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WHAT HAPPENS TO BRUISED OR DAMAGED NURSES?

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## SUMMARY

This project is largely creative in nature offering the first half of a now published novel entitled *Stranger Than Kindness* and a textual and critical analysis of that novel that explores the experience of traumatized or 'bruised' nurses.

The novel, half set in 1989 and half set in 2013, follows the clinical and personal traumatization of two nurses and their tentative steps towards restoration. It reveals a backdrop of a sometimes subtle institutionalized brutality and a culture that lends itself to the individual collection or absorption of difficulty. It uses a gentle magical realism to counterpoint the gritty backdrop of the pre-community care asylum of the late 1980s and the neoliberal, free market setting of the modern world of healthcare in the second half of the book. Its dénouement is a celebration of whimsy in the face of hard industrialized science.

The novel reveals the capacity of the nurse to collect emotional residue, trauma or bruising and be both changed and hurt by the experience of care to the point of being damaged. It essentially resorts to poetics to explore the 'felt' world of the nurse or carer.

In tone and in theme the book is a novel of the emotions. Valuing an emotional literacy over medical rationalism, it seeks to gently reclaim the idea that caring for others is a pursuit or enactment of embodied wisdom rather than just the exercising of scientific knowledge.

The critical discussion uses the text of the novel to make three observations in relation to the research question. The first is that the question is political. It is strikingly unaddressed in policy responses to *'The Francis Report'* (2013) and perhaps in terms of mainstream research it is unaskable because it addresses the felt world. In the same way that the novel explores a hierarchy of values in the caring profession, the ensuing critical discussion reveals a hierarchy of knowledge.

The second observation is that it is our tacit understanding of what reason is and how we make sense of the world we have constructed that helps make questions about bruised or damaged nurses somehow beyond convention. Iain McGilchrist's *The Master And His Emissary* (2009) offers a way of making sense of that by exploring the contemporary imbalance between the logical and linear thinking of the left hemisphere and the integrative and imaginative right hemisphere. We have come to prize the measurable over the experiential or contextual and reflective to such an extent that we organize the world accordingly.

The third observation, which emerges from the first two and the novel, is the suggestion that nursing is assuming an ill-fitting Cartesian epistemology that cannot do justice to its breadth or holistic need. I suggest that a philosophy that took clearer account of the body, the senses and the felt world would more comfortably accommodate and legislate for the needs of the nurse and the profession of nursing. An embodied realism (Lakoff and Johnson, 1999) that emerges from Damasio (2000, 2012) and Merleau-Ponty (2005) offers the potential to restore a more balanced and less reductionist philosophy that might enable a fuller and more person-centred response to the nursing crisis.

A further more general observation the thesis makes is that fiction can inform social science and offers a way in which it can do that. Thus it finds itself in a tradition of narrative inquiry (Clandinin and Connelly, 2000). However, it also notices the potential paradox in valuing art as a sociological resource: something that offers us knowledge, meaning and even a moral review while turning to cognitive neuroscience to legitimize that methodology.

**Dedication.**

For my mother, Cecilia Radcliffe: the most gifted and generous carer I have ever known.

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I would like to thank Dr Celia Hunt for her patience, wisdom, insight and guiding accompaniment throughout this process and also Professor Valerie Hey. I would also like to thank the School of Nursing and Midwifery at the University of Brighton for their support throughout and of course to my wife Kate and daughter Maia for their tolerance.

**WORK NOT SUBMITTED ELSEWHERE FOR EXAMINATION**

I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

Signature:.....

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## **INTRODUCTION**

This thesis is a creative and critical response to what I consider to be one of the key, yet quite remarkably overlooked, questions in healthcare: ‘What happens to bruised or hurt nurses?’

The term ‘bruised nurse’ is metaphorical. The reader should take some comfort from the fact that I am not going to spend 80,000 words exploring what happens to nurses who bump into things but rather I am going to wonder about nurses who recurrently brush up against the tragic, the abused or abusive, the rageful or the dark in their everyday work and are affected by that to the point of being hurt or damaged.

We appear to be living in an age where for the first time in history nurses are no longer considered a wholesale force for good. Indeed many of them are considered bad and uncaring. Following ‘*The Francis Report*’ (2013) we have an array of mechanisms in place that seek to monitor their lack of caring and police their potential for doing harm. What we do not appear to have is any interest in what happens to the humanity of the nurse. Part of this project therefore seeks to broaden the scope of inquiry both in terms of the questions we might ask and, necessarily I think, the way in which we ask them.

The thesis is divided into two parts. The first part consists of the first ten chapters of a novel *Stranger Than Kindness* which was published by Bluemoose Books in November 2013. The novel is informed by my own nursing career, the experiences of friends and colleagues, several years working as a health journalist and gathering the stories and reflections of nurses and more lately the joys and struggles of my nursing students. These stories seep into this story in a variety of ways.

The second part of the thesis is a critical discussion of what emerges from the novel. It treats the novel as data and tries to decant and organize some helpful meaning from it. I use the word helpful here because I think this project models something fundamental to nursing: it assumes a responsibility to offer something that helps. This second section begins with a brief synopsis of the second half of the novel followed by a discussion exploring three main areas. Chapter 1 explores the politics of nursing and how history, power and policy shape inquiry and professionalism. Chapter 2 imports ideas from cognitive neuroscience and phenomenology into a philosophical premise of embodiment that makes sense of the nursing experience and lends value to the emotionality that remains so important to it. Chapter 3 discusses the method and underpinning epistemology of the project.

I think the thesis offers a reminder of something forgotten but it also suggests something helpful: a prospective philosophy for nursing that might enable a deeper understanding of, and the placing of a greater value on, the felt world of the nurse.



## **SECTION 1**

### **Stranger Than Kindness.**

#### **Part 1.**

**23<sup>rd</sup> September 1989**

#### **1. The Damage Is Done**

'I'd love to sit down dear, but I haven't got a body.'

Libby Hoffman was serious, if inaccurate. Of course she had a body. It wasn't a very big one, but it was a body nonetheless: old and thin, she looked like she was made from wire and tissue paper. Still, it was there and it was quite strong given her age: 85, and her occupation: lunatic. On top of this skinny, slightly stooped body sat a crinkled face with an expression set between surprise and contempt. She only smiled at Christmas and that was probably because everyone wore stupid hats. Although it is possible that it was also because Christmas reminded her of something funny from before she had become a lunatic, which was a very very long time ago. Or it might have been the sherry. Adam Sands, who was the nurse in charge, glanced up from his newspaper. The problem with raising his head was that there was more chance of the light getting him. Sure enough here it came, stabbing him through the eyes and scratching around the inside of his skull. Libby had a tea stain on her white cardigan; a student nurse looked primed to talk at her. A patient called Michael Wells was standing in front of the television with a handful of biscuits watching the news. He was wearing a filthy anorak and jeans that were misshapen enough to almost certainly belong to someone else. He was talking to the newsreader—a dour man with a posh accent—comfortable in the knowledge that the newsreader was talking right back.

A Nursing Assistant with hips the size of Belgium was standing over a dazed woman with no hair called Mary Peacock. Belgium was telling her loudly that she needed to open her bowels, preferably into or at least near a toilet. A tiny Irish cleaner was singing show tunes as she mopped the floor outside the nurse's office. Beyond that there wasn't much to see. Adam returned to his paper. He liked to think that by sitting in the day room, by being seen, he lent a sense of safety to the ward. He also thought that his presence would serve to filter out any acts of unkindness or cruelty. The Nursing Assistant, for example, was less likely to lift the confused and obese Mary Peacock up and drop her on to a commode if the charge nurse was sitting nearby. He was not oblivious to the fact that his being there did not stop her from shouting about bowels while the breakfast trolley was

still being put away, but Adam believed that if you ask too much of people they will rush to disappoint you.

Adam read newspapers from the back, starting with the football and leaving the real world until last. Today's outrage was another bomb. This one in Kent on an army barracks, killing eleven people. Adam never looked at the pictures or read beyond the first few lines. A decade of tabloid jingoism and bile about distant colonial wars and 'enemies within' had rendered him immune to the fact that outside of the hospital everyone seemed to hate everyone else. Anyway, he was skim-reading because his head hurt. He was dehydrated from the cheap whisky the night before, and the half-life of last night's diazepam probably didn't help either and if that in itself wasn't enough to numb the brain, Dire bloody Straits were playing on the radio in the background.

This sort of music still made Adam think of Live Aid. He had hated it; thousands of people with bad hair coming together to do some self-congratulatory clapping. When they showed the images of dying, pot-bellied babies overlaid with the carefully chosen soundtrack he cried, of course he did, but unlike his soon-to-depart live-in girlfriend Catherine, who cried very loudly for bloody ages, he wasn't reassured by his tears. He didn't feel they made him a better human being; rather, he just feared he was being manipulated.

He told someone he was in bed with a few weeks later that he was perhaps the only person who didn't give any money to Live Aid.

'I don't know anyone who gave money to it,' she said. 'You can't buy your own conscience.' Which he didn't understand but they had sex anyway. 'There are only two emotions available to us nowadays,' she whispered later. 'You can be either smug or angry. We live in a time where music is for people who don't like music and politics is for people who don't like people'.

That was all he remembered of that night, that and the fact that her soft dark skin had smelled of sweetened coconut. He wished he could remember more; he rather thought he'd like to listen to other things she said.

'Libby, if you haven't got a body how did you get here?' The student was doing some nursing and he was doing it near Adam. Libby Hoffman ignored the boy. She stood completely still, staring at the blank yellow wall of the day room and hooking her bony thin finger through a hole in her cardigan. Adam had come to know this as her brace position. 'Libby, I am talking to you: how did you get here if you haven't got a body?' He spoke with a see-saw rhythm, too shrill to be warm, too loud to be kind.

'I walked, you silly bugger,' Libby said. Her mouth continued moving after the words as though she was still speaking, or chewing.

Adam almost smiled. He glanced over at the student: he had the thickest hair he had ever seen on a man, a great big bush of mousy brown fleece which stood upright on his head. It had to, there was nowhere for it to settle on the crowded and ungentle head.

'Please don't use that sort of language,' said the boy. 'Come and sit by me,' he instructed, but Libby hadn't wanted to sit beside anyone since the early 1960s. 'Libby. Libby.' The student was getting even louder and Libby Hoffman was moving her weight from one foot to another, like a child who needed the toilet.

The radio was playing 'Careless Whisper' by George Michael. 'The bastards,' thought Adam. He looked at Libby and his chest burned a little. He looked beyond her to the office, where he could see one of the new Community Psychiatric Nurses charged with emptying the hospital into the real world, standing at the door, watching. She was unfamiliar and pretty, a slight frame in a long purple skirt and black shirt, jet black hair, bit of a Goth but not so much that you wouldn't take her seriously if she said something about a patient. He closed his eyes, took a deep breath and said surprisingly clearly: 'Libby, you might want to change your cardigan. Student nurse person, please put the kettle on. And will somebody please do something about the radio? Do the people who live on this ward look like George Michael's target audience?' He added more quietly: 'Does George Michael have a target audience? He may be like napalm in that regard. No, I think he probably does and it's not quite the same as ours, so stop it with George Michael someone, thank you.' He felt quite exhausted.

Libby stopped hopping, turned instantly round and walked to her bed area to change her cardigan. Adam heard the Community Nurse say something to Grace in the office. He heard a laugh; the radio station was changed to something less current. Sandie Shaw maybe, or was it Petula Clarke? The student nurse didn't move.

Adam sighed. 'Are you above putting the kettle on?'

'It's not really why I am here.' The student nurse was practicing defiance or assertiveness or belligerence or contempt. Adam thought he appeared to be better at it than he was at talking to patients.

'No, of course, but then why are any of us here? Don't answer that. Have you had any tea today?'

'Yes.' It was definitely contempt.

'Who made it?' Adam was aware of the fact that he sounded patronizing. He knew that probably wouldn't help. He couldn't bring himself to care.

'Pardon?'

'Who made the tea you drank this morning?' Now Adam looked directly at him, he saw a pale face, a jutting jaw, the barrow-load of hair.

'Grace.' The student saw a man in his mid to late twenties wearing a stupid Hawaiian shirt and what was clearly a hangover.

'Well why don't you make her one now? She'd like that.'

I don't really want any tea,' the student said.

Adam put his paper down and looked at the young man. He tried to read his name badge. He spoke very quietly. He stopped sounding patronizing and he nearly sounded warm. 'Look, William, it is William isn't it?' The student nodded. 'It seems to me that I can take one of three approaches here. The first, not sophisticated, not educational, but emotionally congruent for me at least, involves me telling you that if you ever speak to Libby Hoffman like that again I will remove one of your arms and beat you around your ridiculously hairy head with it until you learn some bloody manners. The second is to spend an inordinate amount of time helping you begin to notice when you sound like an arse. The third involves telling you to make tea. I'm told the first is unprofessional, the second is too tiring, so we are going for number three, OK?'

William's mouth moved but nothing came out. He wasn't sure he had heard right. Was that like a threat, the arm and head thing? Or is that the way these people talk? These ignorant, burnt-out, badly dressed, newspaper-wielding people. He imagined making a complaint to the head of the School of Nursing. 'He said he was going to hit me with my own arm,' he would say and she would look at him with the sort of pitying disdain she tended to wear whenever she noticed him. Two of a kind, he thought. Let it pass but don't look intimidated. He swallowed hard.

'I don't want any tea, thanks.'

'No. No, but you need it. You need tea.' Adam was looking into the young man's eyes and speaking even more softly, so that William found himself leaning forward even though his body wanted to step back.

'I don't.'

'You do. Tea is one of our punctuation marks. Cigarettes are another, writing in the notes another. Let's just work with the tea today, OK? Think of it as a damp comma, actually a full stop and an opportunity to begin a new paragraph. After the nonsense you were just offering you need at least a full stop. It will slow you down, maybe make you think. Stop you from baiting Libby...' William went to speak but Adam raised his finger and continued: 'We act, we stop. When we stop, sometimes we need to think about what we have done and what we may do next and one of the ways of doing that, of pausing between bouts of silliness, is tea. Otherwise you run the risk of not really stopping or thinking, and acting without thinking is what monkeys do and we aren't monkeys are we? That is a rhetorical question. So take a moment to pause and reflect, otherwise you may just carry

on in the same vein as your last action and in your case the last one wasn't very good, in fact it was really poor, so tea, don't knock it. No sugar for me, thank you.'

The student paused a moment. He went to speak, then chose instead to use his pause as a sign that he was going to speak but just not immediately. He knew what he needed to say. He needed to say the tea thing was bollocks, not in those words of course, but it was. And that he wasn't baiting Libby, he was doing some nursing: look it up, it's what nurses are meant to do, you badly-dressed drunk. Who the hell wears Hawaiian shirts to an asylum anyway? The patients, maybe, but hell, that's almost a symptom. And who are you to say the patients don't like George Michael? Or tell me to make tea. Everything that is wrong with the world is summed up by you, your stupid shirt and that rubbish about tea. Now how do I say that without getting into trouble? Or hit with my own arm. And the words were coming, slowly, something about trying to build a relationship with the nutty old dear and not really believing the tea thing, when a Community Psychiatric Nurse appeared behind him. Pretty woman, mid twenties, nice breasts.

She smiled a forced smile that didn't reach her eyes, looked straight at him and said: 'He's right about the tea. No sugar for me either, thanks. And hello, my name is Anna.' The last part was directed mainly at Adam.

Anna Newton had spent the best part of the preceding hour in a small room with a lonely, smelly man who had been very heavily sedated for eighteen years and had a swastika tattooed on his forehead. The same man, Michael Wells, who was currently chatting amiably to the television newsreader. She was helping him to prepare for discharge into the community. Twice a week counselling, a new social worker, a new psychiatrist, extra medication and lots of crossed fingers: all pointless, she thought. Mostly he needed a bath and a really big bandanna. She had another patient to see in thirty minutes, a woman who had lived in this hollow old asylum for forty-five years. She hadn't worn shoes since 1954 and her preferred way of showing her displeasure to a world that didn't always do what she required was to take off all her clothes and try to wee on whoever was denying her whatever small pleasure she was pursuing. Anna had a place lined up for her in a nice converted house near Hampstead Heath. She would share the home with five other long-term patients. God help the first shop that doesn't hand over her cigarettes quickly enough. Anna was OK preparing the patients; she sometimes wondered who was preparing the community.

She waited until the student nurse entered the kitchen before turning to Adam and saying: 'I think that probably counts as a teaching session. Have you considered going into education?'

Adam looked down the empty corridor and said distractedly: 'Hasn't he got a lot of hair?'

He looked up and saw a lithe body and sarcastic eyes. She stared at him. He wondered why, before remembering that she had told him her name. 'I'm Adam,' he said. 'So will I get a certificate or something?'

'Excuse me?'

'For the teaching.'

'I think you'll be lucky to get away without him spitting in your tea.'

'Is he the sort?'

Anna shrugged.

'Yeah,' he said, standing up. 'I'll go and see, just in case.' He wandered down the ward, rolling his head and stretching his arms out behind him as he went. He was taller than he had looked when he was sitting down, Anna thought, and when he moved he looked more human.

Adam was reflecting on the good-looking stranger. She had too many bracelets, and bright red lipstick which he liked and she had lovely hair, very straight, very shiny. As he walked to the kitchen he wondered how often she washed it, and then he wondered why he was so preoccupied with the top of other people's heads. By the time he got to the kitchen he had forgotten why he had come, but the kettle hadn't even boiled so he said to the student, just to confuse him, 'Do you want a hand with that at all?'

A few days later there was a house party and Adam had taken two thioridazine—a minor tranquilizer that relaxed him without making him dribble—from the drug trolley before leaving work, and then quickly drunk half a bottle of cheap sherry. There were many 'parties' spilling from the hospital. They were not designed to celebrate anything in particular but to provide a gathering point for drinking, gossiping and flirting. This 'party' was hosted by Stephen Moss, the charge nurse of the acute ward where Adam had worked until the previous year.

Temperamentally Stephen and Adam could not be more different: Stephen was flamboyant and camp; he hated being on his own only marginally more than he hated other people. He wore an excessive amount of eye makeup, but only round the house, and he drank cheap champagne and cocktails without ever appearing any more drunk than he did usually, which was actually quite drunk. Adam and Stephen had trained together as very young men a little over five years earlier. They had seen each other shrink in the face of their workplace and slowly change shape as the asylum became the most normal place on earth. And while they grew they shared drink, drugs and an exaggerated disdain for everything from careerists to voyeurs, and from hope to volition.

Stephen had been on duty the day Graham Cochrane, a twenty-eight year old depressed man, had beaten Adam at chess, nodded to him, walked to his room and drunk a litre of industrial bleach. Graham had died spewing his disintegrating throat into Adam's lap and all Adam could do as others turned their heads or pretended to go for help was cradle Graham's head, staring into dying, popping eyes. There were tiny spittle- sized lumps of bloodied Graham soaking through Adam's trousers, leaving baby scars on his thighs, unseen weals that still remained. It had been a while since Adam transferred from that acute ward to the slow rehabilitation ward he managed now. It had been a while since Adam had slept through the night.

When Adam arrived Stephen greeted him with three yellow pills. 'No thanks, I've already eaten,' Adam said. Stephen shrugged, swallowed two of the tablets, looked at the third, shrugged again and swallowed that too.

'Anna's here,' he said, exaggerating a leer. 'Anna who?' Adam deadpanned.

'Anna who indeed.'

Stephen lived in a basement flat about two miles from the hospital. It had a large rectangular living room and a dark blue carpet that somehow absorbed the light. It was true that Anna was cute, but mostly Adam wandered over to speak to her because she was the only person in the house he didn't know. There were about fifteen people milling around the living room, all of whom he knew from the hospital.

Anna was dressed in black jeans and shirt. She was standing beside a table that was full of drinks, spirits mostly, with mixers, some wine, a few cans of beer and some cheap sherry. Anna was pouring herself a whisky and coke. She was slightly built, around five foot four; she looked like a gothic, not quite as pretty, Audrey Hepburn. Adam was nearly a foot taller and looking at the world through a chemical fog. When he tried to talk to her the height difference made him self-conscious. He poured himself a drink, the same as hers, leaned on the wall, felt ridiculous and said: 'I'm not a natural leaner.'

She laughed and pointed at two empty chairs pushed up against the blue wall. They sat down in silence for almost a minute, staring forward. Eventually Adam said 'This is like being on a bus.'

'Rubbish bus,' Anna said. 'Not going anywhere.' A longer silence, comfortable and easy. 'You were not very kind to that student today,' she said tentatively.

He shrugged. 'I was kinder than I might have been. He was being an oaf.'

'Who uses the word oaf anymore? And anyway he is a student, he is here to learn.'

He couldn't tell if she was being sarcastic. 'Righto.'

She sipped her drink. 'Mind you, he does seem to be a bit of a tosser.'

Adam didn't look at her. He was watching Stephen being garish and sweaty near three female staff nurses, one of whom was Grace from his ward. The women were

laughing hysterically and Stephen was loving the validation. The more they laughed the more flamboyant, and damp, he became.

'I don't mind him being unskilled,' said Adam impassively. 'I mind him being unkind.' He was a little fuzzy headed: the alcohol was mixing with the tranquilizers he had taken. His voice sounded slightly muffled. It occurred to him that he sounded faintly absurd. Before he could say anything else, Anna turned her head to look at him and said with a gloriously flirtatious smile: 'Poof.'

Adam grinned and stared straight ahead. Stephen had moved into the kitchen and the three women were left surfing on the hysteria he had swamped them with. They were smiling, chatting, pointing at different people in the room. Grace was not conventionally attractive. She was plump, with wide hips and mousy-coloured hair, but she had the prettiest skin and brightest eyes Adam had ever seen, and she always dressed in bold printed skirts that swirled around when she moved. Adam liked her, mostly because he believed she could see the truth but never made a big deal about it. She waved at Adam and said something that made the other two women look over and laugh briefly. Adam nodded and smiled back. Anna sipped her drink again. 'Do you think the student was particularly annoying to you because he was talking to Libby Hoffman, or are you like that all the time?'

'I have known Libby a long time,' Adam said as neutrally as he could. They had turned their attention to two people dancing in the middle of the room to a Cure song. A young woman—a final year student on the cusp of qualifying who Adam had nearly accidentally slept with the previous Christmas—was shaking her breasts self-mockingly at an even younger man, who was wearing cords and therefore probably a Social Worker. He hopped uncertainly from one foot to another, hoping that either the music would stop soon or other people would start dancing and stop watching him and the breast-shaking woman, who was drunk and looked like she might hurt him.

'I use the office on your ward to do paperwork some evenings,' Anna said without looking at Adam.

'That's nice.'

'Why do you go there?' she asked softly, as if she was interested in the answer. 'I've seen you.'

'It's my job.' Adam felt his chest tighten just a little.

'Why do you go there when you're not working, then? Why do you go to the ward at night?'

Adam looked at her impassively, raised his glass, smiled a half smile, stood up and said: 'Excuse me.'

He found Stephen in the kitchen being exaggeratedly camp and just a little bored. 'Do you have any more of those sweets?' he asked.

'That bad, huh?' Stephen handed him a bottle from the top pocket of his shirt. Adam took two, then a third, nodded and wandered off as Stephen was telling his audience about the time he was mistaken for Princess Grace of Monaco.

Anna and Adam did not speak again for a couple of hours. Adam watched the party from as close to the outside as he could get. He flirted idly with the soon-to-be-qualified dancing woman. He listened to Stephen mock all social workers as if they were Satan's soldiers while desperately trying to get the dancing social worker to like him. And he asked Grace about her mother, who had emphysema, and her boyfriend, who was twenty years older than Grace, married to someone else and extraordinarily dull. Anna meanwhile circumnavigated the room in the opposite direction. Talking to the two staff nurses who had been with Grace earlier, letting herself be chatted up by a chubby, over-confident Occupational Therapist who was wearing a tie and exchanging a raft of double entendres with Stephen. Eventually they found themselves back beside each other.

'You look hot,' she said.

'Thank you,' he smiled.

'Not that kind of hot.'

Adam's head felt as if it was shrinking. His arms were numb, like when he needed them in a dream and they wouldn't work; he looked at his hands to make sure they were still there. Anna's mouth was moving but she wasn't saying anything, or if she was he couldn't hear her. The dancing social worker had begun bobbing up and down next to the breast-wiggling nurse again. The man stopped for a moment, stepped over to the mantelpiece, picked up a bottle and drank from it. As he put the bottle to his lips Adam felt himself fill with a toxic dread. His breathing quickened; his chest was tight now. He tried to speak but nothing came out. He stepped forward towards the man but his legs felt unsure, untrusting of the floor. He felt a hand on his arm. He instinctively went to move his arm away but the hand was soft and it followed him. It wrapped itself around his forearm and gently guided him away from the dancing drinking man. Adam followed his arm out of the living room door.

He was in the hallway, standing against the wall. He was sweating and cold and Anna was standing in front of him. Adam looked down at his body: his shirt was damp and patchily transparent. She let go of his arm and rested her hand on his chest for a moment. His breathing slowed a little, his chest became less tight. 'I need some air,' he said quietly. He walked the few steps down the pale hallway to the front door. It was cool outside and it had been raining lightly. He breathed in deeply and shivered. Anna had followed him. He sat on the front doorstep and she crouched beside him.

‘Did you bring a jacket or something?’

He nodded. She paused for a moment before standing up and going back indoors. The moon was quite bright; there were a few thin grey clouds spinning across the sky. Adam pulled himself to his feet and let his head settle. He began to walk out of the gate and along the road.

The hospital at night would have been macabre if it weren’t for the strip lighting and the echo from the laundry rooms. In the daytime it was a graceless monument to madness; in the dark it visited its past. Emptied of the scuffling patients and the preoccupied workers. The smell of its history lingered always. Stale urine and damp: it would be here for another hundred years. If the hospital became luxury flats or a supermarket or a car park it would be haunted by the stench of urine. When Adam first started here he worked on an elderly ward. He was always the first to do the dirty jobs, always maintaining that he would not be taken seriously unless he was seen by the cynical staff to take the ugliest of tasks and come back for more. That smell used to follow him home. He would bathe every evening and constantly ask Catherine if she could smell anything. She would laugh and say he was deluded and he would smile, but it was there, in his nostrils. After a while he stopped noticing it, but occasionally when he was out in a restaurant or at a gig it would creep into him again, linger a while, invade his senses and his sensibilities. His mood would change slightly. That smell would settle just beneath his skin, draw him back to the hospital and leave him with the feeling that there was something he had left undone.

Adam was walking down the longest corridor in Europe. Some of the lights flickered but you could still see the paint peeling from the ceiling and walls all the way along it. He imagined it was because the paint was either too thin or simply embarrassed by all it had seen. The walls had seen Adam a hundred times, maybe a thousand times, often at night and lately often when he was not on duty. He came here more now, since he had changed wards, since Graham had died. He rarely saw anyone—patients were asleep, wards were locked, the laundry carts wouldn’t start until after 5am—but tonight, up ahead, he saw a young man crouching beside one of the windows that looked out onto the grounds. As Adam got closer he thought he would recognize the boy, but he couldn’t place him. He expected him to look up but he didn’t, although he must have sensed Adam approaching. When Adam drew alongside, the boy spoke with a soothing soft lilt. ‘I love this time of morning.’ He was a thin, good-looking young man with darkish curly hair and olive skin. Adam could not decide if he was patient or staff.

‘Are you supposed to be here?’ Adam tried to ask gently but the words still made him sound like a policeman and he closed his eyes in frustration at that.

The boy didn’t look up but smiled slightly and said ‘Are you?’

Adam laughed. 'Probably not.' He stopped himself from asking what ward he should be on and liked himself a tiny bit more for that. He noticed that the young man was not dressed like a patient. His clothes fitted and matched. They were clean. They looked chosen.

'Sometimes I sit and watch the night and wait for the sun to come up. At this time of year there is a beautiful mist that forms and covers the ground. As it clears you can see the dew glisten through the last bands of haze until all you can see is dampness lightly washing the ground.' He turned to face Adam for the first time and smiled. He had beautiful blue eyes. 'It just looks lovely, and it's hard to see it and not feel hope, you know?'

Adam nodded. 'Have a nice day.'

The boy nodded slightly and turned back to the window 'You could do worse than notice the sunrise, you know, and a lot worse than see the dew on the grass.'

Adam smiled to himself and thought 'hippie' as he walked on.

The ward door was locked. Adam's head felt cleaner now but his body was cold. It was late September; he was wearing a white cotton shirt and thin black trousers. He didn't have any socks on, just plimsolls. And he was just remembering that he had not eaten anything since a banana that morning. He unlocked the ward door and walked straight to the dayroom. In the office, the night nurse rested between two chairs which were draped with a clean sheet. All the night staff sat on clean sheets, just in case they caught madness. The sound of the ward door obviously woke him. On seeing it was Adam he raised his arm.

