

THE WOMAN WHO CRACKED THE ANXIETY CODE

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Prologue

THE UNCOMMON SENSE OF CLAIRE WEEKES

On 23 October 1977, a diminutive Australian stepped onto the stage in New York. The audience saw an elderly woman whose regular uniform was a tweed skirt, twin-set, spectacles, and sensible brown lace-up shoes with low heels. Her dark hair was permed and for adornment she preferred a string of pearls.

At the age of 74, Dr Claire Weekes was the guest speaker at the 18th Annual Fall Conference of the Association for the Advancement of Psychotherapy. She was an unusual choice for this gathering as she ranked as an unqualified outsider.

However, Weekes had one measurable claim to fame: her books on anxiety were a global sensation, hitting bestseller lists in the US and the UK. She had found a popular audience by identifying and describing the havoc nervous illness could create and explaining and treating it in a fresh way. Weekes had been invited to address this professional association despite divided opinion over her approach. Many psychiatrists had heard of her methods from their patients, and a number accepted that some patients they had treated unsuccessfully had read her books and felt, if not entirely cured, then on the way to recovery.

Weekes had written the prosaically titled *Self Help for Your Nerves* in 1962, and, by the time she was standing on the podium in New York over 15 years later, there had been two more books, which were prominently displayed in airports and translated into at least eight languages. For years, the professionals had looked away from, and down on, her work.

The books were slim volumes that explained the nervous system and how it could go awry, how the mind and body were interconnected in arousal, and the trouble this could cause. Yet the clarity of work that drove the books' runaway success also repelled

professional recognition. Self-help was not yet a genre that inspired psychiatrists' attention or respect.

Earlier that year, her third book, *Simple, Effective Treatment of Agoraphobia*, had been published in the US. It was her first directed at the medical community, and in it she asserted that far from helping their patients, psychoanalysts often made matters worse. She also corrected one of the pre-eminent British psychologists, Dr Isaac Marks, who put agoraphobia before anxiety. Weekes reversed the order, arguing that anxiety — or, more specifically, fear — came first, and triggered agoraphobia. The profession was on notice that she believed she had the answers to problems they were misconstruing.

As Weekes toured the US from coast to coast, she was interviewed by well-known television talk-show hosts, and countless newspaper articles were written about her work and syndicated across the country.

In a field more familiar with failure, and one riven with division, Weekes achieved success. Indeed, such was the confusion and disenchantment with the lack of progress in treating the mentally ill that in the 1970s a group of psychiatrists launched an 'anti-psychiatry' movement. Their manifesto proclaimed that rather than suffering from mental illness, their patients were victims of society.

Underneath it all was a growing unease with the lack of empirical evidence for any treatment, which invited the question of how to measure success or failure. Yet Weekes had the numbers running in her favour. People bought her books and queued to thank her for 'saving' their lives. She was writing about 'them'. Many chose a religious metaphor to express their gratitude. The books were their 'bible'.

On the podium in New York, Weekes inspired no awe and many in the audience dismissed her as a populist. That she was a medical practitioner and held a doctorate in science as well did not count. She was the author of self-help books, she was not a psychiatrist, and she was in huge demand in the media. Her fame invited critical attention to her lack of specialist credentials, which was enough to wound her reputation in her own profession.

She had one professional advocate, however — the New York psychiatrist Dr Manuel Zane. He had founded the first hospital-based phobia and anxiety clinic in the United States, at White Plains, New York, just six years earlier and had seen for himself how the Weekes method worked. Zane had been impressed by the heartfelt response to her books from a number of his own intractable patients, who had been housebound for years.

By the time Zane opened his clinic in 1971, Weekes was already a phenomenon in the field of anxiety. A clinician pioneering his own unorthodox method of treatment, he had an open mind, and saw some common ground in her approach.

He wrote to Weekes in Australia, inviting her to visit his clinic in New York. As a result of his passionate advocacy, she gained wider access to US mental-health professionals. Zane pressed upon his colleagues his view that Weekes had a special and unique understanding of anxiety, particularly panic disorder. Better still, she had an easily understood and demonstrably effective treatment protocol.

