accordingly, I underwent two separate courses of six interventions each.

The process, as opposed to the actual procedure, was simple and painless enough. We patients gathered in the waiting room. Some I recognised from my unit; others were from nearby hospitals. All were grimly silent. There was no conversational exchange, no commonplace observation, no attempt at banter to relieve the tension. Each no doubt had his or her inner demons to battle. When you are called, you cannot help but notice the spaghetti junction of electrodes and wires lying beside your head as you lie down on the bed. We've all no doubt been 'put under' with anaesthetic before an operation. This was no different. The next thing I remembered was the distant voice of a nurse welcoming me back to the here and now with a cup of tea. I felt no ill effects and so long as I put out of my mind what was



actually happening to me when unconscious, it didn't seem so bad. Possible side-effects are occasional gaps in memory but as I can't remember them, no great harm seems to have been done. But were there any beneficial effects to this treatment? Once again, it is hard to tell. I'm still here so I cannot categorically claim it was totally ineffective.

The groundwork of the assault is provided by the poor bloody infantry, the talking therapists. Actually, it would be more accurate to call them listening therapists for any such treatment should always be 'patient-led', to use the jargon. Talking about myself has never been my strongest suit. In fact, growing up, our generation was discouraged from displaying such self-absorption. 'But that's your problem,' I was continually told. 'You bottle everything up.' Quite possibly, but I found those sessions excruciating when you all sit in a circle, introduce yourself and tell everybody – at great length – what a grand chap you are and how the rest of the world doesn't appreciate you. But in the hands of one or two sympathetic and perceptive therapists, who teased out possible personal crises in one-to-one sessions, I felt I was making some progress.

So, am I better? Better, yes, but not best. I have concluded that the condition can only be managed, rather like diabetes or alcoholism, on a day-by-day basis. Which interventions have worked, and which haven't? I would love to know the answer but Sherlock Holmes's *modus operandi* 'When you have eliminated all which is impossible, then whatever remains, however improbable, must be the truth' cannot, in all practicality, be applied in my case. If one part of my medication were withdrawn, and subsequently all of it, I might be fine. But I might not. It is an empirical experiment that is just not worth the candle. So, I am stuck with that unhelpful parrot perched on my shoulder offering

ugly and unpleasant advice. I know he's there. I just have to take him on and outmanoeuvre him in the metaphysical debate ... *every single day*. I can't pretend it's not a struggle. The only alternative is oblivion and truthfully there are times when oblivion seems like an attractive option.

I retired from teaching a year before my 60th birthday. Malvern College were good to me and looked after me with all due care and support in order to clear the decks and to train all my guns on the enemy. It did not take me long to appreciate that mental health is the Aunt Sally of the NHS: under-funded, under-resourced, under-manned. In all, I came under the care of five consultant psychiatrists. As one after another retired or moved to another part of the country I began to worry that I was driving them away, but the truth was that all of them were feeling the strain with inadequate support in place and the meagre support they did have was being stretched to breaking point. Much as I sympathised with, and understood, the logistical problems they were facing, I felt I was dropping off the radar. Who had their eye on my deteriorating state?

Quite ironically, it was Anno Domini that came to my rescue.

'Hang on a minute,' said my charming South African GP, 'I see you're 70. I had no idea. I thought you were years younger!'

I did say he had charm. He also loved cricket and we would spend most of my consultation time with him chatting about the game.

'So what?' I asked.

'That means you are eligible for mental health support in the community for ... ahem, the elderly.'

Oh, wonderful. I had to reach my dotage before anybody took any notice.

Recognising this was ungrateful, I thanked him and shortly became a regular visitor to a mental health unit conveniently situated in Malvern. Thereafter, I was in the hands of two impossibly young women, whom I came to trust and who challenged me in ways that I hitherto thought were impossible. Those of my generation were not supposed to contemplate our feelings, our thoughts, our self-awareness. If anything was wrong, or if we suffered some form of personal catastrophe ... well, come on, stiff upper lip and all that. Worse things happen at sea.

Methodically, diligently but kindly, these two intrepid ladies set about deconstructing what I had held to be fortitude of mind, a grin-and-bear-it attitude to life. Nothing was off-limits, no avenue was left unexplored, no memory left buried. Parents, Catholicism, childhood, schooldays, adolescence, university, professional cricket, public school, fitness, diet, family ... it was all laid bare. I cannot pretend that I did not find these searching examinations deeply uncomfortable but for the most part, I think I held it together. Willy-nilly, we are all products of our upbringing, our domestic and social background and there was a lot – more than I ever imagined – to get off my chest.

Yet I did not have an unhappy childhood. But I was unhappy. I was at a loss – still am, frankly – how to explain this anomaly. My wife, looking at all the team photos of me in cricket and football teams at school, remarked that, even though I was always sitting as captain in the middle of the front row, I looked like a haunted little boy. I say 'little' because I was, always the smallest and most frail. My nickname was Murt the Squirt. It was only when I entered the sixth form that I started to grow.

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The problem, we decided, was that I suffered from an acute lack of self-confidence. This might come as a surprise to anybody who knows me, but I have developed over the years an ability to don a cloak of poise and equanimity. I was a teacher after all, and teachers are actors. They love an audience; they have a different one eight times a day. Looking back, I have to say that I did not enjoy school, not until the sixth form years. This had nothing to do with the teachers or the institution I attended; it had to do with one glaring, unavoidable, burdensome and actually quite harrowing hole in my intelligence. One subject loomed grimly every day of my school life. I dreaded the period and wished the ground would open up and swallow me as the lesson commenced. My mind, for some reason, was closed to figures and sums. Put simply, I was innumerate. But in those days, such an affliction, much like dyslexia, did not exist. It was just an excuse for laziness, an unwillingness or inability to *learn*.