The night nurse was not particularly surprised to see him. It was two forty-five in the morning. Adam didn't bother to exchange pleasantries with the nurse. In the beginning he used to offer excuses for his visits, but it soon became clear that they weren't necessary once the nurse realized that Adam was not there to check up on him. He was the charge nurse, after all: there was little to be gained in interfering with the things that he did.

Adam walked to the female end of the ward. There he found six beds all in a line. If it were less of a hallway it could almost be a dormitory. In each bed slept a woman, old but still functioning enough to be on a rehabilitation ward instead of the slow death of the overfull elderly units. At the end slept Freda, her head perfectly still in the air, floating six inches above her pillow. Freda never talked, never ever. Except when some new student, zealous and concerned, doing their first set of nights, approached her in the night and suggested she rest her head. Freda slept on a psychological pillow: an invisible imagined head rest that only she could feel. If, and this happened at least once a year, a well meaning student roused her to tell her to rest her head, the presumed mute Freda would bellow: 'Get out of it, you little toe rag.' She said that to Adam once. Maybe a hundred years before. In the bed next to her was Libby. Adam was the only visitor she had ever had, apart from

the occasional Christian in December. Adam came often these days. He pulled up a chair and sat beside her. Relief washed over him.

He stared at the old woman. She lay on her back and breathed evenly. Libby remembered how to sleep, as she remembered many things. She was covered by a rough orange bedspread and white sheets, crisp and clean. To Adam's left was a window. Across from there lay the other end of the ward. Offices mainly. Empty now, as most nights, but that would be where Anna worked.

Adam began to rock gently in the chair. He was still cold but he had stopped shivering. 'I thought I saw him again tonight. Looked like him... except he had a throat, the bastard.'

Libby didn't stir, she never did. Adam talked softly. Once it had crossed his mind to climb on to the bed and try to sleep the way she did, but of course he didn't. No matter how screamingly desperate he was for sleep, he was still a professional after all.

Adam leaned forward, resting his head on the bed. 'I'm tired' he murmured, talking into the bedspread now. The cheap fabric was coarse but warm; his eyes were thick, closing. A puddle of saliva gathered at the corner of his mouth. Adam lifted his heavy head and looked at the sleeping old woman. 'I'll just rest here a minute if that's OK.' And then: 'I'm sorry about that student earlier, pet. I hope he didn't upset you...'

## 2. This Woman's Work.

The day after the party Anna was doing her job, although increasingly it felt as though she came to work and watched as her job did her.

Maureen Marley was a forty-three year old mother of three who believed herself—with complete and unchallengeable conviction—to be a thirty-eight year old man called George Wimimundu. She did not believe she had children and she certainly did not she believe she had a vagina. The obvious advice brought by students both medical and nursing was to show her the space where her penis should be and ask her to explain where it had gone, but if you are a man and a stranger asks you to prove it by showing them your penis, you will not normally greet that with acquiescence. Whatever Maureen Marley saw when she looked between her legs was her business and she certainly wasn't going to discuss it with anyone else.

Maureen Marley had been in the hospital for nine years. She had been George Wimimundu for nine years and four months. Her children did not visit or write any more. They had been pushed away by the blank looks and low dog-like growl that had greeted the word 'mummy'. The kids were bigger now; they had learnt to dislike her, be ashamed of her, and ultimately to not speak of her. Here in this walled Victorian asylum she was hidden away, and that suited them. It also suited her husband, Benjamin, who now shared his life with a large Jamaican woman called Rita who had five kids of her own and no problems whatsoever in accepting Benjamin's and Maureen's three to her ample bosom, even though the oldest of them was twenty-four now and didn't want to go anywhere near Rita's bosom.

There were two ways of thinking about Maureen Marley and those two ways illustrated the duality of psychiatric care that Anna was employed to bridge. On the one hand Maureen was deluded. She dressed like a saxophone player in a 1950s jazz band: sharp two-piece suit, open necked shirt with a loose tie. She wore black Doc Martens even in the summer and was clean-shaven not because she was a woman but because she shaved every morning. She flirted with the women patients, rolled cigarettes with one hand and joined in with the half-hearted leers that accompanied the Benny Hill show when it wandered on to the television on a Wednesday night.

On the other hand she was, apart from one single and admittedly unusual idea about herself, completely healthy. She was able to help out around the ward and particularly enjoyed the 'proper' work that involved lifting things up and putting them down somewhere else. When the mini tractor that pulled the laundry cart came to pick up the big white sacks of soiled linen, the plump Greek porter didn't even have to get up from

his seat at the front. He would exchange betting tips and light a cigarette as Maureen Marley grinned affably and loaded the cart for him.

One of the social workers once commented that this seemed wrong, that it somehow exploited her psychosis and that the nurses, in ignoring it, were exposing her vulnerability. Everyone ignored the social worker. They knew how rarely Maureen grinned.

Maureen enjoyed a fulfilling if limited social life, leaving the ward every day to go to the bookies and maybe nip into the pub for a pint. She could talk about football, television and Margaret Thatcher with the same levels of loudness, flippancy and derision as everybody else. She was effectively a pretty ordinary bloke, for a woman.

She was not a lesbian. That would, by definition, involve being a woman. As far as anyone could tell, she had had no sexual relationships with women and nor had she enjoyed any emotionally binding relationships with anyone since she decided she was a man. Ironically, if she had, for example, checked her genitalia, registered that they were female, noted that this made her unhappy and sustained and articulated that unhappiness for a period of time, aligning it with some sort of argument that conceded that she was in fact a woman but really felt like a man, she might have received affirmative support, counselling or even surgery that would enable her to change her gender. However, she did not mount a case for manhood so much as simply assume it, despite the evidence, and that was an offence against reason. Wanting to be something you are not is aspirational; assuming you are something everyone says you can't be is insane.

The hospital was emptying. Community Care was the way forward: radical, modern, liberating. It was going to free the incarcerated and return them to a normal life. It was also going to save lots of money. Progressive and economically advantageous, as an idea it couldn't have been more Eighties if it had dressed like Simon Le Bon and sung in a really whiny voice. Maureen Marley had quite frankly done very well to hold on as long as she had. There were plenty of patients less able to adapt to living in the community—which mostly meant moving to a house with five other alleged lunatics and some low-paid nursing assistants and staying indoors a lot—than Maureen, and there were an awful lot of people still left in the hospital who were going to be much harder to shift. Not least most of the staff.

So Maureen Marley was on the list, which meant seeing Anna every week to discuss and prepare for the transition. Maureen Marley, who gave the impression of being sanguine and self-contained, didn't seem remotely bothered by it. She was a small black woman of medium build; her short-cropped hair augmented her sexlessness. If she didn't speak, most casual observers might consider her male and perhaps this was why she rarely spoke. She almost smiled sometimes though, an Elvis Presley half-smile half-sneer

that looked at once shy and sarcastic. When Anna talked to her about the new house Maureen would be living in, its bathroom facilities, its garden, its proximity to the bookies, Maureen would do her smile and sometimes nod, not in an encouraging way but more in a 'who are you kidding' sort of way. After nine years of living on an alleged rehabilitation ward in a crumbling asylum—a ward that she shared with twenty-three other patients, who ranged from a former bus conductor with an Obsessive Compulsive Disorder that demanded he take an hour to choose his socks every morning, to Libby Hoffman who was 85 years old, had been an inpatient for 58 years and had lost her body sometime before they invented Rock and Roll—she really wasn't going to take anyone seriously.

Anna did try to edge toward the idea that one other, perhaps long-term, possibility might involve Maureen Marley maybe seeing her kids too, but Maureen Marley appeared to greet the suggestion that she had kids in the same way that the Pope might.

'Can I ask you: do you have a family?' Anna said once, trying for a different approach.

'Yeah,' said Maureen. 'I have two sisters.'

'No kids?'

Maureen just stared at her as if the question made no sense, or perhaps as if the answer was unutterable.

So Anna had decided to focus on the practical. What did Maureen need to be able to do in order to survive and hopefully thrive? Cooking: that was a problem. For one thing, having lived in the hospital for nine years Maureen had had her food presented to her from a trolley every mealtime. On the odd occasion, when a care plan that sought to extend her capacity to live outside an institution had demanded she re-learn how to prepare her own food, she had mostly stirred whatever pot was put in front of her and laughed to herself before retreating first to her bed and then, on finding that someone would come and get her, out to the bookies. Cooking was women's work; it may even have been one of the reasons that Maureen Marley had resigned from womanhood in the first place.

And there was also grocery shopping to consider. In preparation for discharge Maureen had to buy and prepare her own tea at least twice a week. In her former life Maureen had shopped and cooked for a family of five. Now her rehabilitation programme involved persuading her to prepare to live more independently. And her shopping was the shopping of a single man. It mostly consisted of bread, beans and rolling tobacco. Sometimes a newspaper was involved; gradually, crispy snacks and brightly coloured pot noodles were creeping into the basket. And it was a hand-held basket. Trolleys were also for women.

With three weeks to go until Maureen was to be moved, Anna was trying to arrange a morning when she could visit the house she would be living in and maybe see her room, meet some of the staff and generally get a sense that her proposed discharge

wasn't a really bad joke. In Anna's view, seeing the room and meeting the staff were less important than actually reinforcing to Maureen that change was going to happen, the house was real and the hospital was going to close down.

'We could go together Maureen,' she had said. Maureen Marley had shrugged. Impassive, mildly uncomfortable, sitting in a large orange chair in a high-ceilinged yellow interview room that had only one window, which was small and too high to see out of.

'We can have a look round, have a coffee,' Anna had said. 'You can see your room; maybe think about any furniture you might like.'

And so they had. Maureen Marley sat quietly on the bus looking out of the window and walked passively up the garden path to the suburban front door in the suburban well-to-do street near Hampstead Heath. The house smelled of furniture polish and the absence of people. A show home built from pine and scatter cushions.

The 'House Manager,' a tall African woman called Maizie, moved with an elegance that toppled into aloofness. When they arrived she shook hands with Anna and nodded to Maureen Marley; when she led them to the living room she held her hands in front of her, which made Anna feel she was in a religious procession. Maizie offered to show them round the kitchen and managed to get to it before she started reciting the house rules that she had already decided upon. All the residents would eat together at dinnertime and breakfast but lunch would be a free for all. They could have televisions in their rooms, but if they wanted to watch the one in the living room the channel would be decided by consensus. Residents, for that is what they were rather than patients, were expected to help with housework. Maureen looked momentarily confused by that. And then they all went upstairs to look at her room: it smelt of lavender and flat pack furniture. A soft yellow on the walls, plush carpet and a bed with a continental quilt on it that made the bed appear taller than it should be. Everything was new and what it lacked in character it made up for in feminine comfort. It had net curtains, and the quilt cover perfectly matched the pink and yellow floral drapes. It was wholly inappropriate for George Wimimumdu. Maureen Marley laughed her sneery laugh. Maizie ignored her but Anna watched and, after the laugh had passed, she thought she saw something akin to dread. Or humiliation.

After the tour Maureen Marley sat sipping coffee in the kitchen and Anna asked if she could see the garden. 'Maizie, what do you know about Maureen?'

'I know she is a woman who believes she is a man.' Maizie spoke with economy. Her tone was clipped, her accent heavy and her eyes were half closed.

'Right, and that belief is very fixed.' Anna spoke softly, aligning the rhythm of her words to Maizie's, looking for the place where they might meet.

'That is what I have read'

'I think she may find her room a little feminine.'

"Is she not a woman?" Maizie raised her voice on the last word, making it sound like woe-man.

'She is a woman who considers herself not to be a woman. That single belief forms the foundation of the way she chooses to live.'

'Do you think we should collude with her false belief? Do you think we should agree with her that she is a man and in effect lie to her? Do you think that is a way to gain her trust?' Maizie lifted her eyes. They shone with certainty.

'I think if we respect her she will trust us,' Anna said as quietly as she could.

'It is her room,' Maizie said with a dismissive wave of her hand. She has pianist's fingers, thought Anna. 'She can do with it as she wishes. She can put up posters of motorcars or women; she can make it smell of socks and sweat. She can sit up there and watch horse racing if she wants.'

'What if she wants it redecorated?'

'Now you are being silly,' said Maizie, turning away and walking back to the house. 'She will be fine. Indeed, perhaps here she will be better than fine.'

Back in the house Maureen Marley had found some bourbon biscuits, was on her fourth or fifth and had the packet open on the table. Maizie picked the packet up and put them away as she swept by. 'When you live here,' she said without looking at Maureen, 'You will buy your own biscuits and you will be able to eat them as much as you wish.' On the bus home Anna asked Maureen what she had thought of the house. She just shrugged. She did not speak until the bus drew up at the hospital gates. It was beginning to rain lightly and she had spent the journey watching the raindrops race down the window, placing silent personal bets on which drop would make it to the bottom first. As she walked down the driveway to the main entrance of the hospital, with nothing interesting to distract her, her thoughts turned to her future. 'How many people will be in the house?'

'Five, I think,' Anna said.

'All men?'

'I don't know.' A pause as they passed the flagpole and walked up the steps to the large wooden door. And then: 'Would you like me to find out?' Maureen Marley just nodded. No sneer. No smile.

Later that evening Anna made herself a coffee and two slices of toast in the ward kitchen and retired to a rarely-used doctors' office to write notes, read patient profiles and fill out funding forms to ensure that someone somewhere would pay the rent for Maureen and the others. She preferred doing this at night when the place was quieter. It gave her a different sense of the hospital, a hospital she had never worked in, and a clearer sense of why moving the patients to places with carpets and walls between the beds was a better

thing than it sometimes felt. It also meant she could come in late when she wanted. It was a habit she liked. Since she had been working more closely with the asylum she had found herself touched and then almost infected by its routines. Everything here was about entrenched habit. So she took comfort from constructing a little flexibility in her working life.

This evening there were two things she noticed that troubled her slightly. The first was the appearance of Adam Sands after 10.30pm. This was the seventh or eighth time she had worked late in this office and the fourth time she had seen him—and that didn't include the night before, when she was convinced he had come to the hospital when she had gone looking for his non-existent jacket. He wandered down the ward, past the dimly lit but occupied goldfish bowl office and past the small annexed office where she worked under a desk light. He walked straight down to Libby's bed and sat down. Anna could see him from where she sat and she watched, curious and nervous.

She saw him sitting there muttering. He stayed for nearly an hour. When he left he patted the side of Libby's bed. Not her hand, not any part of her that lay still and sleeping under the coarse orange bedspread: he patted the side of the bed for fear of waking her. He got up and walked slowly off the ward.

The second thing she discovered that troubled her was the list of patients being assigned to 12 Wade Avenue, Maureen Marley's new home. They were all women. Indeed, as far as Anna could tell, so were the staff.

Anna's lover was called Black. She didn't believe that was his real name. When they first met, five months previously, she had assumed that he was really called Roger or Bernard but wanted to make himself appear more interesting than he probably was. He worked in advertising and therefore needed all the help he could get.

However, as he plied her with drink and asked her lots of big questions—Why do you do what you do? Do you do what you do because you think it is meaningful or because you need to be needed? What is your favourite TV advert?—he also told her that his parents had been hippies and that they named him Black because when he was born he had a mass of black lanugo hair on his head, shoulders and back that made him look like a shy monkey. 'It could have been worse,' he said in what seemed a pretty rehearsed manner. 'They could have called me Cheetah.'

Anna tended toward relationships that lasted about six months, followed by a period of singleness and the odd one-night stand, followed by another six-month relationship. She felt this allowed her just the right degree of intimacy without any of the associated assumptions, compromise or expectations. Black was ostensibly a standard-issue boyfriend. Sexually pleasing, occasionally charming, well dressed and working in a

field that was so removed from hers that it became a helpful distraction. He was also, and this had counted for more than it might have when they first met, quite a good dancer.

For his part he liked the idea of dating a nurse, it being assumed by the people in his office that nurse training contained at least two years study of advanced sexual practice. And anyway, in a bizarre way it made him feel a little closer to righteousness, not that righteousness had ever struck him as a particularly worthwhile place to go. It would be fair to say there was no love on either part. Some desire, and some pretty vigorous sex—often fuelled by flavoured vodka or cider with a touch of blackcurrant—which was sometimes interspersed with some good-mannered conversation: ‘What did you do today?’

‘Oh, I counselled a man with a swastika tattooed on his head, who told me he wanted to cut off his fingers because he had used them to touch himself and God had told him, via Angela Rippon on the Nine O’Clock News, that this was dirty and he mustn’t do it again. He doubted his ability to avoid his own genitalia in the future so concluded a lack of fingers would please his God.’

‘What did you say?’ Black noticed that the word genitalia, when spoken by his nurse girlfriend, felt like flirting.

‘I asked him how he would roll and light his cigarettes without fingers. Not a conventional counselling intervention, but it’s all I had.’

If Anna had asked herself if she liked Black more or less than she had liked any of the other men she had dated over the previous five years she would have shrugged. In fact they sort of blended into one, none more moving than another, none more engaging, some maybe more irritating, although to be fair Anna’s abiding memory of all of her lovers was of the point where she left, and then she was by definition sick of them. She thought vaguely about this on her way home. Anna knew herself to be easily bored. She had known other nurses who had tended toward emotional recklessness, dating wholly inappropriate men with violent pasts, drug habits or two or three wives, and she was grateful for the fact that she was not moved by such melodrama. She was in fact not moved by very much at all as a rule. Except perhaps, and this idea had crept up on her over the last year or so, the possibility of a baby. Just her and a child. That idea had popped into her head with the last boyfriend but one. His name was Stefan; he was tall, Swedish and a scientist by trade: good genes. It had hung around while she was with Winston, who was a tall black reggae guitarist: also good genes. And she held it still with Black who was not tall, not as discernibly talented as the last two, but pretty and still quite funny and wouldn’t be around much longer. The child idea seemed quite constant. Everything and everyone else was transitory. The thought made her smile. When she got home from work she drank hot chocolate and ate breakfast cereal. She went to bed with a book that she didn’t open. She

listened to comedy on the radio that wasn't funny. She didn't think about work. She didn't think about Black. When she fell asleep she was still smiling.

When she woke up she felt as if a decision had been made. She didn't articulate it, didn't question it. She showered and dressed and ate some more breakfast cereal. Today she would have a word with the doctor about Maureen Marley. She would look in on Michael Wells and count his fingers. She would maybe have a word with Grace about Adam, she would arrange two new assessments and prepare for Friday's ward round and later she would arrange to have sex. Indeed, given the fact that she knew she was ovulating, she would have as much of that as she could fit in from Friday through to Tuesday.

### 3. Stranger Than Kindness

When Adam had begun training to be a nurse nearly seven years earlier, on a whim and with the simple and quite ridiculous idea that he'd like to do something useful, the thing he found most striking, after the smell of piss, was the lack of curiosity. Having spent the previous three years studying philosophy—a degree that had mostly comprised of watching bands and playing guitar, trying to get to know and maybe sleep with as many women from different countries as he could and talking bollocks about consciousness—he had expected this new institution to be full of a less, for him, indulgent enquiry. He had reasoned—he was still a young man at the time, so reason remained important to him—that he needed something tangible, something human and authentic and what could be more human and authentic than an asylum? This monument to oddity and difference where enquiry had a purpose. If you are going to ask questions, make them helpful questions: Why did this madness choose you? How do you cope? What might we do?

But in the hospital the enquiry faded quickly. Answers came before questions, usually in the form of a diagnosis. It was an exercise in knowing. It was safer that way. He understood that but he never trusted it.

He had learnt to nurse in the same large Victorian asylum that he worked in still and which stood like a decaying museum in a North London suburb. Surrounded as it was by tidy terraced housing, Indian restaurants and local shops, the asylum hid its incongruity behind high walls and big trees. Throughout the Sixties and Seventies it had doubled as a film set for Hammer Horror, and it still rented out the odd unused corner to TV companies who wanted a backdrop of gothic dread without having to decorate anything. Inside were high curved ceilings with peeling paint, a central corridor that ran for a third of a mile from one end to the other and an intersecting corridor which ran from the main door down into the bowels of the building where the kitchens and other facilities were, a fading mini-industry for laundry and powdered egg.

And the people: lunacy doesn't simply change the minds of people. It changes their physical shape as well, although Adam came to discover it wasn't the lunacy that shaped them so much as the treatment the lunacy was greeted with. Some of the men had eyes that had retreated so far back into their head it was as if their face had turned itself inside out. Thin wiry men, slightly bent in the middle, wearing trousers that never fitted and shoes that had no laces. Men with tongues that rolled around the mouth and flopped out from behind wet loose lips like drunken slugs.

Adam had been a popular nurse. Always calm, usually able to smile. He looked thoughtful when he talked to mad people—thoughtfulness amounting to speaking quietly and listening to whatever was said back—and he thought about what might make things

better, within the obvious confines of the large walls, unending collection of drugs and the abandonment of hope that characterized psychiatry. He didn't come up with too much but he wondered nonetheless. Adam Sands was attentive and engaged, and thus he was a charge nurse within two years of qualifying and stealing tranquilizers from the drug trolley twelve months later.

Adam had collected other people's experiences and used them to colour his view of the world. By witnessing dismay he had been infected with it. You don't have to do bad things to be shaped by badness, he had learned, you just have to be close to it long enough and it somehow makes your soul blister and swell, as if it had been stung by a large invisible bee. And all the time the smell: there were days when he wondered if he was incontinent. He was twenty-seven. He felt old. Really old, like forty or something.

He had stolen five tablets, minor tranquilizers, a week after Graham had killed himself. He didn't take the good ones: he didn't feel he deserved the good ones. He could have gone for the pink ones that make you feel calm and help you sleep. Or he could have gone for the brown ones that knock you out. Instead he went for the white ones. It was a ridiculous choice. They were useful in managing agitation and anxiety in old and dementing people but rubbish for anything else. If he had thought about it he would have considered his theft self-defeating, even self-harming, rather than tranquilizing, but Adam had always been told that his biggest problem was that he thought too much, so he had stopped. Drinking randomly helped with that sometimes and, since Catherine had left, so did sleeping with people he didn't love. Or know.

And now here he was again. Like he always was. Trying to keep a straight face. Wondering if he was awake. The office was referred to as the goldfish bowl: three sides of reinforced window and one brick wall, designed like someone had circled the wagons. The idea was that nurses could see most of what was going on in the day room while they drank tea or argued with each other about ECT, Phil Collins or Norman Tebbit. There were three large filing cabinets pushed back against the wall; the rest of the office was lined with desks covered with a variety of notes, phones, books and stationery trays. The walls were pale blue, different from the industrial yellow of the rest of the ward, and it was quiet, not just because the mad people were not allowed in but because there was a carpet and the ceiling was lower, so there wasn't the inevitable echo.

Adam glanced up and murmured hello to the smartly-dressed, stick-thin twenty-something woman who had slipped in and was sitting in the middle of the office waiting to speak. He carried on writing. He was placing on record the fact that a patient, Michael Wells, had removed three or maybe four of his own teeth with some slip joint pliers he had borrowed from a porter. The entry in the notes concluded: 'Medication administered. Dental appointment arranged.'

After introducing herself by profession, Trainee Clinical Psychologist, but not by name, the young woman began badly. 'I don't know if you realize it, but actually Maureen Marley's condition is quite rare.'

He was being patronized by a trainee with the social skills of a skip who wanted the opportunity to work with Maureen Marley, to 'understand more' and maybe even 'offer something that may prove a little more substantial than simply drugging her.'

Adam smiled but said nothing. She's as oblivious to her rudeness as she is to her nutritional needs, he thought.

The thin woman continued: 'I just wonder, given the unusual presentation, if filling her full of anti-psychotics that are not making the slightest bit of difference is the best we can do?'

'I wonder that about most of the patients,' Adam said.

'Well, quite.' The psychologist seemed encouraged at the hint of humanity from the charge nurse, who had greying skin and what looked like a hangover. She saw a gatekeeper, a guard in a loud shirt with bloodshot eyes.

'So why Maureen Marley and not, say, Michael?'

'Who is Michael? I'm sorry...'

'Michael Wells is the man in the anorak pacing up and down beside the television pulling rather violently on his ear. He removed some of his teeth last night because he believed that they were responsible in some bizarre dental way for the voices in his head. Having held long and earnest conversations with the BBC news over the last two weeks and become increasingly animated—an energy that has grown exponentially with his approaching discharge into the community—it all became too much and so he borrowed some pliers, went off into the grounds where nobody could see or hear him and wrenched his teeth from his mouth. He thought they were antennas. That's quite a thing isn't it? He talks to himself a lot, looks angry, doesn't wash, has a swastika tattooed on his head.'

'Schizophrenic.'

'That's what they say.'

'Not in itself unusual...'

'I think tattooing a swastika on your head is quite unusual. What do you think that is about?' Adam asked gently, probing, giving the impression at least that he wanted her opinion.

'Pardon?'

'Tattooing a swastika on your head: what might have persuaded him to think that was a bold but alluring fashion statement?'

'Well...' The woman crossed her legs and settled back a little into what Adam assumed was her clinical posture. 'Given his diagnosis and the virulence of his symptoms I assume the voices in his head told him to.'

'Right,' nodded Adam. 'But why?'

'I don't know,' said the psychologist. 'I would have to assess him.'

'You see, I think that might be interesting. I would guess you have to have a lot of self-loathing in you to stick an immovable swastika on your head. I wonder if we could help him with that at all? And Michael is an unfashionable soul. Not the sort of man who attracts the right kind of attention. He might really benefit from some psychology time. Maureen Marley gets a psychologist every time one of you needs to do a case study, but Michael... What do you think?'

The Psychologist looked at him with barely contained irritation. She sighed and uncrossed her legs. 'I didn't come here to talk about Michael.'

Adam smiled. 'No, you didn't.'

'So what about Maureen Marley? If you are uncomfortable I could always just speak to the consultant.'

Adam laughed. 'Frankly, I don't care if you phone Princess Margaret, the answer is no.'

'I'm sorry,' she said, 'but I wonder why you are being obstructive?'

Adam turned towards her, eyebrows raised, offering, he hoped, just a little of the contempt he was feeling. 'Obstructive?' he thought. Obstructive would be ensuring that Maureen Marley is off the ward twenty minutes before you arrive here, when you think you have an appointment to see her. Obstructive is ensuring that all the side rooms are in use when you come to visit anyone at all. Obstructive is keeping the patients' notes locked so that you cannot borrow from them to write your wholly pointless assessments and instead have to go and talk to the patients while they are watching Coronation Street.

'Why are you being so astonishingly arrogant and self serving? That strikes me as the more realistic question,' he said. The young woman reddened and stood up, preparing herself for an exercise in assertiveness. Adam chose not to give her the space and added: 'This is about us having a difference of philosophy. I think clinical decisions should be based on patient need. You think they should be based on whatever you fancy doing.'

The psychologist sneered. 'I look forward to you meeting my boss: he has a way of dealing with people like you.'

She picked up her bag and marched out of the office, slamming the door with Adam's words ringing in her ears: 'You might want to consider a doughnut.'

When Anna got off the bus and began walking down the main drive of the hospital she could see Maureen Marley sitting on the steps outside the main doors. The sun was shining, there was no breeze and as Anna drew closer to the main entrance— which was fronted by a water fountain that didn't work and a flag pole without a flag—she watched Maureen smoking a roll-up and staring at her shoes. Maureen Marley didn't look up once, didn't move except to draw on her cigarette, but didn't seem remotely surprised when Anna approached and sat down on the steps beside her. Maureen may be mad but she wasn't stupid.

'Why they sending me to that house?' she asked, barely moving her lips 'It smells.'

'It did smell, didn't it? Lavender and carpet freshener, I think.'

Maureen let out a snort of fake laughter, just a brisk shrug of the shoulders and an exhalation born of manners rather than glee. 'It's a girl's house.'

'Yeah. I'm working on it,' Anna said softly.

'I'm not moving there. I'll get a flat. Get a job.' Maureen sounded defiant but unconvinced.

'Cool,' Anna said. 'Got anything in mind?'

'Bus driver,' Maureen Marley said.

'Got a licence?' Again Anna tried to sound gentle.

'They teach you,' Maureen said, like a twelve-year-old trying to convince his dad he will be an astronaut regardless of his fear of heights.

'Well yeah, but not from scratch I don't think. You'll need a driving licence first.'

'I could get lessons, pass my test and then do it.'

'Yeah,' said Anna, knowing that she couldn't but not knowing why.

'I've always wanted to drive a bus,' Maureen Marley said quietly. 'Or a train. Do you think you need a driving licence to drive a train?'

'No idea. Don't expect so, it's not like they have a clutch is it?'

Maureen Marley shrugged. She didn't know about clutches. She looked up for a moment and out of the hospital at the cars driving past, drawing on her cigarette. 'These people trying to punish me. They is not God.'

