Breaking Free From Long Covid – Reclaiming Life and the Things That Matter - Dr Lucy Gahan

**Reviewed by:** Dr Joanne Murray (Clinical Psychologist & Narrative Therapist)

**How I arrive:** I come to this review knowing the many ‘tricks’ of Long Covid; the randomness of symptoms, the isolation, the unkindness, the losses – all of which fall under Long Covid’s invisibility cloak. Reading Lucy’s book brought back a memory of the first time I read David Denborough’s (2014) ‘Retelling the Stories of our Lives’ and was struck immediately by the intention to bring narrative practices to a non-therapy audience. I remember thinking: “Yes! These ideas certainly shouldn’t be caged in the therapy room!” - they open so many possibilities to make sense of our lives and the contexts we live within. Lucy’s book takes forward this intention, generously inviting those living with ‘Long Covid’ into a community where their hard-won knowledges are recognised and valued; their skills and abilities in living with Long Covid and recovering are seen. This is particularly poignant given that the individual and collective stories of the Long Covid community are made invisible on a small and grand scale, concealing so many untold wisdoms. Lucy makes use of her writing to ‘unearth’ and ‘make visible’ all that is experienced and all that is being responded to by the individuals that make up the collective community of those living with Long Covid.

**Connecting a Web of Solidarity**

It could be easy to skip over the acknowledgement page, though I’m glad I didn’t! From here, Lucy manages to create a intricate and multi-layered web of connection and solidarity. She amplifies the multiple contributions and wisdom that have guided her in finding ways to live a life with Long Covid in it. As fellow Clinical Psychologists, I recognise that Lucy and I are trained to consult the evidence-base. Though what struck me in her creating of a community of solidarity where she welcomes alternative evidence and often subjugated knowledges – stories, podcasts, anecdotal ideas, mentors, family, ancestors, forums. This set the scene for the multi-storied connections and perspectives that were to come. I particularly appreciated how she didn’t leave behind the hard-won knowledges of those living with Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (and those who came before her in living with invisible-ised illnesses). Lucy’s ability to assemble a collective community as a foundation for her book offers companionship, energy, and hope. This emphasises the narrative therapy principle that our skills, abilities, wisdoms are not innate but instead these are ‘gifts’ or ‘legacies’ that can only exist in the context of others – we are who we are through each other.

Lucy continues to carefully weave this web of solidarity through each chapter where she generously shares her own experiences alongside the multiplicity of ideas, wisdom, experiences from within and outside the Long Covid (LC) community. To further scaffold this community connection, she offers up her adaptation on the Team of Life metaphor – where solidarity the support, and wisdom in this LC recovery team is what is amplified. In developing a collective team with rich and multi-storied ideas and responses to Long Covid, this informs the richness in how she offers up possibilities for reducing the burdens of Long Covid in the latter part of her book. Here she draws on personal experiences, ideas from ‘long haulers’, science, medicine, eastern wisdom, anecdotal knowledges.

**Making Visible the Devastating Effects of Long Covid and Exposing the Dominant Discourses that Silence These Devastating Effects**

Activism is peppered throughout each page of this book meaning it offers so much more than a traditional self-help book. She makes use of every opportunity to bring to light the devastating effects that Long Covid imposes on people’s lives. She also exposes the dominant practices which silence and invisible-ise these devastating effects from the rest of the world. One (of many) examples is how Lucy makes visible the dominant public discourse, reproduced by the media, that Long Covid is merely “lingering symptoms”, suggesting some mild symptoms that hang around and fade over time. She admirably describes how this discourse doesn’t marry up to her lived experiences of Long Covid, which she describes would more closely resemble “a dirty bomb thrown into your system”. Yet these discourses make up what is ‘known’ about Long Covid by our family, friends, employers, colleagues, even our doctors and clinicians! Lucy’s persistent ability to unmask the terrifying disconnect between public awareness and lived experience leaves the Long Covid reader with acknowledgement of the power that is operating to ignore, doubt, minimise, psychologise, gas light the Long Covid experience. Lucy’s ability to give voice to these harmful practices left me (and I’m sure others) feeling legitimized and validated – I was left in no doubt that the psychological effects and isolation experienced as a result of Long Covid are reflective of a misuse of power (rather than a problem within my own mind/neurons!). On a personal level, Lucy’s ability to place the problematic discourses of Long Covid within the social and political context (in which it belongs) brings relief and sane-making. From a professional perspective, Lucy reminds me of the value of seeing my patients (in healthcare contexts) as separate from the problems they are carrying. When I am able to recognise and name the operations of power, this makes it possible to see the patient as a whole person with skills, knowledges, experiences rather than seeing them through the eyes of the problem.