With the patronage of Zane among others, Weekes was invited from time to time to address professionals, but she felt their resistance, and some criticised her openly. During at least one of her public lectures, she was keenly aware that psychiatrists in the front row consulted their watches every few minutes. Others talked audibly to each other.

Her speech in New York in 1977 was an explicit challenge to the prevailing orthodoxies, and she was combative. She gave her address the same title as her latest book, ‘Simple, Effective Treatment of Agoraphobia’.

In the audience were psychiatrists who fell into one of two schools. They were either psychoanalysts, who followed the techniques of Freud and his intellectual descendants, or cognitive behaviourists, who worked on changing habits of thought and associated behaviours. Both would have been provoked by her presentation.

If there were hackles raised generally, there was one individual who must have felt she was especially plucking his feathers. The renowned South African psychiatrist Dr Joseph Wolpe was a

behaviourist who built a reputation for treating exactly the high-anxiety or panic states Weekes was talking about. She later confided to a colleague that Wolpe had 'torn her to pieces' that day.

Weekes and Wolpe could agree on one thing. Like Weekes, Wolpe rejected Freudian psychoanalysis and the obsession with unconscious drives rooted in childhood experiences, such as the Oedipus complex and others now common to everyday language.

Instead, Wolpe focused entirely on behaviour. His reputation for pioneering behavioural therapy was based on his early work scaring cats with electrical shocks. He then rewarded them with food in an effort to eradicate the neuroses he had created.

Moving from animals to humans, Wolpe encouraged exposure to phobias and fears, as patients were simultaneously taught to relax. He pioneered a strategy called desensitisation, which was otherwise known as exposure therapy. That is, anxious patients were taught how to face their particular fear while practising relaxation strategies.

Later, Weekes was also regarded as a 'pioneer' of so-called 'exposure therapy', yet never used the phrase herself and was not advocating relaxation but something quite different. She objected openly to the proposition that the highly anxious individual could or should be 'desensitised'. This was tackling the problem the wrong way around.

'Rather than aiming to adapt to difficult situations, to achieve desensitization by suggestions, or to avoid panic, the agoraphobe must learn to pass through panic and to rid oneself of drug dependency. This method of self-desensitization will, as a rule, achieve results quickly and does not necessarily depend upon finding the cause of the original sensitization,' she told the psychiatrists assembled in New York.

Trying to teach a patient to relax in the face of phobia or panic was not only counterproductive but an almost impossible mission. Instead, she argued that by fully experiencing the panic, the individual learned it was possible to 'pass through' to the other side. Their nervous system needed to be reordered, which they could learn to do themselves. They didn't then need a shepherd or

psychiatrist.

Nervous illness was felt intensely in the body. In her book, she described ‘the whiplash of panic’ and the ‘electrifying quality of sensitised panic’ to communicate to a non-sufferer the way in which continued distress prepared the body to ever more swiftly respond. The nervous system became primed to experience anxiety more quickly and savagely than ever. It had become ‘sensitised’, and understanding this process was the key to recovery. Desensitisation would follow as a natural consequence. That is, there was no need to practise becoming desensitised to whatever was particularly feared.

So instead of structured exposure to fears, she prescribed total acceptance of the fear as the way out of distress and panic. The problem was inside, not outside. This keyword, *acceptance*, was the opposite of fighting, which was the instinctive response of the panic stricken. Yet it was exactly this fighting against tension, fear, anxiety, and panic that perpetuated the problem.

Weekes’ treatment protocol was a simple haiku: *face, accept, float, let time pass*. It was not designed to eradicate all the stresses of life, but to enable people to find their own way out of distress.

‘To recover, he must know how to face, accept and go through panic until it no longer matters ...’ she told the Fall Conference. ‘Recovery is in his own hands, not in drugs, not in avoidance of panic, not in “getting used to” difficult situations, nor in desensitization by suggestion. Permanent recovery lies in the patient’s ability to know how to accept the panic until he no longer fears it.’

Weekes work anticipated advances made decades later and her approach has been vindicated. She also changed the way anxiety was understood and treated, yet this achievement is largely unrecognised. In 1977, Zane, who had witnessed the success of her method, even with intractable cases, was dismayed by the reaction of his peers to her speech. ‘The thing that I remember was the depth of her observations and the lack of appreciation, it seemed to me, by most of the audience of what she had to say. I, at least, was able to comment publicly that Dr Weekes was a real pioneer in this field and the thing that was remarkable about her was that

patients came to me talking about her.'