'I don't think they are trying to punish you—' But Maureen Marley turned and glared at her and Anna changed tack. 'Would a different house be OK?'

Maureen turned away, stared at the flagpole and smoked her cigarette. Later she would go to the bookies. Afterwards she might go and look at the trains. Maybe get on a train, see where it went. 'Man needs to be free,' she said quietly. 'Man is free.'

There was a knock on the office door. It was Michael Wells. He still had thin lines of dried blood on his bottom lip and his black beard looked oily, probably because of the soap that Grace had used to try to clean his face up after she had found him in the

bathroom with a hand full of teeth and a mouth full of blood. Now, as he stood waiting for the door to be opened for him he looked embarrassed and pale. Adam got up, went to a drawer, took out a packet of John Player Special and removed three cigarettes. He strolled over to the door, opened it and looked at Michael, who said nothing but fixed his stare on the cigarettes in Adam's hand. His skin was yellow and his mouth was swollen. His greasy black hair hung down over his swastika tattoo and he seemed to have retreated into his filthy blue anorak. Adam paused until Michael looked up. His eyes were glazed and wet. After acknowledging that Adam had a face he returned his gaze to the cigarettes.

'How are you feeling?' Adam asked quietly. Michael made a noise and shrugged. 'If it is too hard... if things are too difficult... tell someone, please.'

Michael shuffled from foot to foot, he turned away from Adam and turned back again, he glanced up at the ceiling quickly with a vacant expression and then he looked at the cigarettes. Adam handed them to him and Michael turned and walked quickly back to his dormitory. As he walked he was shaking his head and occasionally hitting himself in the face with the open palm of his hand.

Adam could see Libby over Michael's shoulder. She was in the day room and seemed restless, disturbed even. She was sitting down, standing up again, sitting down, tapping her feet and standing up again. After Michael had left he walked over to her.

'Are you OK, Libby?'

'Of course I'm not OK. I haven't got a body.'

'You seem more agitated than usual,' said Adam quietly. Libby looked past Adam and into the office from where he had just come. 'What's he looking at?' she said angrily.

Adam turned round but nobody was there. 'Who, Libby?' 'Him. That one in there.' The office was empty. Tim Leith, the ward doctor, was walking down the corridor toward the office but he wasn't even close to Libby's eye line. 'I can't see anyone Libby,' Adam said softly. Libby tapped both her feet on the floor and pulled at her cardigan. Libby hadn't looked at Adam properly in years but she looked at him now, looked at him like he was a liar, or at least that is what Adam saw. Saw enough to say: 'Really Libby, I can't see anyone.' Libby stood still for a moment; her face stopped twitching as she seemed to mull over the words. She made a low humming noise, very quiet, almost like a growl, and then she walked away.

When Adam returned to the office Tim was waiting for him. 'Have you spoken to Libby lately?' Adam asked.

Tim was a short round-faced man with a foppish fringe and a range of cord suits, today's being a brownish-green colour. He always wore a waistcoat and sounded like the landed gentry. Adam liked him. He worked hard, he listened when someone was speaking

and he seemed to like people. Good qualities in a doctor. Not necessarily great for his career though. 'No,' he said.

'Why?'

Before Adam could answer Grace came into the office. Tim blushed. He always blushed when he saw Grace. Grace pretended not to notice.

'What did the skinny psychologist want?' she asked.

'Career advancement. I need to pop out for a minute, are you OK here?'

'Sure. Where are you going?'

Adam smiled at her. 'I'm going to go and be manipulative with the consultant. Won't be long.'

Grace laughed. 'Manipulative about anything in particular?'

'Yes, that skinny psychologist. We need to set a few boundaries before we find ourselves back in the days when the people who couldn't afford the circus used to come in here to look at the mad people at the weekends.'

'Can I come and watch?' Tim asked.

Anna passed the two men in the corridor just as she was approaching the door to the ward. She was wearing a dress, black with a cream trim, the first time she had not worn trousers since she had come here.

'Hello.' Adam spoke without suggesting he was going to stop. 'I was hoping to have a very quick word with you about Maureen Marley later if you are around.'

Anna nodded. 'I'll be here for a couple of hours and I wanted a word too.' She was standing in the large doorway and Adam was past her now.

'I'll be back in twenty minutes,' he said, adding: 'Nice dress.'

'Me too,' Tim said. 'I'll be back then too. And it is a nice dress'. Grace was still in the office when Anna got there. The day room was empty apart from the singing cleaner, frantically polishing the old wooden coffee table. Grace opened the office door and asked Anna if she wanted a cup of tea.

'Yeah, go on then.' Anna put her bag inside the door and the two women walked down toward the kitchen.

At first sight Grace's name did not suit her. She was measured in her movement. The way she expressed herself came from her eyes rather than her tone of voice or her body. She had that pretty round face and the smoothest of skin. It wasn't until you spent a little time with Grace that you noticed she made you feel calm. Not chemical-cosh calm that made you nervous because you knew your mood did not correspond with the reality it swam around in, but more a herbal-tea-with-Radio-4-in-the- background calm: soothing, at ease.

'I was working late last night,' Anna said quietly, wondering how well Grace knew Adam.

'Make sure you take the time back.' Grace was looking for clean cups. Having found two she went to the fridge to smell the milk.

'I was surprised to see the charge nurse arrive after ten and go and sit with Libby. What's that about? Are they related?'

Grace eyed Anna. 'Don't think so'.

There was a pause as they made tea. Grace poured water; Anna put the milk back in the fridge. Both women moved calmly through the silence, gauging how comfortable they were with each other. Anna may have passed some intuitive test because it was Grace who spoke next. 'Adam has had a funny few months. He worked on this ward when he trained and I remember he said he would never work here again, but after Graham died he couldn't stay on the acute ward. He didn't say anything but it seemed pretty obvious...'

'Graham the suicide with the bleach? I heard about that. Horrible.'

'Yeah, Adam thought he should have seen it coming. He thinks that is the point of being here, to see things. He was playing chess with Graham...'

Anna nodded. If it had been her she would expect to see it too, and it didn't occur to her that she wouldn't have done.

'You know how after something shocking happens you look back to whatever happened before and see it differently? See that there were clues there that if you had been open-minded enough you would have seen? We did that. We all did that. There were no clues. Either Graham decided completely spontaneously to drink a litre of bleach or he was so at ease with the decision he had made that it lifted some burden from him, because he was so relaxed that day. He chatted to me over breakfast about my holiday. He walked back to the ward from the shops with one of the students and actually told her why he thought she would make a good nurse and then... well... he was with Adam for about twenty five minutes and Adam...'

'Adam didn't notice anything.'

Grace had been leaning against the kitchen worktop looking at the floor but she raised herself now, looking Anna in the eye. 'He'd have seen it if it was seeable.'

'Of course he would.'

'No, I mean it, he would. He had—has—a brilliant eye did Adam, could really see, or sense, what was going on in people. I get that what you see is this shambling, distant... lummoX but don't be fooled.'

'LummoX?' Anna laughed.

'Not diagnostically accurate?' Grace smiled.

'No, lummoX works.'

'I'm not saying he was Supernurse, he doesn't believe in anything enough to be that, but when I was starting he was the one I went to if I didn't know what to do or couldn't see something. He has a good eye for, well, for people, for nuance.'

'Has?'

'Yeah, well, he's not exactly back to his best but I still trust his judgment above just about anyone else's.'

'And he visits Libby because...?'

Grace shrugged. 'I'm not sure. He doesn't sleep much.'

'He needs help,' Anna said quietly.

'Feel free to let him know.'

Anna sighed. 'Why Libby?'

Grace shrugged again. 'He knew her when he was a student.' Anna looked at her, just holding her gaze as gently as she could and waited for Grace to speak again.

'I think he... well, the night nurses say... he comes in sometimes and sits and chats to her quietly.'

'Yeah, that was what he seemed to be doing last night.'

'It isn't harmful.' Grace sounded defensive for the first time.

Anna sipped her tea. 'Not normal though, is it?'

'What's your point?' And it was the inevitable place in the conversation, the place they knew they had to arrive at sooner or later.

'My point is I noticed it. I don't know the man. I'm pretty new here, so I am asking you rather than anyone else.' Anna smiled again. 'I'm guessing you have known him a while?'

At which point William, the student nurse with too much hair, burst into the kitchen. 'Michael is going doolally with a snooker cue!'

Both women put down their tea and instinctively began to run.

'Did you learn "doolally" in the school of nursing, William?' Grace asked.

'No... its... well, he's hitting a chair with a snooker cue really hard.'

'Is anyone in the chair?' asked Anna.

'No,' said William.

Both nurses stopped running and began to walk purposefully but calmly, letting William jog ahead to the day room where Michael—the near toothless and inarticulate man with schizophrenia, large doses of major tranquilizers in his blood and a swastika on his head—was beating the seat of his chair the way his mother probably beat the living room carpet, or something.

Both women arrived in the day room to find Michael thrashing, dribbling and panting for breath. To be fair, this was the nearest thing to proper exercise Michael had

got to in years. He smoked sixty a day, he ate mostly chips and he took toxic, if prescribed, drugs. He was thirty-four but looked fifty, and he was breathing like a man who had given the chair his best but was probably about ready to surrender. One of the reasons for not running: it gave him a few more seconds to pass the peak of exertion and rage.

‘What’s the matter Michael?’ Grace asked quietly. ‘Voices...’ wheezed Michael.

‘From the chair?’ Grace sounded as soft as baby milk. ‘It’s got a transmitter.’

‘You said the same about your teeth, Michael,’ Anna said gently.

But he had no more reason than he had breath and he slumped to the ground gasping, close to tears. Grace crouched down beside him, placing her hand gently on his shoulder. Michael looked grotesque, his bloody gums visible as he swallowed air and wheezed, snot and sweat gathered around his unkempt black beard. If he were not so full of drugs he would be crying, defeated. Losing a fight to a noise in his head.

‘Should I call the doctor?’ William asked. Anna shook her head.

‘No,’ said Grace, ‘but you might want to make Michael a cup of tea?’ A question directed at Michael, who nodded. Grace put her arm round him as they sat on the floor.

‘What are we going to do, Michael? To make it better? Because whatever we are doing right now isn’t working, is it?’ Michael shook his head and wheezed.

‘Tea?’ whispered Anna, who was still crouching down in front of him. Michael nodded again. She half turned her head to William. ‘Tea for Michael, please William.’

And William walked slowly down to the kitchen muttering ‘What is it with these people and bloody tea?’

#### 4. In The Wee Small Hours...

Anna lay next to Black, staring at the ceiling of his west London flat and noticing the gentle threading of post coital sweat slipping down her ribs onto his increasingly uncomfortable futon. She could tell he was asleep by his breathing, and she decided to make meaning from the fact that as he drifted off he had slipped from her shoulder – where he had lain heavily after ejaculation, baby kissing the side of her neck and making her ear itch—then turned on to his back where his breathing grew laboured. Then quite quickly he turned away and faced the wall with his back to her. He was no more interested in her than she was in him. She smiled to herself and wondered if once would be enough, and if she should wake him or wait until the morning. Neither particularly appealed, but then that wasn't really the point. She decided to wait. She didn't want him to feel desired.

She noticed, not for the first time, that when he was asleep he breathed like Darth Vader. His back, which was pale and more expansive than his front suggested it was going to be, had a certain pigskin quality, although that was not how she experienced it the first time she had slept with him. She was curious then. Finding his smell, exploring him and noticing the way he explored her. He had been greedy, which passed as desirous with the right amount of wine. And he had been careful enough to stop to put on a condom. Something she had helped him to ignore tonight.

She lay on her back and scanned the room. This was very much a man's flat. One of the walls in the bedroom was even painted black, although it had a big mirror in the middle of it and a Klimt poster, 'The Kiss', in a plastic frame beside the mirror to soften the room and the sense it gave of the man who slept in it. 'I'm fucking a cliché' she thought and sighed. 'Or at least I was.'

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On the other side of London, at the cheap end of Crouch End that was really Turnpike Lane, getting to sleep hadn't been the problem. Staying asleep was the problem. Adam would wake at 3.12am every night and try to lay still and lure his mind back from the torture that was consciousness. His preoccupations were always mundane at first. Had he ordered the ward medication, had he paid the telephone bill, why was his Yucca plant dying? But as his eyes widened and his brain accelerated his life became a very dark place. He imagined his life through the eyes of his ex-girlfriend because he couldn't imagine a less enthusiastic gaze. Catherine was an upwardly mobile solicitor who changed her accent for career reasons at the age of twenty-four. He didn't like her very much, he didn't find her attractive and he didn't mind remotely that she was sleeping with a fat bloke old

enough to be her father, probably also for career reasons. But at 3.25am he looked at himself through her eyes nonetheless, and he looked small and lonely and smelt of other people's piss.

And then, inevitably, he thought of Graham Cochrane. He wondered how dark his night times were and just how invisible and pointless Adam had been to that man. Adam hated Graham Cochrane. How much rage must a man have to drink bleach and keep drinking it? And to do it with other people so near, to do it with other people 'caring' for him just down the hall. Variously he imagined that Graham Cochrane pitied him his unseeing eyes, or held him in contempt for being little more than a warden for the mad, or, such was his struggle with the demons Adam failed to help him wrestle, he simply disregarded him as an irrelevant spectator. Just a part of a system of restraint and pharmacy devoid of softness or warmth, unable to make a meaningful difference. By 3.51 Adam was little more than a concentration camp guard.

But it wasn't the way he labelled his life that troubled him the most. His political failure, his failure of power or purpose or even to prevent harm, was but just a precursor to the full swell of despair that washed in around 4.22. His life, this gift of possibility, was both too precious and too heavy. He was edging toward thirty without a plan, or anything he could put in the space where a plan should go, like some beliefs or love or a purpose or a job that didn't poke him in the liver every day. His body, in which he once invested much time and effort, had once trained almost obsessively, was beginning to bend. He filled it with aimless unhelpful drugs and cheap wine. His mind had stopped reaching outward and instead peered only in. And his heart told him only that it would always be like this. Even noticing his own rumination made him hate himself. He felt clumsy, unwise and self-indulgent.

Because yes, he took silly drugs and hated his failures, but that was hardly tragic was it? He didn't have cancer or schizophrenia. He didn't so much as limp. In theory he could do whatever he wanted but here he lay, psychically throbbing and being crushed by the bloody universe. If he could not control the self-destructive wanderings of his own thoughts, what on earth was he doing taking money from the world to help others? This idea of life, the notion of gathering understanding and using it in some way to produce... produce what? Good? Something helpful? It was a sham. It was all just a nonsense to hide from the existential reality that was his complete and indisputable pointlessness, and now it was 4.27.

If it had been earlier he would have gone to see Libby. Say sorry quietly again for the things that had happened to her that he hadn't prevented, or even been born in time to see. A ritual that made him feel closer to human and somehow less dirty. If it was any later he would get up and soak in the bath but the hot water wasn't on yet and sitting in a cold

bath was ridiculous. 5.01 was the worst; neither one thing nor the other. He put the radio on: something soft and absurd by Foreigner. He retuned: a programme about farming. He retuned: news about banking; disco music; a radio phone-in where everyone was cross about traffic or homosexuality or the fact that it wasn't 1953. He sat up, picked up one of the books on the table beside him. Some class pantomime by an Amis. He read a few lines. It wasn't funny. He dropped it on the floor. He looked at the next book in the pile: something fraught and emotionally pornographic by an angry woman. Had he stopped liking books? Or had he stopped reading books he liked? Why would someone do that? He decided not to sleep alone this weekend and he smelt the cover to his duvet, resolving to change it before Friday night. 5.24: if he could just get back to sleep for an hour or so...

\*

Anna slept fitfully. She had broken dreams about ovaries and work. They didn't form or even hint at any sort of narrative and by 5.52 she was awake in a way that made her certain she wasn't going to go back to sleep. She toyed with the idea of getting dressed and leaving a note saying 'It's been nice but I'm bored now so don't call. Thanks. Anna.' But she was unconvinced that she would manage to get out of the flat without waking him so she lay staring at the ceiling until 6.24, by which time Black's breathing and occasional movement suggested that he was, if not quite ready to be woken, probably available for arousal. She slid closer and lay close to his back. Her breasts pressed into his back and her breath warmed his ear. That was, she knew, all that it would take.

Later, a little after seven, she sighed and decided to play. 'Tell me a story, Black.' Black had been stroking her hair distractedly and wondering when she was going to leave. He liked sex in the morning, of course he did, but once it was finished and an appropriate period for post coital good manners had passed he wanted to get on with the day. He was planning what to wear and looking at Anna's right nipple with a detachment that he would have considered unimaginable twenty minutes earlier. A story? He didn't collect stories. He gathered images, sometimes made them into symbols and took money in return, but stories? They tended to confuse the world for him, make it more elaborate than he required. He didn't know any stories. I don't know any stories.'

'Of course you do, don't be lazy.'

Black had no time for emotions in the morning, particularly other people's. He had learned, however, that if there were going to be emotions they should be of his choosing. He sighed and he remembered a story someone had told him once, in bed. He had rules of course, rules about not confusing lovers with each other nor letting one body spill over into the next, but those sorts of rules are more like guidelines really, existing mainly to

imply that he lived according to a code rather than simply a sex drive. 'OK,' he said, 'but I am not a storyteller.'

Anna rolled on to her back and said neutrally: 'Everyone is a storyteller.'

'Right, OK... Once upon a time...' Black turned to face Anna but she didn't smile. She simply stared at the ceiling waiting for the words. Black sighed, turned on his back, being careful not to let his body brush against hers, and began again.

'There was this woman called Marie. She lived a well-ordered life with a successful husband and two healthy, happy kids. She was a teacher: she taught well-behaved kids in a private school. She also had a lover. His name was Ira.

'Ira and Marie had met as student travellers in the early Seventies. She was already engaged but was travelling alone; her fiancé had gone to Spain with his mates, anxious to have a bit of fun before settling down, before real life began. Marie and Ira met on a Greek ferry and they talked for the whole two-hour crossing. They both booked into the only taverna which rented rooms on the island and that evening, after eating together and drinking together, they slept together. Marie saw in Ira a holiday from what she knew was an already written future. He was idealistic and blonde and his long hair made him appear slightly prettier than he actually was. It should have been a holiday romance, except that it lasted nearly a full month in that first year and perhaps it happened before they were fully set, or maybe they fell a little bit in love... if you can fall just a little bit in love. At the end of the month Ira said to her: "Meet me here one year from now. No matter what, just come. Come as a friend, if you like, or come as a lover, but meet me and we will spend a week together."'

As Black spoke he noticed a sing-song rhythm to his words that almost squeezed any emotion from his voice. He noticed because the word lover sounded clumsy. He paused and looked at Anna. She was still staring at the ceiling, listening, waiting. He sighed and gave up his time to a story that didn't even need to be told.

'She agreed, never imagining for a moment that it would happen, but it did. One year later they both arrived, not expecting the other and unsure as to why they had come. But when they saw each other they remembered, and they spent a week walking and talking, swimming and eating and making love. And so it continued, every year, the same place, the same time. They became constants.

Ira's life was not the adventure he'd planned, but he retained a talent for not being disappointed. He spent time in Central America writing promotional literature for international charities. He felt like an outsider, and he may have been nourished by the fact that once a year he met someone who saw him as an adventurer, or at least as a good and worthy man. When Marie told him of her two daughters, born three years apart, she

looked for signs of jealousy or hurt but couldn't see any. When he told her, a few years later, of his new wife and his new job as a production editor for a charities magazine, living in Croydon and commuting into London every day, she felt a pang of sadness but held tight to the vision of Ira as adventurer.'

Anna, to her annoyance, found herself quite liking the story. She remembered why she had chosen Black: he was, despite his protestations, a storyteller. When they first met he told her tales of divas buying attention on the set of TV adverts and he told them neutrally, never to make a point about himself being better or worse than the person in his story. She liked that. She thought it lacked the need to judge. More lately she had come to think that in fact it reflected ambivalence. She knew, of course, that she saw whatever she wanted to see.

Black was still telling his story. 'Only once did they discuss staying together, nearly ten years after they had met. Marie had come away despite having a three-month-old baby at home and was restless and ill at ease. Her husband, who was uncomfortable with the emotions that had accompanied this second pregnancy and birth, had been happy for her to go, secure in the knowledge that the nanny would take care of the children.

"Why did you come?" Ira had asked as tenderly as he could. She had shrugged and looked away. Later Ira had said: "I never felt I could make you happy... and now you have the girls..."

Black glanced at Anna, who had closed her eyes. 'At the end of that week Marie went home and her husband felt the break had done her good. Ira, unusually, stayed on the island alone for a while.

Twenty-three years after they had first met, Marie arrived at the taverna and waited in all the obvious ways but Ira didn't come. Marie knew that if he could have come he would, and so he was, in all probability, dead. Nobody in his life knew she existed; there would be nobody to tell her. She stayed on the island alone for the week, to remember and to mourn.'

Black glanced at Anna to see if she offered any sign of a reaction. She might, out of politeness, look sad or even say 'Ahh.' She might even tut; deaths in stories can be so convenient, especially if the storyteller is in a hurry. She said nothing. He didn't mind. He remembered the woman who had told him this story a year or two ago, she had built up to a big finish. They had had sex afterwards. Her name was Sarah. He didn't really know what she was doing in his head right now. He took a deep breath.

'At the end of the week Marie sat at the table she and Ira had shared and drank to the end of romance. She asked Elani, the woman who had run the taverna for over thirty years, to join her for a farewell drink. She told her that she believed Ira to be dead and Elani crossed herself and said that she had wondered where he could be. "You two became

like the seasons," she said, smiling. "Reminding us that time is passing, but reassuring us that some things stay the same."

Marie realized that this was perhaps the only time she would ever be able to speak of Ira and so she found herself confessing. She said: "I suppose it was love? But it was a funny love. We kidded ourselves that we were an honest corner in the world but I kept a secret from him anyway. He was the father of my younger daughter. My husband doesn't know, or doesn't want to know. I'm not sure which. I never told Ira. I wanted to, but then he got married and time passed and... I did what I thought was best."

Elani poured them both another glass of wine. Then she told of the time many years ago when Ira had stayed on the island alone after Marie had left, and at the end of his stay he had said: "I love her but I cannot have her. I have lied to her and told her about a wife who does not exist. I lie to keep an equal distance between us, to keep a balance and to protect her world." Asked why he did not tell the truth, Ira had replied: "Because if she knew she might not come, and if she did not come what else is there?"

And Elani shrugged and said: "These are the things that people do."

'Which apparently is true.' Black shrugged with a feigned embarrassment. He expected a hug at least.

Anna nodded and said quietly: 'That is very much a 'you' story.'

'How so?' he asked.

'It's sad and it doesn't mean anything.'

\*

Adam was doing press-ups; it was 7.12. One hundred and fifty of them in sets of fifty. He had already done two hundred sit-ups and eighty tricep presses. He had got up at 5.30, played his guitar very quietly for an hour and then done some old Kung Fu forms in a distracted way for ten minutes. He would cycle to work. This was him fighting back. He began most if not all mornings as if preparing for a fight, training himself, knowing that he would crumble the moment he smelt the mix of bleach and piss that was the hospital. He sat cross-legged on the floor and closed his eyes; he tried to empty his mind. It was a ludicrous idea, like emptying a well with a fork. So he tried to think about his body and notice what it was telling him. It was like a gum after a visit to the dentist: numbed by an injection that was wearing off and revealing a throbbing pain that promised to get worse. It started in his chest and worked its way outward. He stopped sitting cross-legged and did some more press-ups. It was 7.18. By 7.29 he was running a bath.

\*

'Shall I tell you a story? It seems only fair.'

Black knew that impatience this soon after sex was rude, and rudeness led to time being wasted arguing about manners, so he tentatively said: 'Well, that would be nice, but won't you be late for work?'

'Yes I may be, but I'll make up something dramatic like witnessing a knife fight on the Central Line and it will be forgotten.'

"I overslept" won't cut it?'

'No, there is no place for the mundane where I work. If it isn't dramatic people think you are hiding something and that makes them suspicious.' Black stared at her. Anna looked away. 'You wouldn't understand. Would you like a story?'

Black was nervous, unsettled and not equipped to say no. 'Shall I make tea first?'

Anna nodded. 'Yes, tea would be good.'

\*

Adam would leave at 8.20. He was dressed and ready at 8.05 and for no good reason had decided he would not leave early. He stood in the middle of his flat staring at his spider plant. His living room was painted a soft grey and characterized by eighteen houseplants located according to their varying needs for light or shade. Two of the leaves on the spider plant were turning brown; he tore the ends off the leaves and felt the soil. It didn't need watering. It was 8.06. He could make a plan, he thought, a plan for the weekend. That was what people did on Wednesday or Thursday or whatever day it was. He picked up a red exercise book from the small table by the window and flicked through it. Louise: he had met her at a hospital party but she wasn't a nurse. She was an art therapist but not too middle class. He picked up the phone and called the number. An Australian woman answered.

'Is Louise there please?'

'It's 8.08,' said the Australian woman.

'Yes it is, but thank you anyway. Did I wake you?'

'No but... oh never mind. Louise!' she shouted. Adam heard the Australian woman put the phone down and could hear voices mumbling briefly. Louise picked up the phone and said:

'Hello.'

'Hello, its Adam Sands, we met—'

Louise laughed. 'I remember who you are. It's nearly ten past eight in the morning.'

'Do you people have a really big clock by the phone?'

Louise laughed again. 'I wasn't sure I would hear from you again.'

'Are you doing anything on Saturday?'

'Dunno, what do you have in mind?'

'A film, pizza, maybe wine. No dancing.'

She laughed again, more flirtatious than joyful but good enough. 'Promise no dancing?'

'Guaranteed. You get to pick the film, nothing too heavy or violent please.'

'Police Academy 3?'

'Or ridiculous.'

'OK, where and what time?'

'How about seven, outside Burger King on Piccadilly Circus?'

'OK. I'll check the film listings, you do the same and we can argue about it over pizza.'

'Cool,' Adam said. 'And sorry for calling so early. Work, you know.'

'Yeah, I know. It's fine. See you Saturday.' It was 8.13. He still had seven minutes to go.

\*

Anna was sitting up in bed with the sheet pulled up to cover her breasts and her legs tucked in. She cradled her tea and began her story.

'There was this young girl, seventeen, called Hannah. She lived in Wolverhampton with her younger brother Ian and her parents, Tom and Cora. She was a pretty normal teenager from a pretty normal family but like all normal teenagers she had a 'thing'. Her thing was dancing. She liked any kind of dancing really, and given that this was the Seventies there were less kinds around. She bopped around at discos, she went to tap class; she balked at that chiffon-waving contemporary dance nonsense because she was working class and not ridiculous, but she took to ballroom dancing, and in 1976, just before Punk reached Wolves, she and her brother came fourth in the All Midlands Ballroom Dancing Contest (Youth Section), and they were up against twenty year olds. Hannah and Ian had a talent. Some people celebrated it, one or two others resented it, but that was the way of things where she was from.

Anyway, one day they were dancing in a competition for their own age group and were frankly head and shoulders above the rest of the couples. They did a wonderful rumba, a glorious bit of swing and, while their tango lacked the sexuality one expects from a dance like that, it was very well executed, or so the judges said.

After they had collected the trophy—a large garish plastic piece of nonsense that they would mock all the way home but miss if it was in anyone else's car—and were getting ready to go, a thin faced middle-aged man, who walked like a dancer and talked like a cross between Quentin Crisp and Noel Coward, approached their parents and introduced himself as Lance Feyeraband: dancer, choreographer and teacher. He managed to be both polite and condescending at the same time, a manner which served to charm Hannah and Ian's parents, while reminding them that they were very working class and they were not in a working class place. Mr Feyeraband—nobody in that family was ever going to call him Lance—talked of the promise he saw in Hannah and Ian, the raw untrained talent, that glimmer of something special and, on the off-chance that their potential was lost on Tom and Cora, he mentioned that they could end up on the television and not ITV either, but BBC2. He felt that they needed, however, a proper coach, someone who knew dance, someone who could loosen Ian's shoulders and lift Hannah's heel that extra half an inch. Someone like Lance Feyeraband. And he wouldn't cost them anything. Just think it over and sign this contract, take it home, read it over, basically it secures a share of prize money and any TV fees that come about as a result of Mr Feyeraband's professionalisation of the talented but naïve couple.'

Anna was talking in a near monotone, almost delivering a speech but with less volume. She paused for a moment to adjust her sheet, pulling it up higher and making sure the whole of her body was covered.