Lucy also eloquently exposes the effects of living with a health condition which rarely measures up to medical expectations or testing. She unveils the limitations of a culture that privileges rationality and affords truth status to science and medicine. Science, medicine and rationality bring so much value to our lives (Long Covid and otherwise) yet Lucy reminds us that these are all evolving stories. Lucy emphasises the implications of us becoming captured by their truth status and the lack of humility of clinicians in recognising inadequacies. She shares persistent examples where despite her skills, competence, professionalism, reflexivity, when presenting at A&E with symptoms which she believes are serious, when these symptoms don’t show up on the tests, lack of the tests is not considered but instead she (and so many others) is labelled as anxious or over-reacting. When we fail to acknowledge the limits of any perspective, when we fail to consider that the tests may not be competent at detecting the ‘tricks’ of Long Covid, and in a society where we separate the mind from the body so easily, the implication is that Long Covid is either physical or psychological. This offers only a narrow, single-storied account which shuts down possibilities to get ahead of Long Covid’s tricks. Lucy rises to the immense challenge of offering alternative possibilities to this mind-body dichotomy. She draws on her hard-won knowledges, her extensive research, ancient eastern wisdom, and her community of hive minds to offer up a multiplicity of alternative possibilities. The basis of this is best emphasised in her statement: *“Not a single person knows better than me about how my body feels”*. She makes use of her writing to legitimize and make visible the lived experiences of those who have had their Long Covid symptoms psychologised. By offering multi-storied possibilities, she can provide rich stories of how the mind and body do not separate their functions in the way that medical and scientific research has required them to be separated. This alternative narrative of a whole body (which fits with ancient wisdom and practices) offers Lucy a foundation from which to consider how the power of being believed by clinicians has healing possibilities. This is not because the symptoms are in her mind but because being able to take a pause from fighting for symptoms to be heard or worrying that clinicians will disbelieve takes energy which makes the symptom burden heavier. I found this bold and profound statement to be extremely valuable – as I could map out how having some symptom relief after an appointment where I have been believed has led me to psychologise myself within a context which reinforces the idea that any relief that comes from a non-medical intervention must be evidence for the psychological explanation of Long Covid.

This book took me on a journey from deep despair to hopeful possibilities, all within the safety of the collective communities Lucy manages to weave together. The hope that I was left with was beyond a reframing – this book certainly wasn’t positive psychology! Instead, the active hope that is made possible when we take a multi-storied (rather than single-storied) view of a problem, an illness, a healthcare system, our society. Through each chapter of the book, Lucy weaved together multiple ideas, theories, wisdom, whilst standing in solidarity with those who contribute. From this place, possibilities for moving forward become visible and imaginable. Though I could not end this review without acknowledgement for what I can only imagine this achievement took for Lucy. She managed to bring together the individual and collective wisdom with coherence, context, and diplomacy. I can only imagine how the ‘tricks’ on Long Covid might have tried to steer her off track in this attempt. This offers me a reminder of the profound value of ‘experience near’ and hard won knowledges of those findings ways to reclaim life despite problems trying to take centre stage.