\* \* \*

Let me go back a little. My father was a good man, albeit a little intimidating. Three sturdy pillars supported his world – education, family and Catholicism – and I am not at all sure that they were necessarily in that order. He came from a staunch Catholic family, counting two priests and one nun among his siblings. He was a headmaster and clearly his children's education was important to him. And family? Perhaps it would be more accurate to call it duty towards his family. He was a man of firm principles and believed in a life of self-sacrifice and discipline, robustly but fairly administered. He fought the Japanese in the jungles of Burma during the war. I often wondered what terrible things he must have witnessed but by the time I was brave

enough to ask, it was too late. Like many of his generation, he never talked about his experiences. He put them in a drawer and locked them away. Do I detect a pattern here?

The only school in town, as far as he was concerned, was the Catholic grammar school, run by the order of De La Salle Brothers. In order to gain a scholarship (with five children, and on a teacher's salary, he could not afford the fees), I had to pass the Eleven Plus. This comprised three papers: English, Arithmetic, General Intelligence. English was a doddle and GI was not difficult, but Arithmetic was a closed book. My father would fire questions on the times table at me during mealtimes and he would become increasingly exasperated at my panicked and of course wildly inaccurate answers. It was clear to him, and to me, that the Arithmetic paper would be my undoing. As it happened, I passed the Eleven Plus, though I have no doubt that strings within the Church were pulled. I entered St Joseph's College, Beulah Hill, in south London, with a scholarship.

My travails with Maths did not end there, however. It was a given that I should go to university. After all, my older brother, something of an academic *wunderkind*, had gained a scholarship to Oxford and the same was expected of me. (My younger brother was 'as bright as a button' as well as my father kept on telling me, which didn't help my self-esteem.) Of course, I knew that O Level Maths was a prerequisite of entry into any university back then. But the more I tried to unravel the mysteries of numbers – I possessed a slide rule, as we all did in those days before calculators, and the only use I could put it to was to scratch my back – the more I felt as if I was beating my head against a brick wall. In any end-of-term exam I took in the subject the highest mark I ever obtained was 5%, and

all I could do was wonder where the 5% had come from.

To my father's frustration and pain, I took Maths O Level three times and failed with a worse mark on each occasion. As it happened, I did manage, somehow, to find the only university on the planet (Southampton) that did not require Maths O Level to read English. My uneasy relationship with numbers has remained with me ever since, though calculating declarations (number of overs against the total required – run rate in other words) has never been a problem. It's guesswork largely, though guesswork informed by experience and gut feeling.

I don't blame my father. He was motivated solely with my best interests at heart. Perhaps his methods would not find approval nowadays, but he was only trying to keep me out of the local secondary mod, where I would undoubtedly have sunk. Incidentally, he mellowed in old age and became the most gentle and loving grandfather you can imagine. I still wish I had plucked up the courage to ask him about his wartime experiences. He seemed moody and distressed by many things when we were younger. Quite possibly, he too suffered from depression. From what I have read about the Burma campaign, it would hardly be a surprise.

Has all this baggage from my childhood come back to bite me later in life? Are childish terrors revisiting me? It all sounded a bit Freudian to me, but I was content to accept that all this *might* have contributed to my disorder. To combat these feelings of worthlessness, I have to remind myself continually – as I have been taught to do – that my life has not been a failure. Indeed, there are those who might think that there have been one or two successes along the way.

Another line of enquiry – and if that sounds like a piece of police procedural, that is exactly how it felt – was my

relationship with sport, in particular the playing of games. 'Look at all the injuries you have had,' I was told. My response was that I had only ever had one injury, though its recurrence at various stages of my life was certainly adding up. A torn cartilage when I was 20 put paid to my football career and that was certainly a huge blow. My father, a talented amateur footballer in his time, believed I was a better footballer than cricketer but as he was an Irishman who never played cricket, I would have to take that with a pinch of salt. But I knew I was a good player; just how good I would never have the chance to find out. Further injuries and subsequent operations on the same knee finally stopped me playing cricket.

My professional days were over by that stage, but I still wanted to play at a decent club level. The competitive juices had not dried up, however. I turned myself into a half-decent squash player. I had the goal of becoming a double county player – at cricket and squash – and slowly I climbed the Worcestershire rankings. When I reached No. 8 or 9 in the pecking order, I felt I was within touching distance of the county team. Unfortunately, there are only five players in a team, so I knew I still had work to do. Then the old knee (I say old because now I have a new one) finally gave way and that was that. Now I play a bit of tennis and am grateful that I can do so, enjoying the game without taking it too seriously.

But this is familiar to all games players, I told my therapists. Injuries and a slow disintegration of the body go with the territory.

What's so special about my tussles with getting old? Ah, just because it is common, I was told, does not mean that it is insignificant. For each individual, the uncomfortable truth has to be faced and many ex-sportsmen and women

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struggle when the reality hits home. Once they were strong and fit and took joyous delight in their physicality, the elation of possessing a body at the peak of its powers; now they are a shambling wreck, with every bone creaking and aching, a pale shadow of their former selves. I was amused at the description of my possessing a body at the peak of its powers, but I accepted there was some truth in the analysis. 'Each time you had to give up what you loved doing was like a little death,' they said. An intellectual can grow in knowledge and reason as he gets older; a games player slowly loses what first defined him.

*'Age I do abhor thee;  
Youth I do adore thee.'*

William Shakespeare