'And so Lance Feyeraband became coach, mentor and agent to Hannah and Ian. He had what can only be described as a very hands-on approach to coaching. Both teenagers were unfamiliar with being touched. They knew they didn't like it but assumed their distaste was born not of a good instinct for broken boundaries but rather a lack of sophistication. Dance was a physical world and was there really a difference between having their shoulders pulled tightly back and held firmly to demonstrate the correct shape of the spine and the casual cupping of a buttock or breast? Ian was always naïve. A very pretty boy, he either didn't notice or didn't process the fact that he was followed home from school every day by small groups of fifteen-year-old girls who would giggle when he turned round and leave cards and chocolates on the doorstep on Valentine's Day, his birthday and most Fridays. Hannah was a bit more knowing. She knew that when Mr Feyeraband stroked her leg as he talked to her about school, dance and the glamorous world of Solihull that it wasn't quite normal, particularly as he edged his hand up and inside her thigh and stretched his fingers clumsily toward the cotton of her knickers. She instinctively pulled her legs away and pushed his hand from her skin and could not, would not, disguise the look of disgust she gave him. But she didn't say anything. She didn't speak.

And neither did Ian, or at least not until he had come home and sat sobbing in the bath for two hours. Then he spoke, hesitantly, shamefully, before he was sick. He spoke about what Mr Feyeraband did, and what Mr Feyeraband made him do. Cora and Tom didn't say anything at first. Hannah began to rage. She expected Tom to beat Mr Feyeraband to a bloody pulp, but only if Cora didn't get to him first. Instead Cora said 'You have the All England Championships coming up, you know.' She said it quietly, something like shame in her voice, but not enough to make the words sound any less revolting to Hannah or her brother. Ian lifted his head to his father and Tom said, without looking at him, 'Are you sure, Ian?'

Later, much later, Hannah screamed at Tom, told him that he had stopped being a father the moment that doubt left his lips, the moment it even crept into his head and Tom said the strangest thing Hannah had ever heard. He said 'Be careful not to cut off your nose to spite your face, you two.' Ian didn't look at his father when he said that, in fact he didn't look at his father ever again but he must have heard him, because months later, after the voices had come and after he had begun to hurt himself in whatever way he could, he got very drunk on Thunderbird and sherry and tried very hard, using his father's razor blades, to cut off his beautiful nose.' Anna fell silent.

Black, uncertain, unable to find a clue in what he should do, looked at the clock, 8.47, and said: 'What happened to them?'

Anna shrugged. 'I don't know. Hannah left home after that. Never went back, changed her name I think.'

'Poor kids,' mumbled Black.

Anna laughed. 'Yeah. Anyway, I like to finish on a story, Black.'

She stood up naked on the bed and stepped over him and began to put on her underwear. 'It's been fun, I liked the sex and it was interesting to meet someone from your world. Weird world, by the way, can't be sure what gets you out of bed in the mornings, it all seems a bit pointless but hey, each to their own.' She put on her black dress very quickly as she talked and began to brush her hair while looking in the mirror. She would do her make-up on the tube, she decided. 'But frankly I am bored now and the sex has peaked, so don't call and good luck and stuff.' She spoke with a cool authority, not rushing, not investing very much in the words and not looking at Black.

'Sorry?' he said.

'Don't be.' She put on her shoes and quickly checked around the room to ensure she had not forgotten anything. 'It was fine but it's done with now. Bye.' And with that she picked up her bag and left.

As she walked towards the tube station she found herself wondering about her body. Ovulation was not an exact science and it would be a pain to have to do this with

someone else. She found herself looking at the men she passed on the way to the tube and disliking herself for it. However, if she could improve the odds of success she would be a fool not to. All we can ever do, she thought, is notice when something matters, keep as much control as you can and try to reduce the variables. These were things she believed herself to be good at. By the time she was on the tube, remembering that she had a ward round to go to and noticing that she felt relieved to be heading east, she was smiling to herself. Her instincts told her she was going to be OK and she had come to trust her instinct above just about everything else in the world.

## 5. Parade

Adam hated the ward rounds the way a child hated the dentist. His loathing began as an instinctive distaste that evolved into a physical revulsion. He experienced them as squalid: soulless dances of frailty that aroused the senses of people in ties. A time and place where, essentially, the patients put on a show. He remembered his first, nearly six years earlier:

‘How have you been? Yes I know the medication is making you fat and tired but it is making you better isn’t it? Isn’t it? Hmmm.’ And later, after the nervous young man with schizo- phrenia in his head and dribble on his chin had left the arena and the nurse had mentioned that he had told her quietly that he could not get an erection, the doctor had turned to the students and said ‘One would like to think he doesn’t need such a thing in here.’ And, in laughing, they congregated around the belief that he was somehow less than human.

It was the thought of the ward round that had drained him of whatever he imagined his sit-ups had provided. And so he re-armed himself on arriving at work by popping down to the drug room and taking two diazepam and something pink they gave to Mary Peacock for a heart condition. He left the door open as he swallowed them; he always did. If anyone saw him, nobody said anything.

The dayroom was where they held the ward round. It was always a mess: misplaced armchairs faced in random directions; out of date magazines and the odd dressing pack littered the room. It was a cross between a corridor and lounge for twenty-four patients and numerous staff, but it also passed as a dining room, shouting arena and cafe. It was never going to be homely: the chairs smelt of cigarettes and sweat and, if you were stupid enough to sit on the unsprung and ancient piece of sponge that was referred to as the sofa, you would need a winch to get out of it. The last time Adam had seen anyone use it voluntarily was when the when the thirty-four-year-old, 13 stone and 5 foot 2 Karen ‘Kazza’ Chamberlain—a woman with a diagnosis of manic depression and a penchant for Guinness laced with brandy—had, during *This is your Life*, suggested to four surprised fellow patients that they should have sex with her while the adverts were on. George Wimimundu was one of the ‘men’ and had laughed at the funny jokey woman with bright red lipstick rubbed into her cheeks and no knickers on. The other three had shrugged and decided to give it a go. The attendant Nursing Assistant had tried to ignore it, hoping in vain that the mad people would come to their senses or lose interest prior to penetration, but in the end the nervous and religious woman had called Adam and Grace for help in disentangling and distracting the patients as well as persuading them to pull up their trousers.

Later, Grace, who was writing in the notes belonging to one of the men, had said to Adam: 'I'm not sure how to phrase the group sex incident? "Colin and two others were invited to have sex with a hyper-manic fellow patient in the day room. He appeared confused but joined in anyway before staff intervened"...?'

Adam had nodded. 'Yeah, that ought to do it. Maybe try "appeared to engage" instead of "joined in anyway"?'

'Thanks,' she said. 'I knew "joined in anyway" made it sound like a craft group.' In the main people had avoided the sofa since then, but it was nonetheless where the three medical students sat while they waited for the Consultant to arrive.

After breakfast had been cleared away, the nursing assistants tidied the ward with a pace and zeal they applied to nothing else, with the possible exception of feeding patients when the food trolley was late and the end of their shift was drawing near.

They piled up papers, rearranged armchairs, unplugged the TV and radio and chased all the mad people away. They laid out eight chairs in a horseshoe and told the students to get off the sofa. They then covered the sofa with a sheet—they didn't want the Consultant to think it was stained or anything—and retired to the office to eat biscuits.

Next to arrive was the Occupational Therapist, a round-faced young woman in a purple smock and with no discernible chin. Her name was Phoebe. She nodded to the students before sitting down on one of the circling chairs and placing her hands in her lap. She was followed by Tim, laden with patient notes. Tim put the pile of notes on the ground, removed a bleep from his belt, checked it, put it back on his belt and sat down. He pulled his baggy brown corduroy trousers up at the thigh as he sat and immediately stood back up again and checked his bleep before sitting down, turning to Phoebe and nodding hello. Adam sat in the office watching the meeting form and sipping his tea. The last thing he said to Grace before he got up and joined them was: 'If I set fire to a psychologist today it will be your fault.'

When the consultant arrived he was not alone. He had with him a tall plump floppy-haired man wearing a blue blazer, check shirt and—Adam instantly decided—annoying trousers. Walking just behind him, as he laughed at whatever it was the consultant had just said, was the thin blonde psychologist from yesterday.

Dr Walter Peach had been the Consultant Psychiatrist of this and four other wards for over fifteen years. A tall, thin grey haired man with a long nose and an expensive tie, he always arrived last. He had the most authority and therefore his time had the most value. The three fresh-faced medical students sat nervously next to each other, looking at Peach with a youthful mix of awe and terror. Two men and a woman, all young, all white; one of them, a long-faced boy with black hair and a grey crew neck jumper, was playing fretfully with a spot on his chin.

Peach sat down and the man with the blazer sat next to him. 'Adam, good to see you in here. How are you?'

'I'm well, thank you Walter. How are you?' Adam spoke softly, politely.

Peach smiled and nodded. 'I'm well thank you Adam.' And then he paused, glanced at the floor for a moment before looking at Adam and saying: 'I had a letter from Graham's wife yesterday.'

Adam swallowed hard and blinked rapidly three or four times. 'How is she doing?'

'OK I think. She mentioned you. She asked how you were.' 'That is kind of her.'

'Yes.' There was a long silence; the medical students looked uncertain. The dark haired boy picked at his spots more nervously. Tim glanced at Phoebe, who looked blankly back at him. Dr Peach looked around and wondered if he should say any more.

'The child is nearly two now.'

'Really? Adam raised his eyebrows. 'Two already...' He felt a lump in his throat and a burning behind his eyes. Whenever he thought of Graham Cochrane's son he thought of the day, yet to come, when his mother would tell him how his father died. Peach and Adam looked at each other and, for a moment, met in something like sympathy. A pause, long enough for each of them to acknowledge the other, and then they both looked down and away. Peach lifted his head and looked around, nodded at Phoebe and pointedly ignored the students.

'Do you all know Dr Casells?' He turned his head to the man with the over-ironed trousers.

Phoebe shook her head ever so slightly; Adam ignored the question; the students shook their heads vigorously. 'Dr David Casells has recently joined us from The Bethlem. He will be overseeing the Clinical Psychology department, splitting his time between research and clinical work. About half and half David, is that right?

'About 50% research, 50% clinical and 50% supervising other staff,' Dr Casells said loudly, laughing at his own joke to make sure nobody thought he was very poor at sums. Everyone laughed politely except Adam, who yawned.

'And the young lady?' Peach said formally.

'Oh, forgive me,' said Casells. 'This is Carla Tandy, she is a trainee. I was hoping that you might help make good use of her.' He was looking at Adam when he began the sentence but had turned to face Peach by the time he had finished.

'I'm sure we will find something useful for her to do, won't we Adam?' Peach said.

'It's already in hand, Walter.' Adam smiled with a conviviality that was as rare as it was contrived.

'Good. Right, who do we have first?' Peach turned to Tim, but before he could speak the ward door opened and closed quickly and they could all hear the sound of rapid footsteps rushing down the corridor.

Anna appeared, breathless and pink. 'I'm so sorry I am late,' she said. Adam noticed that she directed her apology to the whole room. 'Someone on my bus had a heart attack,' she said, puffing out her cheeks.

'Oh dear,' said Tim.

'He died on the bus, just sitting there in the middle of the top deck. There was nothing we could do.' Everyone was silent for a moment. Anna looked confused. 'I mean I didn't do anything, nobody did, it happened so quickly.'

'Was he a big man?' asked one of the students.

'Pardon?' Everyone looked at the student, a baby-faced blonde boy with near-invisible eyebrows.

'I wondered if he was big: bigger people are more prone to heart attacks.' Peach frowned. 'Yes, I'm not sure now is the time to be conducting public health research, young man. Our colleague has had a bit of a shock.' The boy reddened and shrank. He might have tried to apologize but no sound came out.

Anna rescued him. 'Someone on the bus, while we waiting for the ambulance, said we should carry him off the bus so the rest of us could get to work. He said the bloke was dead so what was the point of everyone just sitting there staring at him. A woman started crying and called him heartless and the man said if rigor mortis sets in they'll have to cut him out.' Everyone made noises that conveyed outrage. Only Adam's sounded like a laugh. Anna caught his eye and laughed out loud.

'Perfectly natural response,' said Casells. 'To laugh, I mean.'

Anna smiled politely. 'Comes to something when arriving at work feels like I am getting away from the madness. Anyway, I am sorry for being late, Dr Peach.' She turned to Casells. 'I am Anna Newton, Community Psychiatric Nurse.'

Casells stood up, walked over and took her hand. 'David Casells, Specialist Consultant Clinical Psychologist.'

'Well,' said Dr Peach, who may not have forgiven Anna for arriving after he did. 'I am sorry for your awful morning, Ms Newton. We are all glad you are here. Now I think if we may we should press on. Tim? Who is first please?

Tim was momentarily thrown. He was still looking at Anna and appeared deep in thought. 'Right! Sorry!' He swung his whole body round in his chair as if he was unable to turn at either the neck or the hips and as he did so he lifted both legs off the ground. 'Right,' he added as he stopped moving. He picked up a set of notes from the top of his pile. 'First up, Michael Wells, he has had a very difficult week. He became overwhelmed by his

voices on Tuesday and in his frustration broke a few things in the day room. I upped his medication but to no avail: two days ago he extracted four of his own teeth with pliers. He felt they were antennae attracting the voices. Yesterday I understand he took a snooker cue to an armchair. He slept OK, I think?’

Tim glanced at Adam, who lifted his hand and moved it from side to side. ‘Not well, I don’t think,’ he said quietly.

‘Right, well he appears distracted this morning; he says the voices are getting worse. They are telling him he is worthless and is the son of Satan. He says the voices are mocking him. And they are incessant. More recently he says that one of the voices belongs to his father.’ Tim glanced at Adam again. ‘I am aware that he is at the top of his dosage. I wonder if we might need to rethink his drugs?’

Peach sat quietly, his fingers on his lips. ‘What is he on?’

‘1200mg of chlorpromazine. 40mg haloperidol. 5mg procyclidine. And last night I gave him some temazepam to help him sleep,’ Tim said.

‘Drug-resistant psychosis, ladies and gentlemen. What might we try next? Alex?’ Peach was looking directly at the spot-twiddling medical student.

‘ECT?’ the boy suggested.

‘Not for psychosis, no,’ said Peach dismissively. ‘Miss Ray?’

The young lady reddened and stuttered but answered nonetheless. ‘A different anti-psychotic perhaps? Er, sulpiride?’ ‘Good,’ Peach said. ‘I am not a big believer in sulpiride but we work our way systematically through the treatment options until we find one that works. Tim, start him on sulpiride 200mg three times a day.’

‘And cut back on the chlorpromazine?’

‘We’ll wait a week or so and then look at that, shall we?’

Tim looked at Peach waiting for a rationale. Far too many drugs all trying to do the same thing. It wasn’t quite illegal but it was wrong, and unscientific. Peach stared him down.

Tim bit his lip and wrote down the new prescription. Without looking at his boss he said: ‘Would you like to see him?’

Peach looked at Adam, who pursed his lips. Adam knew that he possessed a certain goodwill with Walter Peach. In part this was because they had both worked with Graham Cochrane and his death had bound them in shock and in very different ways a sense of failure. In part because, as the charge nurse, Adam was supposed to have some authority and if Dr Peach did not enact that rule he would ultimately be undermining his own status. It was, Adam knew, a pantomime but he had learned that it presented him with tiny flakes of power and that he should use them wisely. Michael Wells would no more benefit from being in here than Adam did.

'No, I think it is OK Tim, thank you. Perhaps you will talk to him later and explain that we think the new drug will help with the voices but that it may take a few days to start working and during that time he might want to use the temazepam to calm him.'

Phoebe spoke up: 'He's making a pot in the craft group.'

Everyone nodded. Peach related an anecdote about a patient he once had. 'I'm sure you remember him.' He was looking at Adam. 'This young man spent the whole time he was here making pots. Some of them were really rather lovely. When he was discharged he opened a little shop called Gone Potty.' Everyone laughed. Adam chose not to tell them that the shop went bust after a few weeks because the mad sod refused to sell any of them.

'Now, who is next?' smiled Peach.

'Forgive me, sir.' Carla Tandy the trainee psychologist glanced at Adam before smiling almost flirtatiously at Dr Peach. 'Can I ask a question please?'

'Of course, my dear.'

'Can I ask the charge nurse: is this the patient you thought I ought to try to do some work with?' she asked with a sarcastic curiosity. 'Or am I mistaken?'

Peach glanced at Adam who pursed his lips and then smiled. 'No, that's right. I'm pleasantly surprised that you remember, as you seemed to suggest that people with a diagnosis like his were not of any interest to you?'

Carla reddened. 'I certainly didn't mean to suggest—'

Adam interrupted. 'You see, I understand that Michael Wells is not unique in his presentation, and of course I understand that therapy tends toward the more articulate and dare I say middle class patients, but my sense is that Michael would benefit from some thoughtful, specialized therapeutic time. I think at the very least distraction helps him and at best a different type of assessment, a psychological ongoing assessment might serve to accompany the medical team's efforts to contain his symptoms. A team approach if you like.'

At no point did Adam look at the woman as he spoke, instead he looked at Casells and smiled. Now he had finished he did not take his eyes off of him. To Casells' credit he held his gaze and did not speak immediately.

Peach, however, did. 'I have to say I think Adam has a point. What do you think, David?'

Casells nodded slowly. 'Well, I wouldn't want to think that someone trains for five years in order to simply distract a patient in distress. We could after all probably do that with a cap gun and some sparklers. However, I do agree that we need to be integrating psychological therapies more routinely into a wider client group than we do currently and it is of course the intention of our team to work with nursing staff. Indeed, as you know, Walter, one of my hopes in coming here is to extend my own research specifically in

combined therapy. That is,' he looked around the room, comfortable with the attention, 'designing specific psychological therapies that integrate with the altered mental state created by medication. Why work in parallel with medicine when we could, perhaps with more success, work in unison? What say Miss Tandy does some exploratory work with Mr Wells? Shall we say six weeks? It may be that Michael would prove to be an ideal candidate for our sort of specialist therapy.' Peach looked at Adam.

'How about we review after six weeks, rather than assume it will finish?' Adam said. 'It may be that the process benefits Michael and we certainly wouldn't want to write off that possibility before your trainee even starts, would we?'

Peach nodded and Casells looked away. 'Of course. Who knows, she may cure him,' he said with just a hint of sarcasm, before looking at Adam and saying 'We're delivering a teaching session in the school of nursing next week that outlines the combined therapies programme. You might be interested, Mr Sands?'

'I doubt it,' thought Adam. 'Who knows?' he said with a shrug.

'Good,' said Peach ignoring them both. 'I look forward to hearing your views, Miss Tandy, and thank you, Dr Casells, for your help.'

Adam nodded at Peach but did not look at Tandy. It was, he felt, important that whatever it was she was feeling was accompanied by his contempt.

'Next we have Libby Hoffman' said Tim.

Adam, who was just beginning to wonder what concession he would have to offer as payment for Peach's support—a support he had negotiated the day before in Peach's office—was to find out more quickly than he had expected. Libby had not been discussed in the ward round for over a year. He raised his eyebrows at Peach.

'My idea, Adam,' the consultant said.

Peach, as he always did on such occasions, offered a history for the students. Adam listened, choosing not to fill in the gaps to a past he had no reason to know so very well. 'Libby, full name Elizabeth Hoffman, is eighty-two or eighty- three?' He looked across the room for confirmation. Adam shrugged petulantly. She was eighty-five.

'Anyway, she is, I'm afraid, something of a product of the hospital. She was admitted in the early 1920s with a diagnosis of melancholia. She was brought in by her parents, who were disturbed to find that she had become tearful and neglectful around the house. It appears that she had developed something of an infatuation with the local post boy, only to discover that he was rather toying with her affections. Libby was treated, when she got here, quite... extensively. A lot of the old notes make no sense and others have been destroyed. However, we can safely assume that she has experienced many things.'

Anna looked at Adam, who avoided her gaze. Peach continued. 'Her present, and I have to say intractable condition, is a deep-rooted nihilistic delusional state. In short she believes she has no body. She is also a diabetic, the result one suspects, of rather extensive insulin therapy in the forties.'

'Has ECT been considered?' the spot-twiddler asked.

'Do you have shares in the electricity company?' Peach said impatiently. 'She undoubtedly had extensive ECT many years ago. Such treatment now would of course be absurd. There would be unnecessary risk of memory impairment and very little chance that it would have any effect on her ideation. ECT is, as you most certainly should know, a treatment for depression, not psychosis. Indeed, I have to say that I do not feel her beliefs alter her quality of life to such an extent that hospitalization remains necessary. That is why I would like to propose discharge.'

Anna was still looking directly at Adam, which lent him a self-consciousness he could do without at the moment. 'Michael Wells getting a bit of therapy was just a softener for this,' he thought. He raised his eyebrows to exaggerate a show of interest. 'Interesting idea,' he said. 'Do we have any sense yet of where she might go?' Impassive, engaged. He felt his stomach tighten. He chose not to ask himself why.

'There is a new project opening on Delia Road,' Peach said. 'A house for six elderly patients. It is well staffed and well equipped. I've seen the house, indeed I will be the named consultant. I don't imagine funding will be a problem.' Both Anna and Tim shook their heads. 'So you know her best, Adam, before we ask her to come in what do you think?'

Adam nodded slowly, pantomiming thought even though he knew that his thinking wasn't working very well. It could only go so far before it bumped into something: a fog or some chemicals or something. He breathed in slowly and tried to ignore his stomach. He said: 'Well, given the history you outlined, Walter, I certainly think she deserves some comfort in her dotage, don't you?' Peach smiled politely. 'But from a nursing point of view I suppose my concern would be about the impact of change. At her age, consistency and familiarity are important. She has been on this ward for fourteen years. I am not suggesting that that is in itself a good thing, but I am wary of what change might do to her.'

'In assessment she shows no significant deterioration in cognitive functioning,' said Casells. 'Which suggests she is capable of change.' Casells looked from Adam to Peach as he spoke.

'When was she last assessed?' Adam asked.

'I assessed her yesterday at Dr Peach's request. You weren't on shift.'

Adam reddened slightly. Embarrassed and annoyed that something had happened on his ward that he didn't know about. He felt a pang of paranoia too. Someone knew, one

of his nurses, and they hadn't told him. He turned to Anna. 'What do you think?' He knew what she would say, what she would have to say, but he preferred the idea of having to concede what would soon become an overwhelming case to a nurse rather than to the pompous sod in the perma-pleat trousers.

'Well, I think you are right about change, obviously. The evidence suggests that significant change for older people accelerates disorientation and physical deterioration.' She directed this at Casells, who nodded and went to speak, but before he could Anna turned to Adam and continued: 'However, I know the Delia Road house and the staff who are setting it up and I think they are good nurses who would be sensitive to that. I also think that we could do some useful work over a reasonable length of time to prepare her for the move. Most importantly, I think that she isn't getting any younger and this ward, even though it is supposed to be a rehabilitation ward, is getting more acute. Michael has been unwell, Kaz, Colin... I don't believe that is the best environment we can offer an eighty-five year old woman.'

Adam nodded. 'You are right of course.' This was aimed at Anna, with a cursory nod to Peach.

Dr Peach smiled benignly. 'Shall we see her?' he asked rhetorically. When Tim brought Libby into the room Peach stood up to welcome her but, on noticing that when she saw him she stopped walking and stared at him, he sat back down again.

'Hello Libby, would you like to sit down?'

'I can't sit down.' Libby scanned the room, turning a full circle as she arrived in the middle of the chairs and taking in everyone. 'I haven't got a body.'

There were too many people here, too many strangers. Peach could tell that, and he knew that whatever he wanted to do had to be done quickly.

'Well Libby, how have you been lately? It's been a while since I saw you in here, I think. Peach was courteous and skilled but Libby wasn't listening. She pointed at Phoebe and said: 'Look at her looking at me.' Phoebe blushed.

'Libby,' Peach said, trying to distract her, but Libby just kept turning in a circle on the spot, looking at everyone.

Adam waited until she was facing him and said quietly: 'Do you want tea, Libby?' Libby stopped for a moment. 'If you could just give us two minutes, Libby, and let Dr Peach talk to you, I will arrange for some tea. OK?'

Libby didn't answer but she did stop circling and Peach took this as acquiescence. 'Libby, we were wondering how you would feel about leaving the hospital, or at least having a look at a lovely new house round the corner that they have built for people like you, older people who have spent a lot of time in the hospital, to live in.' Libby began to chew on her bottom lip. The thumb of her right hand hooked into a button hole on her

light blue cardigan. She looked like a wrinkled child who didn't understand what was being said. Adam unconsciously mimicked her lip-biting. 'Libby,' continued Peach, 'do you know Anna here? She will take you on a visit soon. Show you round, see what you think. Is that OK?'

Libby looked at the floor, at her slippers and then up again. 'You can do as you please, it's easier for you, you have bodies. I don't have a body. I don't even have feet.' She stared at her slippers. 'I don't know how those slippers got there. They aren't mine.' After she had gone Peach turned to the students. 'Observations?'

He was looking most directly at the spot-twiddling ECT fan, who reddened, shuffled in his seat and said: 'She appeared confused, unresponsive, almost mute until the bit at the end. I wonder about depression.'

'Do you?' Peach said without looking at him. 'I wonder where they get medical students from these days. Miss Tandy, might you help them?'

Adam looked at Tandy and saw a bird getting ready to peck at a dead animal. After Libby had left the room Adam had found himself feeling embarrassed. Rationally, what he had said was appropriate, it made some sort of clinical sense and when he conceded the case with a shrug he had done it without petulance. Nor had he shown more emotion than was appropriate, which was the rule in most exchanges but almost cardinal in a so-called clinical setting. However, he felt exposed. Exposed as caring, attached and involved. He felt seen. And he felt the effects of the drugs he had taken before the ward round seeping through his body, bouncing off of the inside of his skin and ricocheting into his liver and the back of his eyes.

And it was the way he felt that dominated him. Thinking was sculpted by the emotions that bubbled up through him. Thoughts that Libby should be left alone, not forced into a community that would mock her and not wrapped in new routines and wallpaper that will make her feel misplaced and unsafe, these were not well-shaped clinical responses to change but rather guardians to the overwhelming and humiliating feeling of loss he experienced when he pictured coming to work and not seeing the eighty-five year old deluded patient, who probably didn't even know his name.

'The nihilistic delusion is interesting,' Tandy said directly to Peach. 'Clearly fixed, clearly fully integrated into the way she both sees the world and functions in it. It is hardly worth saying that not having a body enables her to never actually be anywhere. She certainly managed to not stay here didn't she? Didn't even have to sit down, such was her ability to not stay where she didn't want to be. I suppose it is reasonable to wonder if perhaps she doesn't have a body because she doesn't want to actually be in this place. To

her, her body is elsewhere. Waiting, perhaps. Who knows, maybe she will find it in her new house?’

Peach was nodding and Casells looked pleased. Adam and Anna caught each other’s eye and shared a moment’s contempt. Tim distracted himself by looking at the next set of notes. ‘Of course, there might be another possibility.’ Adam was surprised by his own voice. ‘Perhaps she had her body when she got here and something happened to it. Something unkind. Something she cannot countenance. Perhaps, even, it wasn’t just ‘something’ but a series of things. She has been here a long time and, as you said Walter, experienced many things. Maybe whatever happened to her body means she doesn’t want it back?’

‘All the more reason for her to spend her last few years away from here and in a place of comfort.’ Anna had spoken without thinking and instantly regretted it. She felt disloyal, even though she had no reason to be loyal to Adam.

But Adam nodded. ‘Yeah.’ He sounded tired. ‘But if you don’t have a body I imagine the comforts of pine bedframes and soft furnishings are a bit irrelevant.’ There was a moment’s silence, just enough to mark a polite pause before moving on. ‘Let’s see how she gets on with her visits and discuss again in a couple of weeks, OK?’ said Peach rhetorically. ‘Who’s next Tim?’

‘Another for discharge, we think.’ Tim spoke distractedly as he picked up the notes. ‘Maureen Marley, also known—mainly to herself—as George. Should I offer a brief summary?’ Tim looked at Peach, who waved his hand and closed his eyes. ‘Maureen, in essence, believes herself to be a man. She has had several diagnoses ranging from the current schizophrenia to an initial belief that she had suffered a seizure that had brought about changes in her brain... Anyway, she has a fixed delusional belief and no amount of drugs or indeed therapy—goodness knows, Maureen has been seen by more people than Tottenham Hotspurs—is shifting that belief and so we have been looking at discharge and maybe even some work?’

Anna swallowed and said ‘I went with Maureen to visit the house she is currently being considered for, and I have to say I don’t think it went very well.’ Peach offered a well-mannered surprise. It was less an expression of shock and more a way of establishing that he was going to require some convincing. ‘I know of course that Maureen is a woman.’ Anna felt she sounded ridiculous. ‘And I am not suggesting that we base our care on colluding with her belief that she is not. However...’ She looked at Peach who, along with Casells, was impassive and attentive. ‘If we are going to discharge Maureen, despite her delusional belief, we are acknowledging that she is not only capable of living with that belief but that it is now part of her reality. Therefore, if we move her into a house that is only for women, we are either contradicting that acknowledgment about her belief and

how she chooses to live with it or we are doing something cruel. I think she should be in a mixed house. A house where she can be herself.'