That was the difference between Weekes and other professionals, Zane says. 'She was coming to us from where the patient is, and not from our top, where we were telling the patient what it's all about, why he is the way he is.'

A few years later, on 7 May 1983, Weekes was back in New York, again a keynote speaker addressing professionals. Again, her sponsor was Zane, who had invited her to make a presentation to the Fourth National Phobia Conference. Again, Weekes explained her approach at length. People could be taught to cure themselves, she said, to find that inner voice 'to support and lead through setbacks, through flash moments of despair, through the bewilderment'.

This time, however, she asked them to look into their void.

'I am aware that many therapists believe there is no permanent cure for nervous illness. When I was on the radio some years ago in New York with a physician and a psychiatrist, the psychiatrist corrected me when I used the word cure and said, "You mean remission don't you Dr Weekes? We never speak of curing nervous illness!" I told her that I had cured far too many nervously ill people to be afraid to use the word.'

It was a provocative claim, but one that sat on an unshakeable foundation.

In the early 1970s, Anne Turner, a young British woman married with a small child, faced the prospect of an operation on her brain, a procedure that she called by its medical name, leucotomy. Known popularly as a lobotomy, it involved cutting into the frontal lobes, with inevitably mixed results.

Turner was 31 years old, from Yorkshire, England. Surgery was now being offered as the last hope of routing her mental demons, the unbearable ruminations and obsessions she neither understood nor controlled. There had been a maze of treatments, analysts, intravenous drugs, hospitalisations, and shock therapy, but the mess in her mind remained. She toyed with suicide.

Stress was not a new experience. Turner had suffered a nervous breakdown at the age of 20 and had electric-shock treatment at the

age of 21. She survived these episodes, but, by the time she was in her 30s, with a small daughter, another set of stresses swept her into a breakdown. 'Well, there was a second one,' she says, 'and it got a lot worse, it got a lot worse.'

Terrified of surgery as she knew someone who had undergone an unsuccessful lobotomy, Turner concluded she would rather die than endure the procedure herself. When it was suggested, she thought, 'That's it, I've had enough. I'm going!'

In this state of mind, and quite by chance, she turned on the television to hear a doctor describing her symptoms so exactly that she could have been reading Turner's mind. Moreover, the doctor not only knew how she suffered, and why she suffered, but insisted recovery was possible. Nervous illness, Turner heard, was quite treatable.

At the end of the broadcast, there was mention of a book, and although Turner knew neither author nor title, her local bookshop had no trouble identifying it. 'Oh, that's by Claire Weekes, we've had a lot of enquiries for her book,' Turner was told, and directed to *Self Help for Your Nerves*, which had been published in the UK in 1963, almost a decade earlier. 'Here was a woman writing about me. Everything I had was in this book, and I thought ... I can't be so different if someone on the other side of the world can write a book about me. It was a revelation, that book, because it was about me.'

At the back of the book was an address, and Turner wrote to the author asking simply: 'Is there any hope I can ever recover?' She included a stamped envelope and hoped 'with any luck' for a reply. 'By return post, I got a letter back, handwritten, saying, "Yes, there is hope. Here is a telephone number, give me a ring if you want to."'

Turner picked up the phone and reached Weekes, who was staying with her friend Joyce Skene Keating, a local magistrate who lived at Queen's Gate Gardens, London. Skene Keating had contacted Weekes the same way, seeking help for severe agoraphobia, not long after being widowed in the mid-1960s. Weekes stayed in Skene Keating's large, comfortable apartment whenever she was in London.

Recalling that phone conversation over 40 years later, Turner can remember her astonishment when Weekes described what she thought was her own unique experience. 'How do you know how I feel?' Turner asked. She has always remembered Weekes' response: 'I don't have to know anyone, I know the illness very well.'

Weekes explained that the mind and the body could behave as if something was terribly wrong when it was just a reaction to fear. 'I could have been just like you. They are just the thoughts of a very tired mind, and they come back because you are frightened of them.' It could happen to anyone and anyone could be cured. It was 'simple', although not 'easy'.

