## **Brave hearts**

By Dana Cook Grossman

**B** ravery can take many forms. There's the physical courage exhibited by soldiers in battle, adventurers on the high seas, and explorers in outer space—people who face danger to life and limb. There's the intellectual courage evidenced by literary iconoclasts and scientific contrarians people who buck the conventional wisdom to pose novel ideas and who, as a result, can face withering criticism and even ostracism.

And then there's a kind of courage that takes not muscle or mind but heart. And soul. And every fiber of one's being. This form of bravery—perhaps it could be called emotional courage—is often associated with facing terminal illness. But it isn't solely the province of the dying. One of the bravest people I know is Nancy Price Graff, the author of the feature that starts on page 56. Nancy is a muchpublished writer and editor. She's taught history at the college level. She has a daughter in college and a grown son. And she suffers from depression. Not "I'm going through a rough patch" depression but serious, chronic, disabling depression.

I struck up a correspondence with Nancy about 12 years ago because of our shared profession, when she was the editor of *Vermont Life* magazine. She has now been on *this* magazine's Editorial Board for the past two years. But her contributions to DART-MOUTH MEDICINE go back much further than that. Shortly after we began writing to each other, Nancy mentioned that she'd just been released from DHMC. Was I interested in considering a story about her experiences as a patient?

Nancy didn't say why she had been hospitalized. But I was confident that her skill as a writer would make her saga-whatever her malady-worth looking at. So I said, "Sure, send me a piece." A few months later, an envelope with her return address appeared in my mailbox. Still without knowing what had brought her to DHMC, I started reading her manuscript. Soon, I was sitting at my desk with tears pouring down my face. Nancy had written about having been hospitalized (for the first of four times) for depression. Her vivid descriptions made it clear what clinical depression is not. It's not something one "snaps out of." It's not feeling really sad. It's not a chic affliction of artists and writers. Her article brought home, to a degree nothing else ever has, at least for me, just what this disease is like.

We received dozens of letters about that article, which appeared in our Spring 1996 issue. And we still, almost 10 years later, receive requests for it.

Now Nancy has written another piece, about her ongoing struggle with depression. About lessons she's learned in the past 10 years. About her fears and hopes for her daughter and son. This time, as I read her manuscript, what I felt was awe for her bravery. For her perseverance against a misunderstood disease. For her resolve not to be beaten by the embarrassment and frustration that attend mental illness. And, most of all, for her willingness to share her saga with you, our readers. I hope it will help other sufferers feel less alone and the rest of us feel more empathy—and maybe even urge on those who are seeking better treatments.

There is also an example of intellectual bravery in this issue. See page 18 for a story about the nation's best-known surgeon general, now a DMS faculty member, C. Everett Koop. The story is about the fact that his papers were recently acquired by the National Library of Medicine. One of many reasons they belong there is that he stood up to political pressure in the early days of the AIDS epidemic. He made sure the facts about the disease's transmission didn't get soft-pedaled by prejudice or embarrassment. Many people hope the lessons of his brave stand—that science and humanity are the best medicine—won't be forgotten.

And, as it happens, this issue contains an example of the third kind of bravery, too, the physical kind. As the issue was in final production, the news about the devastation wrought by Hurricane Katrina was heading north. And Rob Gougelet, a DHMC emergency physician who had been interviewed weeks before for our "Clinical Observation" section (see page 20), was heading south. He's the supervising officer of a Boston-based disaster team that was one of the first relief groups to arrive in New Orleans. The debate about the relief effort was still murky as the issue went to press, but one thing was clear: the word "bravery" only begins to describe the actions of many valiant rescuers and stranded residents.

Let us all hope that there will long be people brave of body, mind, heart, and soul who are willing to battle foes both seen and unseen.

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