'Interesting point.' Casells nodded approvingly.

'What are your thoughts, Tim?' asked Peach.

Tim was staring at the floor. 'At first I wasn't sure,' he said, 'but I think I agree with Anna. If we are agreeing that hospital treatment is no longer required it is because we cannot 'cure' her. If we cannot cure her, our next responsibility is to help her to live as effectively as possible and I think that is most likely in a mixed house. In fact I think I may have an idea, sir.'

Peach looked unhappy at the prospect of an idea. The house Maureen had been assigned to was a house he needed to fill. 'And what is your idea, Tim?' he asked.

'Well, I believe that you are the consultant for a house on Elm Grove, sir, and I understand that one of the older patients—a Mr Singer, I think—was admitted to the Royal Free following a stroke last week. I spoke with the doctor Mr Singer was under and he does not anticipate Mr Singer being able to return to anything like independent living. In fact, he is far from convinced Mr Singer will be discharged at all, sir. Now forgive me for filling dead men's shoes, so to speak, but as I understand it that is a mixed house in every sense and unless you have someone else in mind for that place...'

Peach thought for a moment. He didn't have anyone else lined up and he would have to make the bed available to another consultant's patient if he did not fill it himself, which had both administrative and financial implications. 'Any thoughts, Adam?'

'I think soft furnishings would drive Maureen up the wall, to be honest.'

Peach smiled. 'I wonder who I could put in that house, though?'

'Well,' offered Anna quickly. 'I was there this week and I don't think they are ready to open just yet. That gives us time to find a suitable person and I have several assessments to do over the coming fortnight. I am sure we can find someone, Dr Peach.' The room fell silent for a moment.

'OK,' said Peach finally. 'Assuming Mr Singer is unable to return to his home—and I will talk to his consultant later today—then let's place Maureen in there. I don't think there is any reason to see her, do you Tim?'

'Er, no sir, no. I or Anna can talk with her later.'

'Right, thank you.' Peach sounded slightly more abrupt now and to his credit probably noticed. He looked at Adam who had been concentrating mostly on breathing steadily and not thinking about Libby. 'We are emptying this place quicker than I thought we would.'

Adam nodded. 'Yes, but we haven't got to the really tricky ones yet, have we?' He smiled at Peach with something approaching affection.

'No, but it won't be long and then... there'll only be us left.'

Adam smiled genuinely. 'That is who I meant when I referred to the tricky ones, Walter.'

Afterwards, Anna found Adam in the medicine room standing beside the sink staring at the wall. 'You used up a lot of energy in there.'

'Is that how it looked?' Adam was hunched forward, still breathing deeply and feeling like a fool.

'It's in the bag, you know.' Anna sounded more tender than she had expected.

'Yeah, probably.' Adam sighed and turned to face her.

'And actually, for Libby Hoffman, it may be a good thing.'

'Probably,' he nodded.

'So what is the problem, Adam?' Anna had closed the door.

'We decide what is best for people according to what is best for us,' he said, realizing as soon as the words were out that he sounded lazy and naive.

Anna shrugged. 'Yeah, and we call it progress. So what?'

There was a knock on the door. It was Grace. She came in, looked at them both and said: 'What's going on?'

'Libby is being discharged,' Anna said.

'Yeah, she's all better now,' said Adam.

'Good,' Grace snapped, looking at Adam. 'I think she has a lot of bad memories tied up with this place. She probably deserves to finish her days somewhere a little nicer, don't you think?'

Adam let out a single breath that was meant to take the shape of a laugh but sounded a little as if someone had poked him in the stomach. He wasn't railing against what was happening to Libby. His instincts had been OK even if they had made him feel faintly ridiculous: to protect her from change, because in this environment change had always meant some sort of assault. It was the bottom line for a professional carer: to do no harm. He looked at Grace, curled his lips into something suggesting that she was being a pain and nodded.

Another knock at the door. This time Tim came in looking angry, so angry that he forgot to blush.

'Thank you Tim,' Anna said. 'I'm grateful for your support over Maureen.'

'You are very welcome. Any doubts I had about my own judgement have just been removed.'

'How so?' asked Grace, prompting Tim to blush.

'My consultant has just castigated me in front of the medical students. He feels I should not have gone looking so actively for another bed for Maureen and I should have talked to him in private first before giving my opinion in a ward round.'

'I'm sorry...' said Anna.

'No, don't be. He didn't offer any logic, any science, he didn't correct my clinical reasoning. He criticized me for being politically naïve. For not serving the economic imperatives of community care and managing his future income. He made himself look a fool.'

'So why are you so cross?' asked Grace.

'I'm cross for not knowing the right thing to do without you putting it in front of me, Anna. I wonder about my judgement and I'm cross at having to give my time and attention to self-serving businessmen rather than medical practitioners and I'm cross that nobody seems to notice that for all the talk we do not appear to be making anybody better.'

'Eh?' Adam said.

'Well that is the point isn't it? Of medicine? To make people better? Not argue about which diagnosis makes us look clever.' Tim paced as he talked, looking at the floor and particularly making a point of not showing his red face and pursed lips to Grace. 'You might need a drink, Tim,' suggested Adam.

'We all might,' said Grace. She reached out and touched Tim's arm gently. 'Five o'clock in The Swan across the road. I'll buy you all a drink.'

Tim blushed again. He looked at Grace with such adoration that even Adam and Anna smiled. 'Thank you,' he said. 'I would like that very much.'

## 6. In My Secret Life

The grounds of the hospital were at their most striking in late September. A thin sparkling mist laced the grass and the only noise that spread across the wide former farmland that surrounded the asylum was the singing of birds and the echo of laundry carts being dragged around the corridors.

The staff didn't notice the grounds or the architecture any more. The building was flavoured by its purpose, not its aesthetic. The greenery, the long majestic building with its intricate tower and rows of thin windows, were lost on the people who saw them the most. There were however some beautiful trees: the largest, a weeping willow, was over a hundred years old and stood behind the east wing that was now empty, rendering the tree unseen. It had boughs you could build a boat from and in the height of summer was shrouded in greenery that cascaded from uncountable branches like a thick sea. Very occasionally a patient would sit beside it smoking, sheltering from the rain or the sun or the nurses, but mainly it went unseen.

One winter a flurry of snow attracted a flurry of photographers to the hospital. A grand Victorian building in a yellowing light with a cover of white: it would be on Christmas cards for years to come. The snow meant there was a bustle of concern over how dangerous the path down the drive was becoming. A catering assistant had fallen and broken a hip, and a handful of nursing auxiliaries threatened to not come to work unless grit was applied—ironically, the last thing anyone ever imagined a nursing auxiliary needing. But the aesthetics were irrelevant.

Leaving the hospital, despite its imposing architecture and muted grace, was the fading of an anaesthetic. The ordinary road at the top of the drive, that stretched along the front of the hospital and into suburbia, was lent character by a bus route and five shops which included a dry cleaners and a bookies. The real world was characterized by engine noise. From the point of passing through the hospital gates to the moment, about three and a half minutes later, that Adam, Anna, Grace and Tim entered 'The Swan' pub, nobody spoke. Instead they adjusted their senses, breathed in the fumes and each made private decisions as to what time they would make their excuses and leave.

The pub had been modernized quite recently, which meant there was a carpet and a series of booths built against a long wall at the back where once there had been round wooden tables. There was a juke box currently playing Phil Collins, and there was even a small non-smoking section that nobody was sitting in because it was a bit embarrassing. Adam bought everyone a drink. He had whisky with coke, both women had gin and tonic and Tim had a pint of real ale. They sat in a booth and Anna offered Adam a cigarette.

'We are going to have to do something about the music,' Adam said. 'Does anyone have any change?' Tim fumbled for fifty pence. 'That'll do for a start,' Adam said and wandered over to the juke box.

'He is a bit of a fascist when it comes to music,' said Grace. 'He once unplugged a juke box because someone kept playing Meatloaf.'

They talked about pubs. Good ones in Stoke Newington, which had live bands and lock-ins. Bad ones in Wood Green that watered their drinks and wouldn't serve people who 'dressed funny'. Grace talked about Manchester: how much better the music was and how much cheaper the drink. Anna said the same about Birmingham.

'What bloody music has come out of Birmingham?' asked Adam.

'The Specials,' Anna said quickly.

'They're from Coventry.'

'Same sort of area'.

'Oh yeah,' said Adam. 'I bet when Birmingham play Coventry on a Saturday afternoon the fans are pretty ambivalent about who wins, them both coming from the same sort of area.'

'Oh, shut up and put some more money in the jukebox. Did you put this miserablist nonsense on?'

'I may have.' He smiled. 'A little known B side from White and Torch.'

'Who?' said Tim.

And so it continued: music, television, has anyone seen any good films? Identifying a tone and a sense of who was who until they had all had three drinks and shared two packets of dry roasted peanuts.

'My round,' Anna said. 'Same again?'

Tim raised his empty pint glass; Grace and Adam nodded. They all knew by now that they were staying longer than they had each intended.

When Anna returned Tim had removed his silk-lined paisley waistcoat and released his paunch, making space for the real ale that lent him an animation they had not seen before. 'No, no really, it is quite absurd,' he was saying. 'My father assumed I would be a GP like Mother. My mother assumed I would be a surgeon like Father. I, however, may have had some rather grandiose ideas about psychoanalysis or some such thing. When I specialized in psychiatry I thought they were going to disown me. If my sister hadn't come out as a lesbian at around the same time I could have been cast out.'

'But you are excused because she is a lesbian?' asked Grace.

'Well, mostly because she is a lawyer, to be fair, but the lesbian thing was a compounding factor,' he said without blushing. 'So what about you lot? What brought you to the lunatic asylum?'

'I came on the bus,' Anna said, sitting down.

'I hate psychoanalysis,' said Adam. 'Or mostly I probably hate the people who practice it. So bloody evangelical.'

'Yes, yes, yes,' said Tim. 'But maybe you are in denial Adam. And very good Anna, using distraction and humour to prevent me from finding out about you. But I am trained to see through such strategies.'

'Are you?' smiled Grace 'I thought that mostly you were trained to give labels to people and prescribe them drugs? Aren't we the ones trained in all the people stuff?' Tim blushed and went to speak but stopped and chose instead to relish the fact that the gorgeous Grace was gently mocking him.

*I want to know what love is* by Foreigner came on and Adam shivered theatrically. 'No. I need more change.'

'OK,' said Anna. 'But only if I get to choose with you.' Adam eyed her suspiciously.

'Do you like this nonsense?' Anna winced. 'Good God, no.'

'OK,' said Adam. 'But we go together and have to both agree on each song. Deal?'

Adam winked at Grace as he left. The juke box was on the other side of the pub, beside the toilets. It was backed by deep red flocked wallpaper. The nearest person to it was an older thin man in a brown raincoat sitting on his own, smoking a roll-up and drinking Guinness. He looked as though they had modernized around him. He didn't look up when Adam and Anna walked past him.

'You can pick first,' Adam said.

'Are we over here to give Grace and Tim a few moments alone?' asked Anna.

'Mainly we are here to stop Foreigner, but if some other good might emerge from standing outside the toilets looking for tolerable songs, then so be it.'

Anna smiled. She hadn't seen Adam like this before: alive, warm, unsedated. 'The Cure, *In Between Days*?' offered Anna loudly.

'Oh yes, didn't see that. Bowie, *Heroes*?'

'Of course. There is some rubbish on here...'

'There is,' agreed Adam. 'I have a theory though: I think they keep a check on how many times certain songs are played and when they come to restock the records they keep the ones that have been played the most. Which means we have a responsibility to ensure that the good songs, and the little obscure ones that make people stop and shrug, get played more. If we don't, we condemn future pub goers to Foreigner, Phil Collins and Nick bloody Berry.'

'So essentially we are performing a public service?'

'Everything we do touches the world in some way.' He smiled. 'Ohh, Joy Division? Yes? Bauhaus: no. Your go.'

'That is quite a burden,' Anna said as she surveyed the songs.

'What, not liking Bauhaus?'

'No, believing everything we do touches the world. How about Dionne Warwick? And Otis Redding.'

Adam nodded. 'Good choice and it isn't a matter of belief, it's pretty much a fact isn't it. Whatever we do has consequences, even if they are tiny or seemingly insignificant. We can argue about whether or not that matters very much or if it is a healthy thing to think about, but that doesn't make it any less of a fact.'

Anna looked at him. He was staring intently at the jukebox as he spoke. 'We're out of songs,' she said.

'Just as well. Let's get drinks. I think we've given Tim enough time to get past blushing every time Grace speaks.'

When they got back to the table and put down the drinks Grace was leaning toward Tim conspiratorially. 'Sshhh,' she pantomimed. 'They're back.'

'Aha, there you are,' Tim slurred. 'Don't imagine I have forgotten the question I asked before you chose to take some 'alone' time.' Tim mimed inverted commas in the air when he said alone.

'What question was that?' Adam asked.

'It will come to me in just a moment,' laughed Tim. 'Ah yes. What was it that brought you all into this business. Did you grow up wanting to help the sick but didn't fancy the hats your general colleagues wear?'

'Psychiatric nurses tend to be refugees,' smiled Anna. 'Well, there are probably some who will tell you that they have a fascination with the human psyche and wanted to try to understand what happens to the fried and fragile, but they don't tend to stay very long.'

'Fried and fragile, I like that,' murmured Tim. 'And do we all hate psychoanalysis or is it just Mr Denial over there?'

'It's more self indulgence for the analyst than help for the patient,' said Grace.

'It's for the rich,' added Anna.

'So you prefer drugs?' Tim smiled.

'Two sides of the same coin,' Adam said.

'Polar opposites surely,' countered Tim. 'One is about investing deeply in understanding an individual's psyche and looking to repair it, the other about a generic response to a chemical imbalance: an attempt to crush symptoms and offer solace.' Tim sounded like a doctor, albeit a slightly drunk one.

Adam said: 'They are both industries built on the opportunities presented by other people's madness. They are both about the assumed and largely made-up expertise and self-regard of the saviour, whether he be analyst or doctor. They both lay claim to a science that gave us aversion therapy, lobotomies and treatment by water cannon and have as much real scientific credibility as crystal healing, not that scientific credibility is as important as it thinks it is.'

Grace and Anna both nodded as if Adam were simply stating the time of day.

'But... no, hang on... so what do you believe in, if not psychoanalysis? Other types of therapy? Psychoanalysis isn't the be all and end all, is it? Letting—what was your term, Anna?— the fried and the fragile run unrestrained toward their own destruction? Agonized by misery, hallucinations? We have to act, to help, don't we? What should we do?'

Adam shrugged. 'Dunno,' he said with a smile.

'Oh come now,' said Tim with a flourish. 'You can't abdicate responsibility for what we do like that. Claiming to despise it all, to be above it all, while offering nothing as an alternative.'

'I think you can,' Anna said. 'You can be a critical presence.'

'Or just present,' nodded Adam, adding as if surprising himself: 'Maybe being a witness to it all is the only important thing we do?'

'So if they came to you tomorrow and put you in charge of everything you would stop the drugs, stop the psychoanalysis and do what? Put what in its place?'

Adam shrugged again. 'I don't think they are going to do that.' He smiled warmly. 'So I don't feel the need to prepare.'

'Hypothetically then,' said Tim.

'Tim, I don't know. I don't know because I think not knowing is the best position to take. I think that when you decide to believe in one thing over another in a place like that you become an acolyte, or worse a collaborator. You become part of an interest group and at the risk of being crass and drunk I think that interest groups are insidious. This Thatcherite nonsense means they exist to make money or power or careers for people and that becomes the point of them quite quickly.'

'Vile,' said Anna. 'Lots of blokes jostling for validation.'

'And an increasing number of women mimicking them,' added Grace.

'That's a Thatcher thing,' nodded Anna. 'Act like a man and call it feminism.'

'Confuses uniformity with equality,' offered Adam. 'Easily done.'

'I'm sorry,' said Tim, draining his glass. 'Do you lot all live together in a big house somewhere, where you practice this stuff?'

Anna laughed. 'Actually this is the first time I've sat down with either of them.'

'You're doing very well though,' smiled Adam.

'I'm just agreeing with you 'cos you let me put Dionne Warwick on. Me, I'd love to be a psychoanalyst. Some of them are charging £20 an hour. No, I don't trust any of them, therapists, doctors, half the nurses... Present company excepted, of course.'

'Er... thanks,' said Tim.

'I'm teasing,' said Anna. 'You are no more responsible than the rest of us. You get better paid, of course, and you write the scripts but we draw up the injections, we enforce the rules, we hold the whole thing together.'

'Yes, but you all seem to do things differently, no? Actually, wait, I shall get more drink, unless we are going to eat? Should we eat? I am happy to carry on drinking but some people like food... I like food...'

'Drink is good,' said Anna.

'Food would be good too,' said Grace, 'but not pub food. Curry?'

'Hurrah for curry,' said Tim, standing up and heading toward the bar. 'Should I get a drink while we're deciding anyway?'

When Tim was out of earshot Anna turned to Grace and said: 'Blimey, he likes you doesn't he? He blushes every time you speak.'

'He's quite sweet,' said Adam.

'He is, isn't he?' said Grace. 'If he's for real.'

'I suspect he is thinking the same about you,' smiled Adam. Tim returned with a flurry, spilling beer on his sleeve as he put all four drinks down on the table. 'So,' he said loudly, 'it occurs to me that you have used your cynicism to distract me from my original question, which was what brought you into this business in the first place?'

'Needed a job,' said Adam.

'I was going to be a singer,' said Grace. 'But so was everyone else, so I found myself doing this instead.'

'Oh,' squealed Anna. 'I was going to be a dancer: dancer, psychiatric nurse, dancer, psychiatric nurse, it could have gone either way really.'

'Speaking of people ending up here,' said Adam. 'That psychologist Peach wheeled in today, what's his angle?'

'Does everyone have to have an angle?' smiled Tim.

'Does everyone have to answer a question with a question?' countered Adam.

'Fair enough,' Tim conceded. 'He's some sort of whiz from The Bethlem apparently. He's probably sleeping with that trainee you upset the other day.'

'That's a given,' said Adam. 'What is he selling, do you think?'

Tim drank his beer and thought for a moment. 'Hope?'

'Oh-oh,' said Adam. 'He'll want a lot for that.'

Tim thought for a moment. 'I know what you mean. There is something a bit sleazy about him, isn't there?'

'Well, yes,' said Adam. 'He's a psychologist, so that too is a given, but I was curious about why now. This place is in its death throes, Peach is old school, coming here is no career move...'

He turned to Anna. 'No, really... He caught her eye and she smiled and said:

'The recruitment process I was part of talked about exciting and expansive career opportunities, which on the face of it looked silly but it seems there is a lot of research money attached to this move to Community Care. And where there's research money there's a heady mix of psychiatrists, no offence Tim, and psychologists carving it up. Cassells is chasing the money because with money comes careers. Written all over him.'

'Hang on, hang on, hang on,' Tim said, spilling part of his fifth pint down his chin. 'Am I to understand that you are so cynical that you believe research is somehow inherently evil?'

'Yes,' smiled Adam.

'Is evil a bit strong?' Grace looked at Adam, who smiled at her.

'Psychiatry is still in the dark ages. Research is progress, research is hope, a chance to make things better, a chance to lend a bit more thought and sophistication to what we do,' said Tim with a flourish.

'No,' smiled Adam. 'Research is a career opportunity wearing a T-shirt with the words 'New type of legitimacy for the same old shit' written on the front. Research at its best is simply organized curiosity. At its worst it is an exercise in making our squalid little industry appear more respectable than it is. Of course, I may be drunk.'

'That's a big T-shirt' said Anna.

'Yeah, we're going to need fat people,' said Adam. 'Or a snappier slogan.'

'Worked for Wham,' said Anna quietly.

'I'm sorry,' said Tim. 'Are you two flirting or debating?'

'Er, I appear to be flirting with her and debating with you.

I don't want to debate with you, although the flirting is nice.' 'You are very cynical,' observed Tim, with shrugging disappointment rather than irritation

'Yes,' acknowledged Adam. 'But I still draw the wage, so I think it's important to note that even I don't take what I say remotely seriously.'

They were quiet. Adam sipped his whisky and coke. 'Curry? Grace suggested.

'Indeed,' said Adam. 'Enough of this festival of self-loathing.

Let's buy food, go to my house, gossip generally and be mean about psychologists.'

'Oh count me in,' said Tim. 'I can't stand them. I don't know if you've noticed but they don't actually know anything.'

As they left the pub Adam said to Anna: 'So tell me your story.'

'What, all of it?'

'Tell me what you don't mind sharing. I'm interested.'

Anna eyed him and grinned. 'No you're not; you're just setting up Tim and Grace.'

Adam laughed. 'I am interested, but I quite like the idea of them hitting it off. She's a good woman is Grace, deserves some attention from someone normal.'

'Did you two...?'

'Us? No. I like her too much.'

It was still early evening, a little past seven; a cool late summer grey hung over North London. People were still going home from work, but the late afternoon drinking had made them slightly immune to the pace and noise of the traffic.

'So what brought you north of the river? Please tell me it wasn't a career move?'

Anna laughed. 'I wanted a change, I was getting a bit bored and probably a bit stale.'

'What's wrong with stale?' said Adam sarcastically.

'Actually, I think I might want something a bit different.' Anna surprised herself a little; she wasn't given to reflecting out loud.

'In what way?'

'Oh I don't know.' She hesitated. 'It probably seems stupid after everything we were saying in there, but I think I want to do something different. Still in psychiatry but something that might change things.'

'Sounds pretty reasonable to me. Not sure about the 'still in psychiatry' bit, but you don't seem as jaded as me.'

They walked in silence. The grey was darkening and there was an orange tinge to the clouds.

'How far to the curry house?' 'Ten minutes,' said Adam. 'So, why do you go to Libby?'

Adam sighed. 'Why do you think?'

'I don't know, that's why I'm asking.'

'I've known her a long time.'

Anna didn't say anything and they walked on. It was cooler now, that turning point that always comes in September where you know the summer is gone and people walk a little faster with their shoulders hunched.

'She spoke to me once,' Adam said suddenly. 'About five years ago, completely out of the blue, weirdest thing that ever happened to me.'

'And you are waiting to see if she does it again?'

Adam laughed. 'No. But that would be the nearest thing to an acceptable answer, wouldn't it? Unless I told you she was my Gran.'

'What did she say?'

'She said: "Just because you weren't here, it doesn't mean you aren't guilty." She said it quietly, looked me straight in the eye.'

'What did you say?'

Adam may have blushed. She saw him swallow and try to smile. 'I said "I'm sorry Libby." She just looked at me and walked away. Weird'.

'Not that weird.'

'No? Felt weird.'

Anna shrugged 'Weird it is then.'

They caught up with Grace and Tim outside the curry house. 'I'm not really very good with women of the opposite sex,' Tim was saying.

'Aren't they men?' said Adam. 'Don't be so hard on yourself. Are we eating here or getting a takeaway and taking it back to my place?'

'Where is your place? Anna asked.

'It's a twenty-minute walk or five-minute minicab. I have gin.'

'Cab it is,' said Anna. Grace shrugged. Tim blushed.

Adam's flat was surprisingly clean. Anna had expected chaos but instead found a Spartan living room, almost square, with grey walls and a darker grey carpet and pink woodwork. There was no television: instead a sleek black record deck and amplifier formed a centrepiece. The walls were lined with records and books. Mostly records. 'Have you not heard of the CD?' asked Anna.

'They don't crackle,' said Adam. 'Gin?'

Grace and Anna spread the tin foil boxes of food on a coffee table while Adam got glasses and ice.

'What are you drinking Tim?'

Tim was looking at the books: philosophy, American fiction, a collection of books by Bruce Lee. 'Who's Montgomery Clift?'

'Actor. 1950s. Very good.'

'Never heard of him.'

'The Clash wrote a song about him.'

'The who?'

'What do you want to drink, Tim?'

'Whose guitar is this?'

'Must be mine.'

'Do you play?'

'Sometimes. Tim: drink?'

'Oh, sorry, gin please.'

They sat on the floor around the coffee table and began spooning bits of sag aloo and chana masala on to their plates. 'We need music,' said Adam. 'Nothing too miserable,' Grace said. Adam got up and put on Sinatra: *Sunday Every Day*. Anna nodded her approval.

'So, Grace, do you still sing now?'

'Not really.'

'She does,' Adam said. 'Not as often as she should, but she does a set at a wine bar over in Fulham once a month and she did something in Islington not long ago.'

'Last year actually,' chided Grace. 'They didn't ask me back.' 'Their loss,' Adam smiled.

'Hold on, hold on, so you perform, on a stage. What sort of songs do you sing?'

'Old standards really,' Grace shrugged.

'She does a lovely *Bewitched, Bothered and Bewildered*,' offered Adam.

'Do you still dance?' asked Grace, uncomfortable with the attention.

'No,' said Anna without looking up.

'Why not?'

'Long story. Anyway it was an unfashionable sort of dancing I was good at: Ballroom. I mean I could do other stuff but I was good at Ballroom and most people think of that as being a bit Terry Wogan. Anyway, not much money in twirling around in a frilly frock. I wish I could sing. Must be lovely to sing.'

They stopped talking for the first time since they had arrived in the pub nearly three and a half hours before. They were as far from the hospital and whatever it was that bound them as they could be, and comfortable enough with the silence to just sit in it chewing chapattis and drinking cheap cocktails. Sinatra stopped singing and Adam got up and quietly turned the LP over, gently placing the stylus on the record and the dust cover down over the deck. 'Good curry,' said Tim. 'Anyone want any of my chicken?'

'So, this psychologist bloke, what's his angle?' Adam was looking at Tim.

'Adam, not now please,' Grace said.

'Sorry. But there is something about him, and I don't just mean the perma-pleat trousers. He watches...'

'That's a good thing, isn't it?' said Anna.

'No, he is looking out for weaknesses, not strengths.'

'I think he is interested in the effectiveness of Community Care,' Tim said grandly.

'We haven't really done it yet, how can we know if it is effective?' Anna said.

'From what little I gleaned when he talked incessantly over lunch at Peach and me, he is charged with exploring ways in which discharge into the community can be done in such a way as to show care in the community is a roaring success. He says that he will get a research grant that will enable him to prove that community care is good for everyone and saves money too. Very good career move if he can pull it off.'

Adam had got up and was flicking through his albums as Tim spoke. 'Billie Holiday?'

'How very late night,' said Grace.

'Yep, and it's only nine o'clock.'

'Well I'm on an early tomorrow, so sadly I shall miss out on Billie,' said Grace. 'And I'm drunk, so I better be heading home.' She glanced at Tim who looked crestfallen. 'That is assuming you are going to escort me, Dr Leith?'

'Yes of course, where are we going? Are we walking?'

'No, we're getting a cab to Hackney.'

'I've never been to Hackney,' Tim said excitedly.

'Of course you haven't,' smiled Grace. 'Adam, I need a cab,' she said loudly and Adam wandered off to the hallway to the phone. While he was on the phone Grace grinned and whispered to Anna: 'Do you want a lift or are you going to stay a little longer?' Anna smiled and said 'I can walk from here, and I will... probably.'

Grace put up her hands. 'It would have been rude not to offer.'

Adam came back into the room. 'Cab's on its way, which could mean it's on its way or it could mean they forgot me as soon as I put the phone down. Do you want another drink?' The second part aimed at Anna.

'Are you having another?'

'God, yes. 'OK, do you have any chocolate? I always want chocolate after a curry.'

The cab came within ten minutes and Tim bumbled his way out of the door in a heady mix of self-consciousness and gin. Grace hugged Anna and kissed Adam on the cheek. After they had gone Anna asked Adam if he thought Grace was going to sleep with Tim.

'I do hope so, but it's possible they may just get a bit angsty for a few hours and sleep near each other wearing vests and fear. I have Maltesers, Fruit and Nut and Fry's Chocolate Cream.'

'Ohh, the last one please! A man with chocolate in the house? Are you sure you live alone?'

They drank more and let the atmosphere change. Quieter now, comfortable but uncertain; They were sitting on the floor leaning against the sofa.

'Tell me about dancing.'

'It made me make sense of myself. I was doing it from the age of about eight. I did it with my brother. I was pretty good, he was better. Then things went a bit wrong and I ended up leaving and moving down here.'

'Wrong?'

'Are you key wording me? Because really it is a bit rude to use basic counselling techniques on another nurse.'

Adam smiled. 'Basic? OK sorry, what sort of wrong?'

Anna shuffled over toward him and sat close enough to be slightly leaning on his shoulder. 'Tell you what...' She spoke more quietly now. 'I'll tell you all about it if you tell me why you go to Libby.'