Turner was buoyed by the personal support this 67-year-old doctor was prepared to offer. Weekes promised to keep in touch, even when she returned to Australia. She would not take payment; Turner could pay for the phone bills.

Turner cancelled the leucotomy. What Weekes said struck her as common sense. As anxiety disorders were not well understood or managed by the medical profession in the '70s, Weekes' advice was better described as uncommon sense. Psychiatry was under siege from within and without, and treatment for anxiety ranged from psychoanalysis, to exposing people to stress while teaching them to relax, to drugs. When all this failed, there was shock treatment.

The overwhelming experience of a panic attack, which could not be controlled or quelled, was not well understood, and even less well treated. The phrase itself had not even been coined. Turner also had what would later be labelled OCD, obsessive-compulsive disorder. Yet here was a medical practitioner who regarded these conditions as quite curable. Sufferers were just bewildered or tricked by what she called nerves. The problem was 'nervous illness'. Weekes' book explained in detail the nervous system and how the mind and body were interconnected.

She was a doctor of medicine, and a scientist, but her approach could not have been further from that of another doctor and scientist, Sigmund Freud. Referring to the legendary psychiatrist's pioneering technique of interrogating his patients while they were

prone, Weekes boasted of being ‘one of the first to deal a blow at the old Viennese couch technique. I led them out of the consulting room, into the world where they were to live successfully.’

Weekes was heading home to Australia, and she left Turner some tape recordings of her advice. ‘Just ten minutes. You don’t need long tapes.’ They were to be played over and over, to remind the tired suffering brain of the way out of torment.

She would speak to Turner twice a day when she got back to Australia, and for as long as Turner needed. ‘I’ll get you through the day, and [you can] ring me up at night and tell me how you’ve been,’ she promised. Turner began to recover. It would turn out to be a permanent cure.

Turner was uncomfortable Weekes wouldn’t charge her. ‘She wouldn’t take anything for it. When she went back to Australia, I said you haven’t sent me a bill, Dr Weekes, and she said: “No and I never shall. You just spend your money on the telephone calls.”’

However, Turner eventually repaid her debt in a different currency. In 1983, when Weekes was a household name in Britain following the success of her books, the BBC invited her to give a series of six television interviews to be broadcast weekly at lunchtime.

They wanted an interview with someone cured by Weekes as an opener for the series, but it was hard to find anyone willing to endure such public exposure. Weekes finally asked Turner, who reluctantly agreed. Telling the story of her breakdown and recovery on television, Turner concluded with the observation that ‘if you’ve not been in hell, you don’t know what heaven is. I can truly say that I’m happy.’

Weekes was grateful. She understood the personal cost of a public appearance. ‘For Anne to appear on television before millions of compatriots took outstanding courage. She had so much desire to save others from the suffering she had known that she put their suffering before her own comfort. Her story was given so simply, honestly, and intelligently, that she may have helped thousands with it.’

Weekes was making a particular point. It was Turner’s story, and her achievement. She always insisted she was teaching people

how to cure themselves.

Across the Atlantic, around the same time Turner first encountered Weekes in the 1970s, a small child developed a phobia that engulfed her family. Her father, who happened to be a psychiatrist, found himself unable to help his young daughter. It was frustrating, and distressing. At that stage, Dr Robert DuPont had no knowledge of Weekes or her work.

DuPont had graduated as a psychiatrist from Harvard University in the 1960s. Addiction was his specialty, and he had pioneered methadone treatment in black communities where drugs drove a never-ending cycle of crime and poverty. The success of his programs eventually came to the attention of the US government, and, in 1973, DuPont was appointed White House 'drug czar', in which role he served two presidents, Richard Nixon and Gerald Ford. He established and ran the Narcotics Treatment Administration and was founding director of the National Institute on Drug Abuse.

For DuPont, encountering Dr Claire Weekes was a godsend of timing. He was juggling pressures on two fronts, at home and at work. Not only did he have a child with a phobia, but, with the inauguration of a new president in 1977, DuPont was about to lose his job. 'The Secretary of Health, Education, and Welfare had just come in with the new president, Jimmy Carter, and he wanted to have new people, his people, so I was fired. In 1978, I was out on my ear.'

