

**from: "Zeckenstich (Tick Bite)" by Vera Weld,
Edition Dokumente, ISBN 3-900709-16-5, Innsbruck, 1997**

**Foreword by Dr. Thomas Pisecky, physician, staff member of the
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What is to be read in the following, the story of contracting an illness and coming to grips to fight it, is considerably more than a personal document.

As someone who for years, without having rendered treatment to tick-borne encephalitis (TBE) and Lyme disease sufferers himself, has devoted himself to the advising of patients with sequelae in the wake of these diseases, I have found out how very much particularly TBE encroaches upon living as we are used to it. These encroachments express themselves by residues ranging from "milder" ones such as headaches and depression up to severely crippling phenomena. This is characterised in a way that demonstrates not only the most extensive impairments of professional and social skills on the part of the illness, but also a reaction of the psyche. A secondary damage event ensues through the robbing of one's strength, through one's revolt, no matter how much this may be fed by hope and assurance.

All of this happens primarily within the non-clinical sphere. What comes within the purview of the physician is only a miniscule fraction of the entire machinery of destruction. What I had never previously seen or read, however, is such a readily available analysis of the course of the disease as it is presented by Vera Weld: from the initial symptoms of illness – neurological ones, by the way! – up to the diagnostic steps and the stay in a clinic, as well as the emergence afterwards of the torpedoing of her multifarious intellectual work.

When I spoke to Vera Weld for the first time, I was full of incomprehension concerning her complaints about amnesic aphasia and other kinds of inaccessibility, since on the contrary she seemed to me, as she is likely to appear to the reader, particularly capable linguistically and mentally multifaceted, just as one would probably wish to be for oneself. Her reply to this was: *"It just isn't the same as before."* And that's just how it's going to be, things aren't ever the way they used to be after that kind of an invasive experience.

Her description contains a comprehensive protest: one against the illness, one against the interminable non-determination of a diagnosis and the diagnostic and therapeutic steps that were afterwards acknowledged to have been unnecessary. It is her genteel disposition which, with all of that and despite explicit criticism, puts forbearance in command. What is behind this, and what I think she is probably aware of herself is a real scandal, to wit, that her disease is absolutely not – specifically – treatable.

Its symptomatic treatment may well be essential and quite helpful, but the time elapsing up to when a diagnosis is determined is, besides the agonising symptoms of the sickness, also associated with the terror of uncertainty for the patient. That which does not yet have a name is the epitome of the sinister. What previously used to be at the service of one's entire personality, meaning abilities such as fancy and combinatorial skill, imagination and intelligence, is hardly of any use any more under the conditions of uncontrollable processes of the disease, but is rather more likely to

convulse one's mental stability down to its foundations into a reflection distorted all the way to perpetual brooding.

Although these processes may well be accompanying manifestations of almost every serious malady, in the case of TBE, however, they are actually even tied in with an illness of the central nervous system: with painfully perceived inaccessibilities of one's sensory functions as informers of reality, with inefficiencies that are noticed with panic and furthermore extrapolated. It is no wonder that TBE victims frequently feel themselves to be misunderstood, with their constant efforts towards purely being able to rely on themselves in terms of mental and somatic functions. As an indispensable self-preoccupation, this hampers their interactions quite markedly, and aggravates their handicaps through limited sensory perceptions.

What also becomes apparent in this report is how very much patience and impatience are essential. The strength to hope for restoration in a temporally not precisely known sequence and in the course of which not to give up under any circumstances is what Vera Weld demonstrates for us, primarily the latter. With a multiplicity of therapies – mostly ones she selected herself, by the way – such as concentration exercises, remedial gymnastics, and so on, she supports the course of her healing, and with it displays her intent on self-help in an impressive manner.

In the brevity that is bidden it is not possible to address all of the aspects of this case history that is extraordinarily touching, even for me, personally. There only remains for me to voice my thanks for this publication, and my candid wishes for recovery once again.