Adam let his body relax ever so slightly into hers and whispered: 'This is a slightly different counselling technique, right?' And he stared at his record player. The music had stopped but the record was still going round, as it would until he got up and took the stylus off, but he didn't feel like moving and he didn't feel like being evasive. There were dozens of stories that he knew he would never tell for fear of filling the heads of other people with the ghosts that haunted his, but this one?

'OK. Are you sitting comfortably? When I was a student nurse I had every intention of changing the world. For about the first twenty minutes or so it seemed I even thought I could. Believe it or not, I was actually considered to be rather good then. Something of a star student. Mind you, in those days it looked to me as though all you had to do was be able to stand up and chew at the same time and the nursing schools loved you. Anyway, about a year and a half into the course I was stuck on to a rehabilitation unit. You know it quite well. Christ, I hated it. There was I fighting the good fight and there was sod all I could do on this ward. No one wanted saving, the selfish bastards. The place was full of burnt-out schizos, the odd dire poet, a few psychopaths and a handful of old women. Sad and charmless. I had all the energy in the world, the best of intentions, and nowhere to put any of it.

Anyway, in the middle of the placement I had to do a month of nights. I had just moved in here with Catherine, my girlfriend at the time, and I didn't much fancy being

away at nighttime but it was only for a month. I got to work with one other nurse, he was called Terry and had been working nights on the same ward for about a thousand years. He was like part of the furniture but uglier. At the time, however, I thought he was all right. He'd come out with these crass little soundbites about psychiatry and human suffering and I'd think 'Shit, you can't buy that kind of experience,' which of course you can, quite cheaply, but I was easily impressed.

So I worked nights with Terry and he was really charming. I told him all about Catherine and the new flat. I told him she was nervous about being there on her own and about the amount of work we had to do on the place and he was really sympathetic. He told me I should make sure that I took proper breaks. What he meant was that I could have about a four hour break every night to go off into a sideroom and sleep. He always took a two hour break himself but he always insisted, really insisted, that I take as long as I wanted, even if I didn't want it, if you know what I mean. I never said much, it was my third ward, what the fuck did I know? Anyway, I got the impression that he was trying to be kind but at the same time he was quite happy to have the place to himself.

But one night I'm taking my break, which meant I was reading in the office. I couldn't sleep for some reason. It may have been guilt, I don't know, but it was the office you use now to write up notes and watch me being ridiculous. I looked through the window you look through and saw Terry shining his torch into Libby's face. Libby, like a lot of patients, is a bit closer to sane when she's half asleep and didn't like the torch light in her eyes so she said "Get away, you prat." I heard her. I was impressed: it was an appropriate response. But Terry, quick as a flash, said "Steady Libby, you know what happens to girls who talk like that." And she looked terrified. Lay straight back down and curled up, like a chastised puppy. Terry grinned, he actually grinned and moved on along the line doing his patient checks, which amounted to shining his torch in their faces. I waited until he was back in the office and I went up and sat down and said something about hearing Libby. I thought, and it was a long time ago and I might be wrong, but I thought that he blushed for a moment but he didn't say anything so I asked him outright. I said I heard what you said and I asked him what he meant. At first he said he was making reference to a behavioural programme she used to be on in the Seventies, that she wouldn't be allowed mid-morning tea if she was rude to staff. But Libby didn't have the initiative to be rude. I couldn't imagine that that was ever part of her treatment plan, cutting back on the attitude, so I was pushy. Not in an aggressive way, in a collusive way really: "I bet you have seen some things." I didn't give him the impression I cared, just that I was curious.

Turns out that in the late Fifties and early Sixties the nurses had a card school, and from that they developed their own little therapeutic regime. Patients from the four wards

along that corridor, the wards that the nurses came from, were punished for any misbehaviour by having to act as, well, he said helpers and when I said servants he said not exactly. Sometimes it seems they didn't have to help, sometimes they just had to stand there for two or three hours depending on how 'bad' they had been. He said that the threat of that punishment, which was at no point violent, he insisted, improved the behaviour of patients right across the hospital.

So I asked him what he thought about that and he said well it didn't do any harm but I felt he was holding back a bit and I said well I suppose all it amounts to is depriving people of a bit of sleep and getting them to help out a bit and he smiled and said well there was a bit more to it than that and I said what and he said every patient was made to wear an incontinence pad, one of those big yellow ones. And then he smiled and added: "and nothing else..." Adam paused for a moment and looked at Anna.

'That's sick,' she said quietly.

He nodded. 'Yeah, but you know what? I don't think that was the end of it. Rightly or wrongly I couldn't really stay in the room much beyond that. I had this image in my head, this vile image, and it's still there. I didn't want to hear any more. I didn't want to take the risk that their reality was worse than my imagination. It's like now, I don't want to put that image in your head, nor the idea that people can do that...'

'What did you do?'

'Nothing. Not really. I talked to Libby, when I was back on nights, I told her that I had been told about some things that happened a long time ago and that they may have happened to her and that it was wrong and I was sorry that she had had to tolerate that and that it would never ever happen again but she didn't appear to understand. Although a year later she said what she said.'

'And Terry?'

'He retired a couple of years later. Died within eight months of giving up work. He needed that place more than it needed him.'

They sat quietly, not drinking or speaking until Anna said: 'It's the stories isn't it?' Adam knew what she meant. Some tales are told and they poison you, others you keep to yourself for fear of poisoning other people. The human decay is contagious, and if we are not careful we can spread it with a reckless self-loathing.

'So why do you go and sit beside her at night?'

Adam turned his head slightly and smelt her hair: he expected it to be clean but it smelt of smoke and long days. 'I don't really know. I think... I think I'm still saying sorry. Not just to Libby. I think it makes me feel closer to human.'

Later, much later, she said to him: 'My mother has a saying, she says people only confess to the sins they can live with or profit from.'

He laughed. 'What a stupid saying. Anyway, you owe me a story.'

'Yes, yes I do and I'll tell you later.'

Anna stayed there that night. As she had planned. They did not discuss it: they kissed over the whisky, they undressed in the living room and had sex on the floor. Later they went to bed. There they make love. They flailed around all night, daring one another to lose themselves in different skin. It wasn't love. It was desperate and generous; it was recurrent and sometimes tender. But it wasn't love. Love was a few floors above them. Adam and Anna were reminding themselves they existed and by a coincidence of nature they both did that by offering service to another. It was, when everything else was stripped away, all that stopped them from spinning off into the Universe.

## 7. Pour A Little Poison

Tim and Adam were sitting in the office discussing the hellish and unhelped existence being lived out by Michael Wells. It had been three weeks since they had got drunk together with Anna and Grace and, while they had never referred to that evening explicitly, they were more relaxed with each other and probably more able to speak freely, which in this case meant with a more open despair.

‘He’s not sleeping.’ Adam had been saying this to Tim for a week.

‘He’s on enough major tranquillizers to knock out a bull elephant.’

‘Not working.’

‘Do you want me to prescribe more?’

‘If you prescribe more the nation will run out of drugs. They aren’t working.’

Tim looked worried. ‘Might it be his therapy? Maybe that’s throwing things up which are troubling him, keeping him awake.’

Adam scowled. ‘The only thing Ms Tandy throws up is her dinner. No, Michael is immune to the drugs. If anything, they seem to make him worse.’

Grace came in with Anna. Tim blushed. So did Grace, a little bit.

Anna ignored them both and said to Adam: ‘Michael isn’t sleeping.’

‘I know, that is what we were just discussing.’

Adam nodded at Tim who said: ‘I can’t give him more drugs, he’s on enough to—’

‘Yes, I know he’s on too many drugs. Maybe that’s the problem?’

Tim looked worried. ‘I’ll call Peach.’

‘He’ll tell you to give him more drugs,’ said Adam.

‘Well, he is the consultant,’ said Tim primly.

‘Yes, he is,’ said Adam. ‘But if you were the consultant what would you be doing?’

‘I thought you didn’t do hypothetical questions?’

‘Tim!’ said Grace sharply. ‘What would you be doing?’

Tim blushed. ‘My worry is that we have damaged the sleep centres in the brain. There are reports that excessive use of anti-psychotic medication, particularly in high doses, alters the bit of the brain that enables us to go to sleep. It is irreversible. It is torture really: no matter how tired you become you can’t sleep, ever, not properly.’

‘OK, so how do we help? How do we find out if that is the case?’ asked Anna.

‘I suppose we need to wean him off the drugs. It’s not like they are helping.’

‘So do that,’ said Grace.

Tim didn't blush, his shoulders slumped and he shook his head.

'What?'

'He can't do that, Grace,' said Adam quietly. 'He can't go to his boss and tell him that one of his patients isn't sleeping and so in order to help him he is reducing the medication that should help him sleep, without seemingly accusing him of excessive prescribing, way over the limit recommended by the drug company, that has led to the prospect of permanent brain damage.'

'No,' murmured Tim. 'But I must.'

A couple of hours later Libby and Anna came to the office. Libby had that 'going to church' look about her. Her thin hair was brushed, and arranged in such a way as to shade if not hide her pink flaking scalp. She had a light brown coat on, which Adam hadn't seen for over a year, and underneath she wore a clean pink cardigan.

'We're going out for tea,' announced Anna. 'And we may look in at a house I have been telling Libby about.'

'Have a nice time, Libby,' said Adam. 'Bring me back some cake.'

'I've nowhere to put cake,' Libby said dismissively. 'It's not like I have a stomach.'

'We'll be a couple of hours,' smiled Anna. 'We'll get something to eat while we are out.'

'Well, OK. But don't let her drag you off dancing.' That was aimed at Anna but for Libby's benefit.

Libby's face filled with contempt. 'Can't go dancing,' she mumbled. 'Don't have any feet.'

Over Anna's shoulder Adam could see the blazered David Cassells and the birdlike Carla Tandy approaching. 'Look out,' he said conspiratorially. 'Psychologists at six o'clock.' Anna turned and Cassells smiled. 'Ms Newton, how lovely to see you. And Ms Hoffman too. Are you two ladies going out?'

Libby started hopping from foot to foot; agitated and uncomfortable with the attention and sheer weight of staff numbers that were surrounding her.

'We are,' said Anna, and then to Adam: 'Play nice now.'

Adam and the psychologists watched them leave and as the ward door closed Cassells smiled and said to Adam: 'Mr Sands, I wonder, do you have a few moments?'

'Of course,' said Adam.

'Is the office OK, or would you prefer a side room where we won't be disturbed?'

The office is fine. I don't want to keep you.'

Turning to his colleague Cassells said dismissively: 'Carla, would you mind giving us a few minutes alone?' before walking into the office, leaving her outside looking cross.

'Mr Sands, I sensed we got off on the wrong foot, not helped perhaps by my eager, promising but sometimes clumsy trainee trying to undermine you.'

Adam looked at the man in front of him. He was confident, relaxed, good eye contact. And he clearly wanted something. 'How can I help you, Dr Cassells?' he asked gently.

Cassells smiled and put up his hands. 'OK, I'll come straight out and say this and trust that you will treat my... my curiosity with an open-minded professionalism.'

'I'll do my best.'

'Well,' said Cassells, 'while I obviously hold Dr Peach in the utmost regard, and I am grateful that he has helped me settle in, I have some concerns about one or two things I have witnessed, and where I come from if one has concerns one speaks to the charge nurse.'

'What things?' Adam had been expecting something a little more self-serving, like unlimited access to any interesting looking patients or to take Maureen Marley home for the weekend for a DIY project.

'Well, as you will recall, you asked Carla to do some work with Michael Wells. It was a good idea, indeed it is doing her some good and I would like to think it might be of some use to Mr Wells if he wasn't so—'

'Mad?'

'No. So drugged. I checked his drug chart, Mr Sands. You are giving him too many drugs.'

Adam looked at Cassells. The words began to form in his head: 'We administer what is prescribed.' But they didn't come out because he knew they would sound like 'We simply do as we are told.' So he went instead with: 'Yes, I was speaking with the doctor about that very thing this morning.'

'Right,' said Cassells. 'So you and, perhaps more importantly, Dr Leith know he is being over-medicated.'

'I think everyone knows, Dr Cassells.'

'Well, what are you going to do about it? Sorry. What are we going to do about it?'

'Tim is going to talk to Dr Peach today. I wonder if Michael's inability to talk to his therapist might also be fed back?'

Cassells nodded. 'I could have a word about that. And what about you, Mr Sands, will you be contributing?'

Adam sensed he was supposed to rise to this, to either align himself to Cassells' crusade for justice or be seen to collude with care that amounted to cruelty. Instead he smiled and shrugged. 'Did you come here to ask if I will side with you in a row with the consultant, Dr Cassells?'

'I wouldn't put it quite like that, Mr Sands, but I suppose I wonder where you might stand, given that you already know the treatment plan you are administering is at best excessive and at worst toxic.'

Adam had the sense that every part of Cassells was a lie, except his words. He was right, the more people who pointed out a concern the more chance it would be heard. He didn't trust the man or his motives but that was not the point. He also felt embarrassed.

'I'll feed back my concerns to Dr Peach. Firstly noting that Michael is struggling to function because of the medication and secondly, noting that in asking my nurses to administer a dosage that is not recommended I am putting them in a very difficult position.'

Cassells nodded. 'Thank you. I don't think you like me, Mr Sands, and I can live with that, but I suspect we might be on the same side.'

Adam shrugged and smiled thinly. 'I wouldn't worry too much about my tastes, Dr Cassells: I don't really like anyone.'

Not long after Cassells had left it was lunchtime. Lunch was brought to the wards in a steel trolley by a grubby kitchen assistant and Adam could tell the time by the arrival of the smell of mashed potato and something that was green and overcooked. But still the patients came, even Michael, sitting when and where he was told and murmuring thanks when his dinner, a gathering of vegetables around some boiled chicken, was put in front of him. Michael liked puddings best. Adam knew that if you wanted to talk to Michael the best time to try was just after pudding, which was treacle pudding and custard. Michael would stay at the table on the off-chance that there were seconds.

When Adam sat down beside him Michael was looking at the trolley hopefully. He had custard on his beard.

'How are the voices Michael?' Adam asked quietly. Michael shrugged. 'Do you want another pudding?' Michael nodded. 'I'll sort that out in a second. Tell me about the voices, please.'

'Bad,' Michael said.

'Are the drugs helping at all?' Michael looked away. 'Michael, are they helping, do you think?'

'Can't tell. Can't sleep. Voices are louder during the day.'

'Well, you have your biggest dose in the morning, Michael, so I'd expect them to be quieter during the day, wouldn't you?' Michael stared at the trolley. Adam turned to the nursing assistant who was dishing out puddings for the remaining patients. 'Can you do an extra one for Michael please?'

'Michael has had one,' she snapped.

'Well, he can have another one,' said Adam without looking round.

'I think you are on too many drugs, Michael, but we need to cut them down slowly so you don't get ill.' He thought he saw Michael laugh. 'But we will cut them down and see, each day, if anything gets better or if anything gets worse. OK?'

Michael seemed to be just staring at the trolley, ignoring Adam until the extra pudding arrived, tossed on to the table in front of him. Before he began to eat he looked at Adam for the first time, held his gaze for a moment and nodded.

Adam went to the room Anna used for counselling her soon-to-be-discharged patients. He closed the door, sat in the large worn armchair that the patients slumped in when being assessed and lit a cigarette. Looking out of the window he watched as the kitchen staff unloaded a van full of processed food. Large boxes of powdered egg and semolina; wooden crates full of tinned beans; big tins of cheap coffee. Originally the hospital had been run as a working farm. Patients had worked the land and grown their own food, selling what they didn't need to the local town. At one time the hospital had been close to self-sufficient; it struggled to make the milk go round the three thousand inpatients but the cows were hardy and waste was frowned upon. They made their own bread. They had a woodwork shop where they made furniture, some of which they sold, which gave them money for cigarettes, fruits which struggled to flourish in North London, and fuel. At harvest time, when the potatoes needed picking on the larger farms further north, then the hospital would provide workers in exchange for potatoes and a less-than-average but better-than-nothing wage.

But, as the idea of what sickness was became more sophisticated, the cultural acceptability of the hospital as working farm faded. Sick people, all of them, required treatment and picking potatoes or milking cows was not a treatment. If anything, it smacked of punishment, cheap labour, slavery almost. So they turned the mad into patients and sold the cows to an abattoir in Harlesden. Patients were people you did things to and, as long as you could call them patients, then whatever it was you did was called treatment. The mid-twentieth century was a relatively dark age for madness and the problem with an asylum when it emerged into the light was that everything looked like progress: insulin therapy, electricity to the head, psychosurgery, drugs. These were the gifts of science and science civilized us, made us modern and better. Especially the drugs.

Adam didn't like Cassells. It wasn't just the power he seemed to have been presented with on arrival. Or the pious manner and annoying student, or the fact that he came into his office and articulated Adam's own concerns as if he had mined them. There was more to it than that: he disliked Cassells more than Peach in the same way that he had always claimed—certainly when drunk—to dislike liberals more than Tories. Ultimately they do greater harm by vaguely civilizing the damage done by others and they get to feel clean afterwards. 'We can find all sorts of ways to excuse what we do here,' thought Adam.

'We can imagine we reduce pain, police against evil, even do some good, but we can't feel clean. That is simply too much bad faith.'

Adam put out his cigarette and walked back to the office. He picked up the phone and called Tim. 'Have you spoken to Peach yet?'

'No, but I will.' Tim sounded slightly put out that Adam was reminding him.

'I think you should wait, Tim. I think I should speak to him first.'

'Why?'

'Well, for one thing I think it is my job, but I also think he would feel less threatened if it were me, a nurse, asking if we are doing the right thing rather than you, a doctor, reminding him that we are not.'

Tim paused for a moment. 'That doesn't seem terribly fair. You make it sound like a game.'

'Well, we both know it is a game, Tim, and I like to think that we are both more interested in winning this particular part of it than we are in making a stand against the fact that it's a game.'

'Eh?'

'Look, Peach is more likely to listen to me than you.'

'Oh, thank you very much.'

'That's not about you, Tim: it's about me and my shared history with your boss.'

Outside the office the laundry cart had arrived. The driver, a plump bald Greek, got off the cart and lit up a cigarette. He looked around and momentarily appeared to be moving to unload the clean sheets, nightdresses and towels when Maureen Marley appeared, grinned and set about unloading it for him. The driver said something about a horse race from the day before and Maureen said what seemed to be a full sentence in response. After the cart had been unloaded the driver offered Maureen a cigarette. Maureen took it, put it behind her ear and began loading the dirty laundry on to the cart. She laughed—not a sustained laugh but a short, genuine laugh—at something he said about the three o'clock at Goodwood. She shook her head and said something and he took out a newspaper from his back pocket, looked at it intently and said something back. They were comparing racing tips, or Maureen was giving them and the driver was taking her wholly seriously. He took a small pen from his shirt pocket and circled something in his paper. Maureen finished the loading and accepted a light for the cigarette. The driver got back on to his cart and drove off the ward shouting: 'See you tomorrow, George.' Maureen was smiling. She was muttering something to herself as well, and smoking, walking back to the day room and nodding, but mostly she was smiling.

Adam picked up the phone and called Walter Peach's secretary. 'Hello Anne, how are you? How are the kids? Five? Already? It's lucky we don't age as quickly as they do, isn't it? No I'm OK thanks, not too bad... Listen, is Walter available at any point today? I need a quick word with him.'

And then he went and found Grace, who was sitting on an armchair with its back against the wall in the day room watching the once high as a kite Mary Peacock slumped in a chair on the opposite side of the room, wrapped in a grey-skinned misery.

'Grace, I need to go and see Peach now. Will you be OK here?'

'Yeah, we have enough people on the ward to cover.' She didn't look at him as she spoke, and, aware that he would pick up on that, she added: 'Mary is struggling today.'

'So are you. What's the matter?' Grace ignored him and he crouched down beside the chair and said quietly: 'Grace?'

'Not now,' she said quietly. 'It's just man trouble.'

Adam waited a moment. Not now and not here made sense. 'I'll catch up with you later, OK?' and he touched her arm gently before getting up and walking off the ward.

Peach's office was on the other side of the hospital grounds in a newly built annexe about three quarters of a mile from Adam's ward. He had to walk the full length of the central corridor and out of a side door before crossing what used to be a flower garden but was now a bench with some wasteland around it, followed by a small car park and then the new building which was named after a tree: 'Elm annexe.' Nobody knew why.

As he came out of the main hospital into the light he saw the young man he'd encountered in the corridor on the night of Stephen's party. He was sitting, quite elegantly, on the wooden bench wearing sunglasses and a cheesecloth shirt, looking up into the branches of a large oak tree. He didn't turn to face Adam when he said: 'Hello again.'

'Hello,' said Adam. 'Have you lost a kite?'

The young man smiled and turned to face him. 'I like trees, what can I say? How goes your day?'

'Oh, so-so. How about yours?'

'Mine's OK, mostly waiting, but I suppose ultimately that's what we are all doing one way or another. I just try to make sure that while I am waiting I am doing something that pleases me.'

'Like looking at trees?'

'Yep.' The young man never stopped smiling. Definitely a hippie, thought Adam. In the daylight his eyes were even more strikingly blue and, although he was pale, his pallor wasn't that of a patient. Adam wanted to ask if he was a nurse or patient but it felt such a lame question, as though in asking it he would have somehow failed a test.

'This used to be farmland, you know.' The boy smiled. 'And I believe this bit here was a flower garden,' added Adam. 'Not sure what happened, I suppose people just stopped wanting flowers.'

The boy nodded. 'People are strange,' he said.

'Have a nice day,' offered Adam as he walked past him and into the car park.

'You too. And don't forget what I said about the dew.'

'Patient,' Adam thought.

Elm Annexe smelt of pine and carpet freshener and it had a proper receptionist who noticed when someone came in. It housed not only offices for the consultant psychiatrists but also therapy rooms for the clinical psychologists and psychotherapists. This place always made Adam think he should wipe his feet and so he made a point of not doing. It was pristine and modern and he knew he didn't belong. He didn't speak to the receptionist, instead walking through the double doors marked 'staff only' and wandering down the plush carpeted corridor to the door that said 'Dr Peach'. Walter's secretary held up a finger to Adam as he entered, designed to ensure that he wait while she phoned through to her boss to let him know that he had a visitor.

Adam would, in other circumstances, have ignored the finger, but today was a day to make friends.

'He can see you now.' The secretary had fair hair and pursed lips. Her large bosom and purple shoulder-padded blouse lent her the sort of severity you'd find in a West End bouncer. Adam nodded but didn't look at her as he entered Peach's office and quietly closed the door.

'This is rare, Adam. Is everything alright?'

'Thank you Walter. Yes, I think things are fine. I just have a bit of a worry and I wanted to talk to you about it in private, if that is OK?'

'Of course.' Peach sat down behind his desk and settled back with his hands in front of him, fingers touching each other like a steeple.

'Well,' said Adam. 'I am a bit worried about one of our patients, Michael Wells: he's not sleeping and he should be. He's on enough meds to knock out Poland but they aren't touching him and now they aren't even sedating him. I'm worried we are doing damage with the drugs and I wanted to talk directly to you about that, Walter.'

'Are you questioning my clinical judgement, Adam?' Not said aggressively but direct and genuinely enquiring.

Adam didn't speak immediately. 'Well, I suppose to be honest, Walter, that depends on what sort of mood you are in. I think what I am doing is being collegiate and open with a consultant I have worked with for a while and expressing some legitimate concerns about a treatment that may be doing more harm than good, but if you are in a

place where you experience any discussion or concern as an assault... Well I'm on a loser, then, aren't I? Because we both know you don't have to even entertain me, don't we?'

Peach nodded and half smiled. 'Dr Cassells was in here this morning talking about the same patient Adam.'

Adam reddened. 'Ah, right. Saying the same thing, no doubt? And I suppose that begins to look like a conspiracy.'

'Quite the contrary, Adam. Dr Cassells was saying the opposite, in effect. He was saying that Carla Tandy felt she was making good progress with Michael because of the heavy sedation. Dr Cassells' specialist therapy is designed to work with people who are on high doses of medication. He was saying that he admired me for stepping beyond what he called the arbitrary constraints laid down by the pharmaceutical regulators and putting the patient first.'

'He isn't worried about Michael not sleeping or the fact that the voices are getting worse?' asked Adam.

'He feels we have to keep with the plan.'

Adam looked at Peach, who looked slightly uncomfortable. 'And what do you think, Walter?'

Peach smiled, a genuine smile, and reddened slightly. 'I think I am over-prescribing and I suspect Dr Cassells is being a tad manipulative.'

Peach looked older than Adam remembered, more human. Uncertainty does that, thought Adam. 'I think you are right, Walter, about Cassells. And about Michael, for that matter.'

Peach nodded. 'What drug has Michael been on the longest?' he asked.

'Chlorpromazine. Lots of it.'

'How about we start reducing that, easing him off it? Then review where we go from there on Wednesday.'

'We can start with his morning dose, it's not doing much as far as I or Michael can tell,' Adam said.

'I do wonder if I am getting too old for this.'

'I think this makes us all feel old, Walter. Not sure that it's the same thing.'

Peach opened up a drawer in his desk and took out two photographs. He handed them to Adam. 'That,' he said, pointing to Adam's left hand, 'is Graham's little boy. The two in the other picture are my grandchildren. I often wonder what it would be like telling them that their father had killed himself while under my care.'

'Our care, Walter.'

The two men, separated by a large oak desk and around thirty years, sat in silence.

Finally Adam spoke. 'I don't imagine it's any consolation, Walter, but for what it's worth, I feel too old for this too. And— between us?—I wouldn't trust Cassells as far as I could throw him.'

When Adam got back to the ward Maureen Marley was standing outside smoking a roll-up and staring at the floor.

'Hello,' said Adam. Maureen nodded. 'Are you waiting for someone?' Maureen shook her head. 'So.' Adam took a cigarette from his jacket pocket. 'Let's take a moment, if you don't mind?' He held up the cigarette to indicate he was going to stop for a smoke with her. Maureen shook her head to indicate she didn't mind at all. 'Tell me, what is happening about your accommodation?'

Maureen shrugged.

'Was the house you went to see any good?'

Maureen laughed. 'Didn't like the smell.'

'Air freshener?' asked Adam.

'Somt'ing like that.' They both leaned on the walls, one on either side of the corridor, dragging on their cigarettes. Maureen looking at the smoke floating towards the arched, pitted ceiling, Adam looking at Maureen.

'You know they can't make you live somewhere you don't want to live, right?'

'Yeah, I know,' laughed Maureen.

'You are not on a section, Maureen, you can leave hospital when you want and you can refuse to go where you are put. They can try and persuade you, they can tell you there is nowhere else to go, but they can't make you go anywhere.' Maureen carried on looking at the smoke. 'Or you can bide your time and wait until you are offered something you like, something nearer the bookies for example?' Maureen smiled. 'If you're not sure and you want to check things out, you can ask me or Anna, you know?' Maureen nodded, or at least Adam thought it looked like a nod, and that felt like the end of the conversation. He stubbed out his cigarette on the concrete window ledge a few feet further down the corridor, nodded to Maureen and went back on to the ward.

Grace was sitting in the office. 'Mary is very low,' she said without looking up when Adam came in. 'Michael seems a wee bit calmer.'

'We're going to reduce his meds. Have you seen Tim, by the way?'

'Good. And no, not today,' said Grace.

'Oh, and Cassells is messing with us, not sure why. Saying one thing to us, another to Peach, testing us or playing around or maybe just undermining everyone,' he explained briefly.

All the time Grace busied herself by putting medical files in the right order in a large grey cabinet in the corner. 'Someone has been in here and not put them back in the right place,' she said.

'So.' Adam sat on the corner of the desk nearest the closed door. 'What's going on with you?'

'Ahh,' said Grace. 'What indeed? Nothing important really, just your normal everyday ridiculousness. I appear to be like flypaper for ludicrous men.'

'Norman? Well, we've known he is ridiculous since day one, Grace. He's never going to leave his family and even if he did...'

Grace's eyes were beginning to blur a little. 'Ahh, but there you go, see Mr Clever Clogs...' Only Grace, thought Adam, could get away with saying Mr Clever Clogs, albeit as a way of slowing down the onset of tears. 'That's where you are wrong, because he is leaving them. For me, it seems.'

'Blimey, what has brought that on and why is it a sad thing? Don't we want Norman any more?'

'Oh Adam, it's bloody ridiculous!' She was crying now, softly, into her hands for fear of being seen. 'You know that night Tim stayed? Well he stayed, you know, it was nice. Next morning Norman phoned, he said he had some time and was coming over. I said no. He guessed someone was there and got all outraged. I got all indignant. You sleep with someone else every bloody night, I said. Yes, but that's my wife, he said, as if that was going to make me feel OK...'

'And where was Tim in all of this?'