DuPont turned to full-time psychiatry, where he treated anxiety as well as addiction. There were adjustments to be made, but his most serious challenge was at home.

Years before, when his two daughters, two-year-old Caroline and her four-year-old sister, Elizabeth, were playing hide and seek with their cousins, they accidentally locked themselves in a closet. They were not there for long as the adults soon discovered them, but, while Elizabeth shrugged off the experience, for Caroline it was a disaster. She became terrified of confined spaces.

In first grade, she was confronted at school with a small, windowless bathroom off the classroom. Caroline refused to use it.

Elizabeth had to come to the class at lunchtime to stand by the door to give her sister the confidence to enter.

Managing Caroline's phobia involved the whole family. The problems DuPont struggled with in his therapy practice had walked through his front door and yet his professional training offered him no effective tools to manage them. If anything, they invited critical attention to his daughter's early childhood relationships with significant others — especially her parents. Freud's work in psychiatry had inspired the search for the 'why' behind mental dysfunction. Parents could find themselves part of the answer to that question — and not necessarily in an attractive way.

Generations of psychiatrists and psychologists had been reared on Freud. His language — ego, id, superego, transference, repression, penis envy — had only been further complicated by the praxis of his psychoanalytic technique of free association and dream analysis. It would be hard to imagine a more complex yet highly subjective treatment protocol.

In the face of his daughter's ongoing anxiety disorder, DuPont was frustrated. His elder daughter, Elizabeth, who herself became a therapist specialising in the field, captures her father's twin plights: 'Here he had a daughter who was suffering so much, and, at the same time, he had a patient who had panic disorder and had been seeing him for a year and hadn't gotten any better,' she recalls.

One day during treatment, a patient he had been seeing for some years told DuPont about an article she had read in a women's magazine on a new approach to anxiety being taken by the Phobia and Anxiety Clinic at White Plains Hospital in New York. She wanted to try it.

DuPont was unimpressed: 'I'm a Harvard graduate and I don't get my ideas from *Glamour* magazine,' he said. The patient persisted, pressing on him the name and number of the clinic's founder, Dr Manuel Zane. DuPont had an open, inquiring mind and his curiosity was finally piqued. He and his patient headed off to New York together.

When they arrived, DuPont met in Zane another psychiatrist

with an open mind. Zane had founded the first phobia clinic in the US, and DuPont was ‘just amazed. I saw people with courage confronting anxiety — doing things that had been impossible before. I was totally mesmerised by Manuel Zane, an innovative psychoanalyst who was devoted to his patients and able to help them with their terrible fears.’

However, he found Zane was himself mesmerised by another doctor, an Australian medical practitioner turned self-help writer. So many of Zane’s patients had recovered after reading Weekes’ books that the clinic had begun recommending them. They had also contacted Weekes in Australia, inviting her to visit.

It was at Zane’s clinic that DuPont was introduced to Weekes and her work. He was astonished to see the queues of patients lining up with their dog-eared copies of Weekes’ latest book, waiting to thank her for ‘saving’ their lives.

Reading *Hope and Help for Your Nerves*, as *Self Help for Your Nerves* had been retitled for publication in the US in 1963, DuPont discovered a treatment that was completely different from the prevailing orthodoxy, yet one that ‘worked fabulously’ with his patients and provided a breakthrough for Caroline. Using the approach of Weekes, his youngest daughter recovered. The experience was a life-changer for the entire DuPont family.

After years of suffering, Caroline, in 1978, at the age of ten, overcame her fear of enclosed spaces. She gave her father a birthday present by riding ten floors in an elevator, alone. DuPont waited below for his daughter as she exited.

‘This was a whole new way to look at what was going on with Caroline. Her getting better was a blessing for our whole family,’ says Elizabeth DuPont. ‘A weight lifted off all of us.’

The experience changed the direction of DuPont’s career. He set up the first phobia program in Washington, then established the Phobia Society of America, which later became the Anxiety and Depression Association of America. DuPont believed Weekes shaped history.

‘I don’t know anyone else I met in my life who has had the kind of impact on millions of people that Claire Weekes had on the big medical and human problems with anxiety,’ he says.