'He was sitting on the bed, white as a sheet. I don't think he is used to... things like that...'

'Things like what, pet? Sex? Love triangles? The telephone?'

'Well, sex mostly, but the idea of there being another man surprised him, the fact that he was married with kids shocked him and the fact that he is forty-seven bemused him.'

'Poor Tim.'

'Oh, don't start with the poor Tim. After I got off the phone and I was a bit upset and told him what was going on, he got on his high horse and said to me "Well, I'm afraid I can't take this on." And flounced out like Joan bloody Collins.'

There was a tap on the office door. Anna and Libby were back. Adam opened the door and said: 'Can it wait a moment please?'

'Of course,' Anna nodded. 'I'll make Libby a cup of tea and talk to you in a bit.'

Grace was wiping her nose with a hanky. 'It's fine, it's fine. You shouldn't ask me questions at work, you know that.'

'OK,' said Adam quietly. 'I'll buy you a drink later if you want, but I'm just curious about one thing: why are we crying? Norman wants you, Tim wants you...'

Grace laughed and a bubble came out of her nose. 'If I wanted a marrying man I wouldn't have been sleeping with a forty-seven year old with two kids in the first place, would I?'

Adam found Anna in the kitchen. Libby had gone. 'So how did it go?'

'It went well. She seemed to quite like the house. She even stroked the duvet. Not that she has any hands.'

'Good.' Adam smiled. 'How long?'

'About four weeks, I would think. I'll take her along again next week, and again the weekend after that. There is some money, so she can begin to pick some bits and pieces out for her room. I think she'll be fine. I think she'll be better than fine.'

Adam nodded. 'In other news: we are reducing Michael's meds; we don't know where Tim is, and it has been confirmed that Cassells is either a manipulative bastard or he is conducting some kind of pointless psychological experiment on us all,' he said.

Anna looked cross. 'I think you're overdoing it with Cassells. Maybe you just don't like people who try to shake things up?'

Adam looked at her, nodded and said quietly: 'I think you have the look of someone who wants to be cross.' And he left the room.

Michael was sitting in the day room, pulling at his beard and muttering to himself. Mary hadn't moved a muscle all morning. Libby was standing in the middle of the room staring at nothing on the wall and playing with the button hole on her still-clean, pink cardigan. Adam went into the office and phoned Tim's extension. No answer. He went back to the day room and sat down near Mary. 'Could you drink something, pet?' he asked quietly. She lifted her head and stared at him with the emptiest of eyes. He gazed back softly for as long as he could, but he knew she couldn't see him.

At the end of the shift Adam walked slowly up the drive. He used to go to the gym every day. Now he tended to go two or three times a week, more out of habit than anything else. He'd got through the day without taking any drugs from the medicine trolley and without having an argument with anyone. On the face of it a good day, not that he felt good. He felt agitated, unsettled. He couldn't place why and he was excused from thinking about it by the sound of his name. He turned around and Anna was walking quickly up the drive behind him. He stopped and waited. She was breathing heavily. 'You need to get more exercise,' he said.

'Never off duty eh?' Anna said. 'Actually, I've just run the length of the corridor.'

'Why?'

She looked away, up the drive and out of the hospital. Getting her breath back, fixing her gaze on something outside the gates. 'I wanted to say sorry.' Adam shrugged.

'Hormones,' she deadpanned.

'Bollocks,' he replied in the same tone.

She laughed. 'I'm not sure why I was defending Cassells.'

'Me neither,' said Adam. 'He's playing some silly game, asking Peach to do one thing, me to do another. Divisive, pointless and annoying.'

Anna thought for a moment. 'Right, he's trying to charm me and I'm not sure why. It's not a sex thing, it's something else.'

'What does he want?'

'Not sure. He's being very attentive, lots of active listening. I find it a bit patronizing but I patronize right back.' Adam looked at her. She kept looking up the drive and turning her head back to the hospital.

'What's up?' he asked, looking at the gates.

'Nothing,' she said. 'Look, are you doing anything later?' 'When later?'

'When I finish, about five-thirty?'

'No.'

'Would you mind if I popped over? Just briefly, I promise, I have to be somewhere at seven-thirty. I just wanted to run something past you.'

'OK,' said Adam. 'I can cook you an omelette if you like?'

Anna looked at him and smiled. 'That's nice of you, thank you, but I don't eat eggs. Baked potato with cheese and beans? See you around five-thirty.' And she turned and went back to the hospital.

When Adam reached the gates of the hospital he saw a man standing behind the large concrete pillar staring at him. Adam caught his eye and the man looked away, embarrassed perhaps. When Adam looked back, after he had walked twenty yards down the road, the young man—medium height, expensive leather jacket, black hair—was staring down the drive toward the hospital. He looked like he was afraid to go past the gates for fear of catching madness. He looked like he came from a different sort of world completely.

## 8. Strange Fruit

When Anna emerged from the hospital, Black was waiting. She had seen him at lunchtime as she walked across the front of the hospital toward the canteen, and she had seen him when she had spoken to Adam. In fact, she had wanted to be seen talking to Adam. She hadn't been able to eat her lunch. There was nothing about Black that had intimidated or even unnerved Anna but his presence, here, made her feel anxious now. She rationalized, swallowing down the rising bile of unease by reminding herself that he was nearer to being inadequate than psychotic. He was probably the sort of man—all bottled beer with bits of fruit on top and expensive moisturizer—who wasn't used to being left, certainly not like that. Maybe he wanted a little bit of control back, needed a last word. Or worse, perhaps he had feelings, other, unpredicted feelings, feelings that were about someone other than himself. That would be embarrassing, having to facilitate something earnest or even tearful.

But these imaginings were keeping something bigger at bay. Something that was sitting deep in her stomach and threatening to burn her precious insides out if she did not douse it. What if he knew? What if he had some irrational inkling that she was at the very beginning of a pregnancy that he might have helped with? Not that he could, not that she did, not for absolute sure. She'd done the test and it had turned blue, but she hadn't been to the doctor yet. He couldn't know, it was not possible, but his presence, the fact that he was here, opened up the possibility that if he did know he might care and that was something that, frankly, Anna had not given very much attention to.

'This is a bit out of the way for you isn't it?' She spoke as neutrally as she could, holding a steady gaze, barely stopping as she walked past, sure he would walk with her, which he did.

'I was just passing.'

'You've been there a long time for someone just passing.'

'I wanted a word.'

'It's a bit creepy, to be honest: ex-lover hanging around outside the lunatic asylum I work in for a whole afternoon.'

'Look, can I buy you a coffee? I just want a chat.'

'I have somewhere to be, Black. What is it?' She looked directly into his eyes with a deliberate coldness.

He looked away. 'I haven't come to try to convince you to carry on seeing me.'

'So why have you come?'

'I... I was hoping you might give me some advice.' He looked embarrassed and Anna softened slightly.

'My range of expertise is limited, Black.'

'Yeah... I've been having these... thoughts. My mates say I'm paranoid but...' He looked across the road, almost turning completely away from Anna. As he turned back, in profile, she could see that his eyes were damp: maybe the wind, probably not. 'And a couple of days ago I heard this voice in my head... it told me to come and see you. I didn't want to, not at first, no offence but you were pretty clear when you left that that was it and I'm not stupid, I know that story you told was about you. Mine wasn't about me, by the way, but you know that, I guess. Anyway I didn't want to... you know... but the voice kept saying...'

'OK.' Anna felt herself trying to shift from ex-lover to nurse. 'Have you been smoking?'

'Smoking?'

'Cannabis, Black. Have you been smoking much dope?'

'A bit.'

'More than usual?'

'About the same... maybe a bit more. I met this... this person and they like to smoke.'

'Stop it.'

'What? Why? It's harmless...'

'OK, don't stop it and I'll see you in here.' She pointed at the hospital behind her. 'Or one very much like it, in about a week. Bye.'

'No. Hang on, wait. You think it's the dope?'

'Yes, almost definitely. Your age, your symptoms. You're lucky, you can do something to make it better. Most of my patients can't. You need to not smoke any dope. None. You need to actually not be around it. Not inhale it, not even be in the same room as it, OK?'

'OK. Are you sure?'

'Yes, I am. Now listen, for old times' sake you can phone me in a week or so. You can't come here again. You can't come round. We are not having sex. You can check in and we'll see how you are doing OK?' Black nodded and for the first time since she had seen him Anna smiled, a soft, almost warm smile. 'OK. Trust me on this Black, do not smoke any dope. No matter how cute she is, you really, really do not want to end up in here.' She pointed over her shoulder with her thumb.

'She isn't actually all that cute.'

'Good. Find yourself an aerobics instructor. I have to go now.' Black leaned forward to kiss her and Anna turned her cheek.

'Thank you.'

'You're welcome.'

She didn't look behind her when she walked away but her body was stiff and her breathing more shallow than normal. She noticed herself gathering the fears of other people and packing them into the space between her hips and her breasts. Except it wasn't the fears *of* other people so much as the fears *about* other people that crept under her skin and coloured her thinking, her judgment. She didn't fill herself with what other people felt about the world: she worried instead about what they might do to her, if they were ever given the chance. So she was always careful to ensure that they didn't get the chance.

'Where's my baked potato?' Anna arrived just a little late and, even though she hadn't been in Adam's flat since the one night they had spent together, she was comfortable enough to walk in, put her bag down on the chair and slump on the sofa.

'Takes too long to bake a potato. Especially when I don't have any. Cheese and tomato sandwich. There may be yoghurt after, if you eat your crusts.'

Anna laughed. 'I've had a rubbish day,' she said. 'Yoghurt can only help.'

'Well, I was there for most of it,' said Adam.

Adam brought her a small plate with a sandwich on it and put a glass of orange juice on the table in the middle of the room.

'Thank you. It got worse after you left. Tim showed up in a foul mood, being very snappy with Grace. What's going on there? I told him about Michael's medication and he said that's going to cost us. Next thing I know, I get a phone call from the social worker telling me that Maureen is moving to Wade Avenue, or the House of Pink as we like to call it, and that I need to set up another visit and work towards a discharge date. I told her that that move was on hold and we were working on a different placement and she told me that Peach had told her only today to push through the paperwork. I told Tim, he wasn't surprised. He said that Cassells had been talking about Maureen... Did you know he's been through her notes in real detail? He says she should go to Wade Avenue. Peach agreed. I've not told Maureen. I'm not finished with this yet.'

'Cassells does like to get involved,' said Adam. 'Wonder why? I mean, he can't simply want to spread misery wherever he goes.' 'Maybe it's like you said, he's conducting an experiment?

'Tim was really upset, he said he felt undermined. It was a pride thing I think, but I also thought there was more to it than that. He's not the sort of bloke you imagine being angry, but he was very angry.'

'Did he say where he had been all morning?'

'Headache apparently. Migraine. As Anna chewed, Adam thought. He didn't want to, but he did anyway. He could feel a tingling anxiety in the tips of his fingers. Worry? Anger? Fear? It was partly about Maureen. It was the nature of the cruelty that disturbed

him. Framed by good intention, rational, spiteful. But there was something about Cassells that made him alarmed, almost made him fearful.

'What would happen if Maureen refused to go?' asked Adam.

Anna shrugged. 'She would be persuaded, I imagine, or put on a section.'

'She isn't sectionable.'

'I'm sure Peach could find a couple of people to say she is.'

'I'll talk to Peach.'

'Hey, I don't mind you making me sandwiches but I don't want you fighting my fights.'

'Not your fight, its Maureen's. And, in case you hadn't noticed, she is my patient.'

'Mostly mine,' Anna said quietly, mocking.

Adam offered her a cigarette.

'No thanks, I'm giving up,' she said. Anna got up and went to the window.

'You being followed?' asked Adam.

'Yeah, maybe. I didn't come to talk about that though.' Adam stood behind Anna and looked out of the window. He couldn't see anyone. She was probably being sarcastic.

Adam noticed that he quite liked Anna. He didn't think she made sense and he wasn't sure that he would ever trust her, but he quite liked her. That was, he thought, the advantage of having slept with her. People find it harder to lie when they don't have their clothes on, and anyway it's easier to make sense of someone when they are lying on top of you.

'So, apart from the yoghurt and the surveillance opportunity, what is it you wanted to talk about?'

Anna turned around and smiled, a really big smile, right up to her eyes. 'I'm not sure what order to say this in, so can I just ask you to suspend judgment until I've finished? It won't take long.' Adam shrugged, stepped aside and let her walk past and sit down.

'I liked the sex, it was good sex. I don't want to have a conversation about it meaning anything because we both know it didn't, beyond being good, er... , well done. I may be pregnant; I make it a 50/50 chance it is yours. I sort of wanted to get pregnant, well not sort of, I *did* want to get pregnant. The bloke who may be following me, but probably isn't, was sort of a boyfriend who I split up with. I wanted to get pregnant, so I slept with him and then left him. I didn't and don't want any involvement from whoever the father is, but I thought it might be OK to tell you, rather than make myself really dislike you. Which I could do, in fact I may have begun trying it out in the kitchen earlier, and I

have done it with people in the past. Then I thought maybe I didn't have to do that. Erm, sorry.'

Adam looked at her and nodded. It was the sort of nod you offer when you are choosing to demonstrate some sort of acknowledgement that something has been said but you don't really know what you think or feel or should say. He nodded again. He was still nodding when he sat down on the armchair facing the sofa.

'It was only three weeks ago?'

'Yeah, twenty-four days actually. Does that sound obsessive? You might be thinking I'm weird. Actually I am weird, I suppose, but you might be thinking psychopath. Are you thinking psychopath?' Adam half shrugged. 'Look, you know the story I told you about dancing? You get that, right? I left home young and I tend to live a very contained life. I am a serial monogamist, I haven't ever really fallen in love, not incurably and I want a baby. I don't want the relationship that goes with it, I don't want money or weekend visits. I think I wanted the father thing to be wrapped up in anonymity and it was a nice evening and you're quite cute when you aren't hungover.'

'That's the nicest thing anyone has ever said to me,' said Adam. He pointed to the window. 'And the other guy knows and that is why he is following you around?'

'No, no, he doesn't know. I had no intention of ever seeing him again but he... Well, he thinks he may be having a bit of a breakdown. He isn't, well, I don't think he is, he's just been smoking too much weed. He didn't know what to do and knew that I worked in the industry, so to speak.'

'So you wanted to get pregnant without any complications and chose to sleep with a dopehead beginning a nervous breakdown, and me? Were none of the Muppets available?' Anna laughed. 'The sex was nice,' said Adam.

'It was,' she nodded.

'I'm in no shape to be a dad.'

'I don't want you to be a dad.'

'Why are you telling me again?'

'You'll notice at some point and I don't want to move and I thought if I got it out of the way early you might not... Hell, I don't know. I think I thought you might be OK about it.'

This time Adam laughed. 'I don't know if that says more about you or me.'

Black hadn't followed Anna. He left her with a low-lying sense of relief. It was the drugs that had made him think everyone at work was looking at him oddly. That his idea to dress up some bloke as a bear in a floppy hat to sell beer had made people talk about him behind his back and in the case of Angela and Sheryl laugh in his face, or at least at his

trousers. It was the drugs that made him scared on the tube and made him want to eat biscuits more than he wanted to have sex. It was the drugs. Anna would know that sort of thing. Although she had looked at him a bit oddly and she seemed hostile, certainly not pleased to see him. Like she knew something about him. Maybe someone had said something? He wondered about the tall bloke she had been talking to at lunchtime, the guy who had looked at him funny when he was leaving the hospital. Perhaps Anna was sleeping with him? Perhaps Anna had been sleeping with him all the time? He wondered why he cared. He didn't care, but it made him anxious anyway. And as he wandered reluctantly to the tube station to head home he heard a voice in his head that sounded a lot like his father's—as far as he could remember, because he hadn't heard his father's voice since he had died when Black was ten. It said: 'Just because you're paranoid it doesn't mean they aren't out to get you.' And Black noticed a woman walk past him and shoot him an odd look as he nodded to the voice in his head and must have said out loud: 'Ain't that the truth.'

Adam had tried to distract himself with press-ups after Anna had left but it hadn't worked. He put on a record. Otis Redding. It was wrong. Chumbawumba: lively but not subtle. Orange Juice. Nope. The floor was littered with LPs. He tried the radio: it was rubbish. He wanted to phone Grace, who had worked a long shift, and ask her what was going on, but she had just done fourteen hours' work. To call her when she got home to talk about it was too much. Although if he phoned her before she left work that wouldn't be so bad... It was 8.17. She would leave at nine. Anna had left at seven.

Pregnant? She couldn't be sure. Didn't he read that 20% of pregnancies didn't make it past twelve weeks? And if there was only a 50/50 chance he was the dad... What was 80% of a 50/50 chance? 'Don't say 40%' he said out loud to nobody but himself. 'It isn't 40%.'

Isaac Hayes' version of *Walk On By* helped, or at least he didn't take it off after less than a minute as he had with the others. It was 11 minutes 52 seconds long. 'Sod it,' he thought and phoned the ward.

'What's going on?'

'Are you psychic?' asked Grace.

'Anna popped round for a cheese and tomato sandwich.'

'Is that what it's called?'

'No, really. Anyway, what is going on?'

'Tim is behaving like a hormonal twelve year old girl; Maureen is being put in a home for Barbie; Michael is asking for drugs to help him sleep. Mary is still sitting in the same chair you left her in eight hours ago. Norman wants me to marry him, despite his

already being married and no, he hasn't told his wife he has proposed to someone else. Oh, and Cassells wants me to do my psychotherapy training. He told me this while he was telling me how outraged he is that Maureen isn't being allowed to live as George. He says I have a naturally calming yet neutral presence, apparently. I think he has a naturally slimy yet wouldn't-trust-him-as-far-as-I-could-throw-him presence, personally.'

Adam didn't say anything for a moment, mostly in case Grace hadn't finished but partly because he didn't know where to start. The polite thing would have been Norman; the thing he wanted to talk about was Maureen.

'You would make a good therapist. I have to say I don't think Cassells is pointing that out for altruistic reasons.'

'He's a psychopath,' she said. 'The psychopath light went off in my head when he was talking to me.'

'Yeah, he is. He is the one who allegedly persuaded Peach to put Maureen in the home for Barbie.'

'Bastard.'

'Yeah. And Tim?'

'I don't think he's a psychopath... He may be a bastard.'

'No, I meant what is going on there?'

This time Grace paused. 'I'm not sure. There is something he isn't telling me and he's hiding it behind the fact that there was something I didn't tell him.'

Adam waited to see if Grace was going to continue. Relieved that she didn't, he said: 'And Maureen, does she know?'

'No, of course not. She'll be the last to be told.'

'What do you think would happen if we told her? 'Do you mean what would happen to her? Would she do something stupid? I don't know. I don't think so, but wouldn't bet my life on it. Or do you mean what would happen to us? We'd get called unprofessional, I suppose.'

'Funny idea, really,' mused Adam. 'That keeping a patient informed about their future and the discussions and decisions made about their lives is unprofessional.'

'I think we'd be told that causing undue stress or anxiety is unprofessional, don't you?'

'Oh yeah, definitely', agreed Adam. 'But that doesn't mean we shouldn't do something.'

'No, of course,' said Grace. There was a pause before she added, 'So what are we going to do?'

Later, Adam was failing to sleep. He had taken two diazepam, drunk three glasses of cheap whisky and smoked a joint. He felt as though his outer layers were ready to sleep

but his innards wanted to go dancing. It was 10.53 and he wasn't even going to pretend to try to read. He thought about Anna. He knew, somewhere, that the madness she had brought round earlier was important but he couldn't process it, not through the drugs. His mind kept turning back to Maureen Marley. It wasn't the fact that she was being moved into the wrong home, well it was, that was madness, but it wasn't that that made his liver rage. It was the reasoning behind it or, worse, the way the reasoning had taken place. It was essentially some blokes messing around, playing games, and part of him felt as if perhaps they were inviting him to play. More: demanding that he join in, stand in line with Cassells and Peach and goodness knows who else and see who can piss up the wall the highest. He didn't want to play. He wanted to be seen *not* to play, which was a way of playing. And he didn't want Maureen to live in a doll's house. He sighed, put on his shoes and jacket and decided to go and see Libby.

Anna had not gone home. David Cassells was hosting a lecture by a 'colleague and friend' at what was laughingly called the Academic Centre—a room with a drop-down cine screen, a slide projector and 23 plastic chairs—in the new annexe. The talk began at eight o'clock and was called 'The Therapy of Disdain'. It was by a German called Heinrich Ruber, whose position seemed to be that kindness or even good manners in any therapeutic exchange is less about building a relationship with the patient and more about trying to feel better about oneself as a therapist. Anna wasn't interested in the talk or the wine. She wanted to know why Cassells had gone out of his way to invite her and then follow the invitation up by phoning her in her office to remind her, and tell her how much he was looking forward to seeing her.

She got there at 7.30. There were six people in the room and Cassells came bounding over to greet her. He offered her wine in a plastic cup; she took orange juice and asked him who else was coming.

'Mostly psychologists and junior doctors, I am afraid. It is so hard to get the nurses engaged in this sort of discussion, that's one of the reasons I am so glad you are here, Anna.' All the time he was smiling.

'Shiftwork.'

'Of course. But you are here. Perhaps you have the sensibilities of a therapist.'

Anna ignored that and asked: 'So how are you settling in?'

'Oh, you know, slowly. You haven't been here yourself very long have you? How did you find it?'

Anna smiled. The game was clearly to get the other person to talk about themselves. I can play that, she thought. 'Is it different here to the Bethlem?'

'In some ways, yes. In other ways, not so much.'

'Why did you make the change?'

'You are very direct, Anna.'

'You're a tad evasive, David. I'm curious, why leave there to come here?'

'I felt ready for a change.'

And for the first time it occurred to Anna that David Cassells wasn't coming somewhere new as much as leaving something behind. 'You seem to be settling in quite quickly, and influencing things, too.'

'Well, that's my job.'

'Are you enjoying working with Dr Peach?'

'He's a very experienced doctor and a very welcoming colleague.'

'And the nurses?'

They are interesting. Your friend Mr Sands is a hard man to read; I rather like him. And Grace is delightful. And you of course, clearly destined for great things, Ms Newton.'

Anna ignored him. 'Am I right in thinking that you think Maureen Marley should be discharged into the all-women's house on Wade Avenue?'

'Really, Anna.' He was still smiling but his lips quivered slightly. He may, she thought, be ready to blush. 'This isn't the time or place is it?'

'Just interested, David, in your opinion, in an academic sense if you like.'

'Well I think...' As he spoke he pulled his shoulders up, shifting from lascivious to professional. 'It's slightly more complicated than it looks.'

'Of course you do,' murmured Anna.

'Now now, you did ask. I think that you are right, and so was Dr Leith eventually, who incidentally I find a little too easily distracted for my tastes, don't you? Not prepared to comment? OK, anyway, if we are not going to cure her—whatever cure means—we need to ensure she lives happily. However, we also need to be careful not to abandon hope that she may recover, and pretending that she is not a woman does that doesn't it?'

'Well, no,' said Anna quickly. 'Moving her into a mixed home lets her be whatever she happens to be.'

Cassells reddened slightly. 'A mixed home, you say? I thought it was a men-only house you and Dr Leith were recommending?'

'No, it's a mixed house. Men and women, just like the real world.'

'Ah, I see. Dr Peach told me... Well, never mind. In that case, no, you are right, of course you are right. I will talk to Dr Peach about it first thing tomorrow. Carla, Carla...' He turned and beckoned over Carla Tandy who was holding a handful of crisps in the palm of her hand, as if, thought Anna, that was fooling anybody.

'Carla, did you know that the house where Ms Newton wanted to move that patient you want to do a case study on was a mixed house, not an all-male house?' He exaggerated his surprise.

'Yes David, I did. We did.'

'I certainly didn't!' Cassells raised his voice just enough to get the attention of the three people standing nearest.

'But we talked about it...' Tandy looked embarrassed and then contrite. 'I'm sorry, I thought you knew, David.'

'Well I didn't.'

'Nice dress.' Anna smiled at Carla Tandy in a thin if heartfelt gesture of female solidarity.

'Thanks,' muttered Tandy, who had the look of someone who found her life to be an absolute misery.

Anna stayed for half of the talk, but when there was a break she made her excuses and left. Cassells popped out before her and he hadn't come back when she left. She had no idea what Cassells would say to Peach, if anything. She had no idea what he would do next, or why, and she rather doubted that he did. But she had done all she could do for now. She walked up to the tube station. It was 9.14 and she got half way before changing her mind and going back to the ward. If she wrote up her notes now, even if it meant she didn't get home until midnight, she wouldn't need to come in tomorrow morning; she could pop in to see her doctor instead. And anyway, she hadn't stayed late for a while and she still liked the hospital at night.

When she came on to the ward she was surprised to see Cassells in the nurses' office talking to Tim. Tim had his head in his hands. Tiredness? Tears? Anna guessed he was trying to contain anger. If she were in a room with Cassells that would be what she would have to work on. Cassells was leaning forward in what nurses called the empathy pose: open posture, head tilted, arm ready to reach out and touch in a meaningless way. And so she didn't go any further. She turned around and went home.

For Adam, the walk to the hospital always began quickly. For one thing it was cold. It was after eleven now, and October brought a chill to the air that prevented his body from opening itself to the late evening warmth of a summer month, instead tensing itself slightly and heading off with purpose. Anyway, the hospital was out of sight when he started, so he could fool himself into thinking he was going somewhere else. He liked the cool air. He would lift his chest as he walked, look up at the scattered clouds visible against the near-full moon and try to imagine he was small, or at least smaller than the sense of eternal consequence he carried around with him made him feel.

The streets were relatively empty: a few stragglers staggered home after turning out time; two drunks were trying to do something hilarious with a traffic cone but falling over and laughing loudly on the damp grass verge. They shouted something at him as he walked past on the other side of the road. He felt nothing: no anxiety, no sense of risk. He unconsciously slowed his walk slightly, turning his head slowly and stared evenly at them. One of them shut up. The one on the floor began to shout something about queers, but shouting and standing up proved too much for him and he fell over again, and they both started laughing at themselves or the grass or gravity.

As Adam drew near the hospital he could see three people standing at the top of the main drive, talking; one of them looked familiar. He crossed the road and instantly felt more furtive than he liked to, or had before. He had come here at night many times and he had emboldened himself with a sense of legitimacy, of belonging. This was his place, to come and go as he wanted: a nonsense, but he clung to it anyway. The moonlight showed him the shapes of the three men—no, two men and a woman—but not their faces. He walked down a side street, pausing, turning round and looking round the corner. One of them looked like Cassells: confident stance, expensive-looking coat, floppy hair and talking with his body, moving his shoulders and torso in rhythm to whatever he was saying. That was Cassells, which made the skinny woman Tandy. Adam turned and walked down the side street, dark and residential with muted street lighting and no noise. At the end of the road he turned left, crossed over two more streets and turned left again. This took him back to the main road but further along, near the annexe. He could get into the hospital that way.

He thought about Anna and a baby. Babies existed in another universe. He didn't know anybody with a baby. He and Catherine had never talked about them, beyond musing on how pointless and noisy they appeared to be. He had never imagined himself holding a child, let alone fathering one, but of course this may not be anything to do with him. She wanted him to know but not to care. She wanted him to respond with generosity to her need to tell, but was relying on the fact that he wouldn't be able to muster enough of a sense of responsibility to engage. And she had a fall-back plan just in case he turned out to be more interested than she had hoped: it might not be his. 50/50. Quite clever really.

Or of course she might be less manipulative and controlling than that. She may just be a woman on her own trying to meet her needs without being compromised. She might hold the so-called conventional route to things in the same sort of contempt that he did. She may just want a baby without a husband. Adam's father had left his mother when Adam was four, and died three years later. He hadn't missed what he had never had and his mother had never remarried. She didn't need a man either. 'Drank all the sherry and

made the place smell' was her summary. Adam, of all people, should not be quick to judge Anna. But that didn't mean he should be quick to trust either.

There was a side gate that opened on to a pathway to the annexe. Adam went through it and walked round the building. At the side was the small car park he had come through earlier: it was unlit, apart from the half glow of the street lights some fifty yards away, back on the main street. At the end of the car park was another gate, higher than the others, with a stiffer catch, but he slipped through and began walking toward the side entrance of the asylum. As soon as he lifted his head and breathed out an unconscious silent sigh he could see something hanging from the large oak tree in front of him. It didn't occur to him that it could be anything other than a person.