Forty years after Bob DuPont and his patient drove to White Plains, one of the foremost contemporary experts in anxiety, Dr David Barlow, professor of psychology and psychiatry at Boston University, agrees that Weekes completely changed the trajectory of treatment of severe anxiety states.

‘In the case of the brilliant physician Claire Weekes, her clinical intuition led her to think what was then unthinkable: that someone housebound with severe anxiety and panic ... could overcome these problems by actually exposing oneself to the very situation that brought on the severe anxiety and panic in the context of strong clinical support.’

When Weekes first developed her approach, ‘it ran entirely against the prevailing theories’, which, according to Barlow, assumed that exposure to a phobia could result in a psychotic episode. ‘By thinking outside the box, as we now say, and exercising extraordinary clinical sensitivity with her patients, she became the originator of exposure therapy for agoraphobia to the unending benefit of tens of millions of patients over the years.’

He describes Weekes as a ‘deeply experienced and intuitive clinician’ who had ‘serendipitously’ discovered ‘important new clinical innovations in the course of actually helping people deal with their disease or disorder’. Yet there was nothing serendipitous about Weekes’ ‘brilliant’ insights. They were hard earned over two years of suffering when Weekes as a young woman had become nervously ill quite unexpectedly.

By the time Weekes met Anne Turner and Robert DuPont, she had a global following of grateful patients and readers. Her understanding of the destructive power of anxiety and panic was the culmination of a lifetime of professional attention. However, it had been her searing experience of ‘nerves’ as a young woman that had inspired her work. She knew that she could cure others because she had cured herself.

Chapter 1

MISDIAGNOSIS

In 1928, at the age of 25, Claire Weekes was making academic history as the first woman likely to be awarded a Doctor of Science degree at the University of Sydney. With a first-class honours degree in science and the University Medal for zoology, she was aiming for a Rockefeller Fellowship to further her studies in England after completing her PhD. Then suddenly she lost her footing and found herself in freefall.

It started with a sore throat, followed by a botched operation on septic tonsils resulting in a haemorrhage. 'I'd had severely infected tonsils. I'd eaten very little for months and had lost two stone,' she said years later.

For a small, slightly built woman, 13 kilograms was a significant weight loss. In her weakened state, she experienced heart palpitations and was referred to a Sydney specialist she knew as a 'famous cardiologist', who gave her injections of calcium, which had little or no effect.

Fragile, emaciated, and with a racing heart, Weekes was a puzzle to her local doctor, who finally, with scant evidence, made a monumental diagnosis. He concluded she had contracted the dreaded disease of the day, tuberculosis.

'I can remember I thought I was dying,' she recalled in a letter to a friend. 'I was sent away to the country and I was told that for six months I must make no effort, not even to pull a blind down.'

Tuberculosis invoked the terror of the black plague of earlier years and was a preview of the HIV/AIDS epidemic to come generations later. Children and young people were particularly vulnerable to this efficient killer, and there was no antidote. It was responsible for almost 10 per cent of deaths in the early 20th century.

Then there was the treatment. Being highly contagious, TB meant isolation from family and friends, with quarantine in

sanatoria strategically placed far from cities and communities. Sufferers were often marked by the illness for life.

For Weekes, the terror of TB would have been quickly followed by the horror of the sentence, a separation from those to whom she was closest. Many sufferers were incarcerated for years.

She later recalled that she had accepted this bad news without question, although there had been no final confirming test. 'It was way back in the 1920s, and I was not X-rayed. Of course, I believed I had TB,' she said later, with exasperation.

Her studies were put on hold, and the young woman who hated being alone was packed off to the Waterfall State Sanatorium, which was located 38 kilometres south of Australia's biggest city, Sydney. At 300 metres above sea level, it fulfilled the requirement for cool, fresh country air.

Here there was no occupation and no one to keep Weekes company in the face of the death and dying around her. Fear touched everyone. Her heart continued to race. 'I was more or less confined to lying on the couch, with nothing much to do, and six months on my hands. So that I knew what it was to become introverted, worried,' she said of that period.

The Waterfall sanatorium was opened in 1909 when the bacterial disease was the leading killer of Australian women, and very near that for men. When patients were in the active phase of TB, they were isolated in fibro chalets about the size of a garden shed. They either recovered or ended up in the Garrawarra Cemetery, less than a kilometre away.

The long single-storey main building enjoyed a magnificent outlook. Set on the ridge of a plateau, it had a full view of the Southern Pacific Ocean from its traditional wide Australian verandah. For the inhabitants, the panorama must have been a rare solace. Yet however beautiful the view, they had more powerful competition for their attention. There was a death every three to six days between 1909 and 1930, making a tally of about 100 a year.

TB did not always select the underprivileged, but it had a strong affinity with poverty. Claire Weekes did not fit this profile neatly. Her family were not rich, but they were certainly not poor.

Isolation and privation were a novelty.

By the time she was diagnosed with TB in her mid-20s, Weekes had already left the preordained path for Australian women, most of whom were destined for domestic duties. Academia was dominated by men in the 1920s — and this was particularly true of science, her career choice, but she was ambitious and hard-working.

Weekes had won a place at Sydney Girls High School, a selective school where she performed with distinction, winning several awards. She matriculated in 1921 with sufficiently high grades to win the Yaralla Scholarship to the Women's College at Sydney University. The scholarship paid £50 annually 'to any student of high attainments who could not afford to reside in college without financial assistance'.¹ She excelled as an undergraduate and beyond. Before she fell ill, she was an academic building an international reputation.

At the sanatorium, there was silence. Weekes was immobilised by her circumstances. In later years, she preferred physical inactivity, but that point was yet to arrive. Now she felt exiled. 'For a healthy young girl, [it was] something to have get used to,' she said with some understatement years later.

She did not get used to it. The sanatorium was the perfect Petri dish for a fear that would grip and not let go. Yet Weekes was one of the lucky ones, for, after six months, the doors of the sanatorium swung open. The doctors concluded a mistake had been made and she had been wrongly diagnosed.

Far from being relieved, Weekes felt immeasurably worse. Now she was convinced that she had a serious heart complaint as the tachycardia — a racing heart — was unceasing. Once outside the sanatorium, she was terrified and overwhelmed.

'I can remember, I had lost all confidence in what I could do, because I'd been told "you mustn't do this, you mustn't do that!" I remember walking out alone and thinking "I wonder if I can walk as far as the corner of that street?" I remember being aware of every footstep I took and wondering how much faith I could still have in my body to get there.'

Rather than immediately returning to university, she chose to

recuperate with a female friend in ‘the country’ who was married to a doctor. Weekes hoped for some advice on her heart problems, but instead she found more medical incompetence.

‘I remember ... my heart would palpitate if I woke up at night, just the shock of waking up would make it accelerate. I can remember very clearly how, one night, I called out to her when my heart was beating fiercely and thought my last gasp was coming. Her husband, the doctor, said, “No. I won’t go to help her. She’ll think she’s worse than she really is!”’

The doctor, whom Weekes did not identify in interviews when she later publicly spoke of this turning point in her life, was right in one respect. There was nothing wrong with Weekes’ heart. She was to live for another 60 years. However, something important had gone unexplained. It was fear that was managing her heartbeat, and, without knowing this, she was trapped in a vicious cycle.

By the time Weekes eventually came to understand the mind-body connection — that her unrelieved fear was firing her nervous system, which in turn fired her heart — she had endured two years of extended suffering, inhabiting a state of permanent anxiety in such distress that she no longer recognised herself. When she eventually learned how to strip fear of its power, she coined a word — ‘sensitisation’ — to explain the discomfort of exaggerated emotions that followed some stressful events.

Two failures of medicine shaped Weekes’ future. First, she had been wrongly diagnosed with TB, a devastating medical error given the consequences, and, second, her friend’s husband had left an indelible impression, an example of how *not* to practise medicine. Weekes would eventually go on to become a GP (general practitioner, or primary-care physician) herself.

‘When I first became a GP after years of more specialised work, I knew about the symptoms of stress,’ she told a popular magazine in 1978. ‘I recognised in my patients what I had suffered myself. I had cured myself of stress symptoms after I had a haemorrhage following an operation for septic tonsils. They thought I had TB. I hadn’t but there was a loss of confidence.’

She never forgot the doctor who denied her reassurance at that