Adam ran forward. All he could hear was his own breathing. He nearly stumbled, caught himself. The body looked familiar. Was it moving or was it swaying slightly? He grabbed it and lifted the weight, heavy. His face pressed against a jacket. It felt like wool; there was no smell, no sweat or pee or cigarettes. He couldn't feel any movement but chose to imagine there might be some. He pushed the body weight up slightly more, taking more weight in his back, relieving the tension in the rope, taking the weight off of the neck. Panting and watching the breath turn to condensation he said: 'Great, what do I do now?' And then, directing his voice upwards: 'Are you conscious? Can you hear me? Can you move?' Nothing. He wondered if there was a twitch in the leg, a gentle kick of acknowledgement. He shifted the weight again and glanced up. Saw the waistcoat under the jacket, the pudgy hands hanging loosely from dropped shoulders. 'Tim. Bollocks, Tim. Can you hear me? Tim? I'm not letting go.' Defiant. Angry. And he wondered: 'How long can I hold a twelve stone man who is dangling from a tree?'

The road was quiet now, no cars. There were always cars. Not that cars were of any use. He looked toward the hospital door he had been heading for. There were no open wards in that wing. The annexe was the nearest place with people in it, maybe fifty or sixty yards away. He tried to focus on his breathing. He closed his eyes and concentrated on pushing his legs into the ground. 'Make a foundation,' he thought, and he muttered those words to himself over and over.

Adam glanced up at the sky. The clouds were moving faster now, wispy and brown, flying across the moon just in his eyeline. 'Someone will come,' he thought, still staring at the sky. 'Someone is bound to come.'

His neck was stiff. He moved it and looked down; the grass was thick and damp, clumped together in tufts. He began to count to himself, three numbers for every inhalation. He got to 140. He thought about his hands: they were gripping Tim's thighs,

wasting his energy, he thought. He needed to relax the muscles he wasn't using. His back hurt. He looked at the sky again. The clouds were getting thinner, more pink.

'I'm calling for help,' he said out loud. 'I can't hold you forever.' He heard a noise coming from the hospital door. 'Help! I need help here,' he called, not as loud as he had thought he would. His whole body was hurting and his shoulder was numb where he was leaning into Tim's deadweight body. He called again, louder this time, and he heard a twig. He turned his head, leaning it into Tim's soft stomach.

It was the young man he had seen here earlier, as bright-eyed as before, calm but attentive. He stepped toward Adam. 'Let me'. He wrapped his arms around Tim's other leg and hip and instantly relieved Adam of the weight. Adam exhaled loudly. 'How long have you been holding him?'

'I don't know. You need to get help.'

'No, you have been here a long time.'

'How do you know?' Adam was uncertain. He had no sense of how long he had been standing there, holding Tim up against the world.

'You must have been. It's so late it's early. I'm out here for the dew. I can hold him while you get help.' The young man seemed strong: he was shorter than Adam, slim, athletic. The way he held himself, the way he spread his weight on the grass as he bore more of the load, Adam knew that the young man was taking more of the weight.

'OK. OK,' he said. 'I'll go to the annexe and get help. I'll be straight back, I'll be less than two minutes, I'll bring help.' The young man nodded. 'What's your name?'

'Is now the time for introductions?' he smiled. 'I'm Adam.'

'I know,' the young man said. 'I'm Jonathan.' 'You got him?' asked Adam.

'Yeah. Go.'

Adam eased down the weight he was still holding and Jonathan took it comfortably. Adam hesitated for a moment and then ran toward the annexe.

The door was locked. He pressed every buzzer there was. It was mainly offices but there were two small specialist units, one for eating disorders and one for people with personality disorders who the therapists thought would benefit from intensive work. It seemed to take an age but he kept buzzing.

Finally an angry tired voice said: 'What do you want?'

'I need help. There is a man hanging from a tree out here, a doctor, I need you to call an ambulance and I need some help to get him down.'

'What are you talking about? I will call the police...'

'Yes, call the police and an ambulance. My name is Adam Sands. I am the charge nurse on ward 6. I swear this is the truth. I need help.'

There was a pause and then: 'Wait a minute'.

Two nurses came down to the door, one a middle-aged black man, the other a middle-aged Asian woman. Adam recognized the man and knew that he would recognize him too.

‘Have you called the ambulance?’

‘Not yet.’ He pointed at the woman.

‘You call the ambulance, you come and help me. There is someone holding him.’

Adam turned and ran back across the car park toward the tree. He could hear the man trotting along behind him. When Adam got there Tim was still hanging, motionless. Dead. Jonathan was nowhere to be seen. Adam ran forward and grabbed Tim again, looking down at the grass as he did so, noticing the single footprints in the mud and the trail in the dew behind him. The single trail.

‘Where is your friend?’ And: ‘Oh my, that’s Dr Leith.’ The nurse stepped forward and took some of the weight but not much. Adam held on tightly but now, he knew, it was a different kind of holding.

The ambulance arrived just before the police. They pronounced him dead almost immediately. They cut the rope and eased the body to the ground. And Adam gave a statement.

‘How long were you holding him for?’

‘I don’t know. What time is it now?’ The policeman looked at his watch. ‘5.20.’

‘Really? You sure?’

The policeman nodded. ‘Your colleague says you rang the buzzer to his ward at 4.47. How long do you think you held him for?’

‘Longer than I thought,’ Adam said quietly. ‘When did you get here?’

Adam shrugged ‘Before midnight.’

‘Are you sure?’

Adam nodded and swallowed hard. ‘Yeah, a little before twelve, I think. When I let go, when I went to get help, was he already dead?’

The policeman, a thickset man with a big nose and unexpressive eyes nodded once. ‘Yes. Ambulance man says six hours or more. Couldn’t you tell?’

Adam stared at the ambulance as they put Tim in the back. He looked again at the grass all around the tree. There was no trail coming from the hospital door, no sign of anyone else having been there at all. He turned his head toward the policeman a little, not enough to look him in the eye. His neck hurt, his back hurt. He was cold and waiting for someone to ask what on earth he was doing here at midnight anyway. He shook his head. ‘No,’ he said quietly. ‘I couldn’t tell.’



**PART 2 September 17<sup>th</sup> 2013.****Prologue**

*Adam closed the shop at 4.30pm, secure in the knowledge that he wasn't risking too much prospective business. He looked behind him after locking the door—towards the collection of shops that included an Iceland, a Poundstretcher and somewhere that sold such garish handbags and leather goods that he had always assumed it was a front for drug trafficking—to see if anyone was sprinting toward him waving a book token over their heads, desperate for a late-afternoon browse, but there was nobody. He slipped the shop keys into his pocket and walked in the other direction from the shops, toward the sea. It took less than five minutes to get to the old harbour. He was carrying a small nylon bag and wearing baggy linen trousers and a black cotton jacket; he had a pork pie hat on his head. He was 6 ft 2 and looked mostly downward as he walked.*

*The concrete harbour had a small wooden jetty attached to it. Adam walked along the jetty to his scuffed brown rowing boat. It had the word 'Iris' painted on the side and a flaking picture of a flower beside it. He hadn't named the boat, he'd simply bought it.*

*He threw his bag in and climbed down into the boat. He removed the oars from under a stained and seemingly discarded piece of green canvas and slid them into their oarlocks. He untied the mooring and, with barely a pause, navigated his way from the jetty into the centre of the harbour and began to pull his way outward.*

*When he was out of the harbour he felt himself relax; his rowing became slower, longer. He felt a cool breeze as he left the shelter and let the boat drift for a few seconds to get a clearer sense of the waves, which were small and half-hearted, and the current, which was coming from the west and not too strong. He turned the boat so that he could see the beach that curled along the seafront and rowed in a straight line away from land.*

*After about five minutes he stopped. He was far enough away from the beach not to be able to make out discernible shapes, and there were no other boats out. He was alone. He stripped down to his swimming shorts, took some goggles from the nylon bag and put them around his neck. He drew the oars in and took the anchor from the bow of the boat and lowered it into the water. He looked at the land, maybe a mile away, maybe less, and he looked out to sea. No ships on the horizon; nothing but grey chopping channel. All he could hear was the water lapping the side of the boat and his own breathing. He took two weights from the back of the boat and one from the front and moved them all to the side of the rowing boat he was not now sitting on. The boat rocked a little and he took that opportunity to slip into the water. It was cold. It took his breath away. The temperature had dropped since two days ago. It had been a cold summer: the sea had not banked much heat to lose and*

*was quickly giving up what it had. He took a moment to steady his breathing, slipped the goggles on, turned away from the boat, put his face down into the water and began to swim a gentle front crawl. The cold stung his face a little but he knew that would pass. He concentrated on breathing slowly, to the right, turning his body to ensure he was using his back muscles to pull him through the water, stretching his spine as he did so. He thought about his fingers reaching out beyond themselves into the water, trying to find the rhythm of the sea. He tried to glide, letting his stroke complete itself and nearly touching his front hand with his active hand before pulling on the water again. He didn't look behind himself when he breathed, watching only the horizon. The water was cold, he could feel it in his fingers and his feet and so he kicked, which made him move faster and a little higher in the water. The swimming was easy, he could have gone for miles; on noticing that, he slowed down, glided to a halt and turned on to his back to look behind him. He was maybe 200 metres from the boat. He trod water for a moment, noticed that he wasn't so cold as to be uncomfortable, noticed he was breathing more easily now. He slipped the goggles up and looked around: nothing to see but sea.*

*He pulled the goggles back down, flipped on to his front again and swam. Long languid strokes, pulling his arm through and touching the side of his hip, feeling himself push the water away from him, tasting the thick salt on his lips when he breathed. He didn't stop until he noticed the water had become colder and even then he didn't look behind him. He just rested his head back and felt for the waves. The grey had a denser blue to it now; he knew he was in deeper water. Slowly he turned around; the boat was some way away, maybe a mile, maybe more.*

*He felt the water lap around him. He felt beautifully small. He tried to imagine what could go wrong, what fear would be like here in a fading light as the sea cooled around him. He couldn't think of anything. He felt nothing at all.*

## 9. Who Knows Where The Time Goes

‘Could be hormones?’ a friend had said over a glass of wine and a takeaway a week or so previously, but Anna didn’t really take it seriously. That was the sort of thing people said when they couldn’t be bothered to talk. It could be something a bit more existential, Anna had thought: Tom had finished his degree and decided to stay on and do his Masters. To her, that simply put off whether or not he would move back home to London or stay in Manchester, where he had a life, friends, an affordable flat, perhaps a significant other she had never met, but not his mum.

Not that she was a clingy mum, she wasn’t. She bordered on obsessive in her non-clinginess, aware that as a lone parent she might be prone to a reliance on his existence that could smother him. She made a point of phoning him only when it was her turn and always after the same amount of time that he had left it since her previous call. She had been able to help him financially, having saved up for his education since he was six, and had been quite proud of his reasoning that Manchester was both a good university and also more affordable than London or Paris or Madrid. She hadn’t said that it might have proved cheaper if he had stayed in London and not moved out of their flat in Stoke Newington, because she knew that going to University was about growing up. And anyway, Manchester didn’t feel as rejecting as Madrid would have.

But the absent son, the lack of lovers, the quiet she tended to surround herself with when she was not working, felt more telling than any change in her hormones. And her approaching fiftieth birthday felt even more symbolic than irregular periods and a slightly achy hip.

Anna Newton was now a health researcher. She still wanted to giggle when she had to tell people that. In her head, research was done by boffins in white coats, fiddling with Bunsen burners and looking earnestly at ‘data’, and they never smiled. But she enjoyed being a researcher, she liked going to work and she believed that what she was doing in the world had some form of usefulness, which remained important to her.

Anna had stopped working in practice just before the end of the last millennium. Career progression was limited for experienced nurses. Teaching looked dull, management looked corrupt. In 1999 everyone seemed to be re-training as a landscape gardener or a shiatsu practitioner, or starting their own internet business. When she was asked to be part of a research team looking into what had happened to the patients she had helped move into the community more than a decade earlier, she had become fascinated not just in how they had flourished, or not, but in the process of enquiry itself. She did a part time degree in Social Sciences and when she got the opportunity to turn half of her ‘Community Team Leader’ post into a Research Nurse, the perk was that they paid

for her to do a Masters Degree in Research Methods. She had been working in research full time for more than ten years. She had seen several projects through to completion and was confident in her ability to do what she was paid to do. Her current project was the biggest and most important she had ever been close to, let alone worked on.

On the face of it, the subject of her research, 'Context and Cognition Therapy,' was perhaps an inevitable response to the alleged failures of Community Care. It was essentially soft and close to whimsical, and if the health service had not been still riding the wave of post-1997 relief it might not have seen the light of day. As it was, it was not only being taken seriously but it had even attracted money, proper money from Leichter and Wallace Pharmaceuticals, one of the largest drug companies in the world and ironically one of the largest producers of anti-psychotics in the UK. Ironical because 'Context and Cognition Therapy' or CCT, was a treatment that eschewed all drugs. Unlike the fashionable therapies of the time like Cognitive Behavioural Therapy, it was not offered alongside drugs but functioned instead of them.

The idea of CCT was twofold. The first was that context at best contributes to suffering and at worst constructs it. If we take people out of whatever situation their psychosis or depression has developed in, then change becomes inevitable or at least available. Traditionally, over the course of the previous one hundred and fifty years or so, psychiatry has taken people out of their situations and placed them into somewhere often worse. Asylums were at best rule-laden, depersonalizing institutions of containment. At worst they were torturous and abusive. Whenever the idea of hospital as sanctuary reared its head in history someone came and redesigned it, bringing back the chains, the degradation and eventually the electricity and the very sharp knives. CCT happened on small quiet farms with gardens and an obligatory orchard. The farms had music rooms and a library full of books and films. There was fresh food and cookery lessons; woodwork classes; swimming; bread-making and of course more yoga than any body could ever realistically tolerate. When the first CCT centre was established and financed by a Rock Star who had too much money and a diagnosis of depression, and made available for free to fifteen lucky if bemused NHS patients, one of the eager-to-hate tabloids had done an exposé on it, describing it as an 'out-of-time hippie commune for nutters'. Said tabloid had since revised its editorial position.

The second part of CCT involved a talking therapy. However, unlike all the more popular and prescribed therapies available, CCT didn't have a theory of human understanding that defined or branded it. Therapists in CCT essentially chatted; asking questions about random things like enjoyable holidays or favourite shoes and taking note of the fact that sometimes, often even, the 'patient' was increasingly cogent when reflecting on life outside of their alleged madness. Theories were applied to this process

and words given to the nature of change that befell some of the patients. However, the small group of people being paid by the Rock Star to do what they did had the good sense to avoid the labelling of what they were doing and instead just did it. Unofficially the recovery rates were rather remarkable and the Rock Star, this time aided by a PR savvy Film Star recovering from the mental health problem that was punching a co-star for not using mouthwash before kissing her on set, opened another CCT centre. By the time the slowly growing collective of OBE-hunting celebrities opened centre number three the NHS felt compelled, mostly for PR reasons, to join in.

The problem for the government was, how should they become involved? On the one hand, the CCT centres were currently not costing them anything and were thus something of a flagship for their 'public/private partnership' motif. On the other, if they weren't involved with them they couldn't really take any credit for them. Beyond having their photograph taken with the Rock Star and friends.

It was also the case that CCT had recently successfully treated the England football captain who had come to believe— perhaps in part due to too many pain killing injections—that one football, somewhere in the UK, would destroy him and had thus become unable to go outside, let alone play for his country, as well as several 'ordinary' but insane patients. People were beginning to wonder if three CCT centres were perhaps insufficient for the mental health needs of the country.

The people in charge, the government people, 'knew' that CCT was a passing fad, a whim with no more evidence underpinning it than crystal healing. However, it was popular, people talked about it and when they did they talked about the mad in a different way—as helpable rather than dangerous— which was a good thing, because the government had been running an anti-stigma campaign for about fifteen years and nobody had noticed. Anyway, the government liked popular things, regardless of the fact that those things might be rubbish; hence the many celebrity photo opportunities.

The problem was one of money. Government cannot throw research money at anything that takes its fancy. It has people in quangoes that do that sort of thing for them and they, by their very nature, take a long time to do anything. They also have people who fix things for them and those sorts of people come in all shapes and sizes and bring all sorts of talents. One such man was Black Portier.

For Black, CCT was PR heaven. Black had had an unfortunate brush with psychiatric services in the late Eighties. He had smoked too much dope, got a bit paranoid, stopped when he was told to, got bored and started again. As a result he spent 36 hours in an acute psychiatric ward in London and was scared so utterly shitless that he gave up dope, tobacco, beer and, just to be on the safe side, cheese. In what might have felt like a random act of penance, he volunteered to work on the ad campaign for the original anti-

stigma campaign, coming up with the slogan 'If you caught madness would it make you less of a person' which was rubbish but somehow encouraged the commissioning Department Of Health official to sleep with him. Black noticed that, in career terms at least, one difficult weekend was the making of him and he was, bizarrely, the obvious candidate when the government was hiring spin-doctors by the dozen to sell various messages to a still-relieved population.

By 2004, however, government valued solutions to problems a tiny bit more than slogans. Fortunately, Black Portier had moved with the times and, buoyed by the commitment to public-private partnership, had approached a sceptical Leichter and Wallace Pharmaceuticals with a proposition.

Leichter and Wallace had their own problems. Profits had fallen to £1.48 billion from £1.6 billion the previous year, and shareholder confidence was not being helped by two lawsuits being taken out against the company: one claiming that its preferred anti-psychotic had caused or contributed to the suicide of fifty-two patients from 1996 to 2000; the other suggesting that a side effect of its popular anticoagulant caused hair to grow inside the mouths of some patients.

Leichter and Wallace, who were represented in their meeting with Black Portier by Nina Sykes, a no-nonsense lawyer from Seattle, had research money to burn. However, who they let burn it was always a distinctly strategic decision. Research funding was speculation money: at worst it was money not wasted on taxes, and at its best it was good public relations that might just lead to a new revenue stream.

'So tell me, Mr Portier, and I must say I have been looking forward to hearing the answer to this all day, why would a drug company put up research money for a project that requires no drugs?'

'Good PR.' Black was trying not to look at her breasts. 'You demonstrate yourself as being committed to patient well-being regardless of where it comes from.'

'And in so doing we concede the possibility that there might be a better way of providing treatment for psychosis than ours? Isn't that rather like a tobacco company assisting in the development of green tea? We have spent the best part of fifty years convincing the world that drugs are good for everything. The merest sign of doubt in that truth would be awful PR.'

Portier smiled. 'But that assumes this CCT nonsense is anything other than hippie drivel that requires something like a proper research base to laugh it out of the water and file it alongside astrology.'

'Spoken like a true Gemini,' she said. 'We're not interested. Unless you are prepared to run a comparison programme. We establish a fourth CCT centre, call it a control group if you like. We do everything they do but we also use drugs. If there is

anything good in CCT we'll show it gets better with drugs.' Black had fully expected to offer the control group as part of his pitch: the fact that she had suggested it, and he could make his acquiescence look like her good negotiation skills, was a gift.

'Not that you are presuming the research outcomes or anything...'

'Of course not. And we get to recruit.'

'No,' said Portier. 'You don't. Independent recruitment of all staff, particularly the research team.'

'You can recruit the research team however you wish, Mr Portier, but we recruit the staff to our CCT centre.'

'OK.' Portier shrugged and stood up to offer his hand. 'You haven't said how much?' Portier shrugged again. '£2 million? Four year project.' Nina Sykes stared at him for a moment.

'Fine.'

Anna knew she was lucky to get one of the jobs. Not lucky beyond her ability or experience, but lucky in the sense that when 256 people want a job and you get it you have to be a particular sort of idiot not to be grateful. Initially the project was for four years, but it became clear that nobody was sure what recovery was, nor what meaningful results might look like. Was it a measurable reduction of symptoms? Was it to appear less mad to people in the street? Or was it something to do with work, or study, or whatever meaningful activity people valued being as available to patients as it is to non-patients? They also hadn't factored in people getting well, leaving, getting ill again and coming back. How do you measure recurrence? And when do you decide that CCT has failed and another, more conventional treatment should have a go?

The length of the project was also complicated by the Rock Star and his growing band of rich do-gooders—which now included The Film Star, the Former England Football Captain, two comedians, a very well known guitarist and a news reader—who had insisted on opening three more CCT centres. More data became available, more challenges to the research process emerged. And while all this happened CCT passed into the nation's consciousness, regardless of its evidence base. Nina Sykes was concerned. By 2011 she had written to Black Portier to

insist that results were released, results that she was sure proved that CCT was little more than a holiday camp that waited for madness to pass of its own accord, whereas medication offered salvation. The problem was, as Portier said in an email he sent to Ms Sykes, there was no evidence to suggest that that was the case.

Anna, not immune to the cynicism that she had gathered around her like an invisible layer of mould, was as surprised as her research colleagues at the collated data. There had been three of them leading the project since its inception eight years before.

They had come to like the farms, the workers and the patients. They had become as immune to the on-demand yoga and well stocked libraries as they were to the weekly offers of inducements when visiting the Leichter and Wallace-established farm, which included the overt offer of sexual favours to the research lead, Dr Paul Stern, on more than one occasion. They were not, however, immune to the collated results of eight years' work. To break it down, patients with a psychotic illness have a 1 in 4 chance of a recovery in normal psychiatric service. People in the Leichter and Wallace CCT showed a 1 in 3.3 chance of recovery. People in the drug free CCT services showed a 1 in 2.5 chance. These results were, unless they could be discredited by the methodology or corruption of the research team, sensational. Indeed, they were so annoying and surprising that Portier's bosses told him to make the research team collate them all again. That took five months. The results were the same.

Paul Stern, Anna Newton and the third member of the research team, Meena Ahmed, were taking up a project researching depression management regimes for a large charity. Their work with CCT was done and they simply awaited the call that would tell them when the data would be released and what availability was required from them for the inevitable press rounds.

It is possible that Anna would have waited more attentively for the call telling her to prepare to share her work if it had not coincided with the end of Tom's degree. He got a first in English and Music and she was too embarrassed for him to see her cry. She bought him a handmade Gretsch Resonator guitar though, like the one he had had a picture of on his wall when he was thirteen. He cried when she gave it to him, and hugged her like he used to hug her when he was eight and had had a bad dream.

While Anna lent most of her conscious attention to her work, all of her unconscious world revolved around her son. Was he doing an MA because he couldn't think of anything else to do? Because he loved his life so much he didn't want anything to change? Because he didn't want to come home? Had he met someone and not felt able to tell her? What if the someone was a man? Tom liked clothes and used moisturizer. He was good at sports but didn't take them seriously. He hadn't had a proper girlfriend before he left home, not proper in the 'can she stay over' sense. And how does Anna make it easy for Tom to tell her he is gay without forcing the issue? Anyway, if he doesn't want to move back to London it might be because she interfered with his life in some way she had failed to anticipate; asking about his sexuality might simply exacerbate the looming presence she had lived in fear of being. Work was a blessed release for Anna. A world of tangibles, of clear lines and hollow belonging that made the fear go away. She was also self-aware enough to know that spending her working life trying to find better ways of looking after people called mad acted as some kind of penance. Not that she had a clear sense of what

the penance was for, but she felt something, somewhere, that she knew required acting upon.

The team had two weeks off before starting the new job. Anna had gone to Greece for a week and lay in the sun reading. Paul Stern had spent a week fishing with his son in Scotland. Meena, being younger than the others, had spent a lot of it dancing. And sleeping.

Four days before they were due to start work Paul had called and left a message. 'It's 11.35. Call please. Bit concerned.' Paul was given to economy in his communication but not anxiety, and he had sounded anxious. Anna had been out running when he called and phoned back as soon as she got the message, but it had gone straight to voicemail. 'Calling back. What's up?' When she hadn't heard from him by the evening she called again and left another message.

'What's going on, Paul?' He didn't phone before she went to bed. Tom did though. He sounded distant and sniffed a lot. He said he had a cold but she wondered, is he on drugs? And then 'how wrong is it to take a urine sample from your son without him knowing?' She closed her eyes and shook her head. Maybe it was hormones after all. Either that or she was becoming a rubbish old woman.

Anna listened to the news on regional radio. Mostly they wheeled out press releases dressed up as events and questioned people without letting them answer, but it was better than anything else available. She might have missed the report of a domestic fire were it not for the word Clapton. Meena lived in Clapton. Indeed, when Anna turned on the TV news and waited for the regional bit in the cheap studio she could see the fire was in Meena's street and eventually her flat. She phoned Meena. No answer. She phoned Paul. No answer. Eventually she phoned the police. Yes, they could confirm there had been a fire: three people were injured, two of them seriously. No, they could not release any names and they could not comment on the cause of the fire until their investigation was complete.

The problem with living alone was that you never had anyone to test your responses against. Was the fear she was feeling, the near certainty that her friend and colleague had been hurt, an appropriate response to the information available to her or was she jumping to conclusions? She decided to walk down to Clapton.

It was a fifteen-minute walk from her flat on Cazenove Road down to Clapton. Anna did it in nine. Most of the road was cordoned off: there were still three fire engines there and several police cars. It was Meena's flat. The house her flat was part of was completely destroyed, as were most of the houses on either side. The building that Meena had lived in was completely gone except for one charred lump of wall and a black smouldering piece of timber. Anna stood and stared at the smoking pile of debris. There was a cluster of people around one of the police cars.

A fireman walked past and Anna said: 'Gas explosion?' 'Fraid not', he mumbled without stopping

"Fraid not?"

'They were very lucky, neighbours got them out.'

Anna turned around and went home.

On the way she phoned Paul: straight to voicemail again. This time she didn't leave a message. As she turned on to her road she saw two men outside her flat. One was knocking on the door; the other was looking through the living room window with his gloved hands shading his eyes. She was instantly irritated. Who the hell looks through a living room window like that if you don't answer the door? She was about to march up the road and announce her presence with an 'Oi', but she didn't. Something stopped her. They didn't look like salesmen or Jehovah's Witnesses. They could have been policemen coming to tell her about Meena but that didn't make sense, this was a time for family and friends, not work colleagues up the road. And the one knocking on the door didn't look official: he lumbered, almost strutted, and he spat in the road. And the other one: who wore gloves with a three piece suit? In September? Anna slowed. They hadn't seen her but if she simply turned around and walked the way she had come they would notice, so she crossed over and walked down the first side street she came across, Osbaldeston Road. She glanced at the men who were both now standing in the road looking at the flat. She walked fifty yards up Osbaldeston Road and waited a few moments. Then she walked back to the end of the street and looked round the corner. One of the men had moved his car, a blue Ford Focus, up outside Anna's flat; his companion was still standing looking at the flat. The driver said something and the second man nodded, walked over and got into the car. They drove off. Anna waited a few moments to see if they came back. When they didn't, she walked very quickly to her own front door and went inside.

She had no idea why she did what she did next, but she started packing a bag. Clothes, laptop, flashdrive, address book. She fed the fish. She phoned Tom, who didn't answer, and left a message: 'Hi honey, sorry to bother you, just needed to tell you that we, I, have rats, yeah I know. Having the exterminators in, they are going to fumigate, or whatever the hell it is they do, so I am going away for a few days. I know you weren't planning on coming home this weekend, but if you changed your mind change it back again. The flat is off limits for a little while. I'm going to stay at Grace's. Talk soon. Love you.' Christ, she thought, that came easy. She didn't stop moving as she spoke. She went to the kitchen and threw some bagels, cheese, tomatoes and juice into a carrier bag. 'Pretend it's a picnic,' she said to herself for no reason whatsoever.

Anna drove a blue Citroen Pluriel. In terms of speed it was one step up from a pedal car. Why that mattered to her as she loaded her travel bag, computer and cheese

into the back made no sense. Nor did the fleeting thought that if they knew where she lived they would know what she drove. Which she instantly decided was a step too far toward paranoia. She got in, started the car and drove off. When she got to the end of the road the Ford Focus passed her going in the other direction, this time with a third person in the back. 'Good instincts,' she thought, before realising that it did not signal anything good.

Anna drove all the way up to Hampstead Heath. She had no idea why. She didn't particularly like it up there and didn't know it very well, but it felt random, and random felt safe. She parked the car and wandered up Parliament Hill. She took out her phone to call Paul again but she didn't dial. Instead she called Grace.

Grace lived in Muswell Hill. She had been left money by the grandparents of her daughter and she had used it to buy a house which she renovated and sold and used the money to buy another and then another. Grace owned a four-storey townhouse in the heart of London that was worth around one-and-a-half million pounds. She didn't have a mortgage or a job. She lived on the rents of the three other houses she owned and she also supported her daughter, Laura, who was studying medicine at Cambridge. Grace thought the random events that had come to make up her life were funny. Laura and Tom had grown up together.

'Anna,' she said when she answered the phone. 'What a lovely surprise.'

'Grace, I may need a head check but I think I'm on the run.'

'OK,' said Grace slowly. 'I think I am a bit out of practice but I'll give it a go if you like.'

'Meena's flat burnt down, Grace. Did you hear about the fire in East London last night? That was her flat. She was in it. Neighbours rescued them. I asked a fireman if it had been an accident, well actually I asked if it had been a gas explosion. He said no. When I went back to my flat there were two men trying to get in.'

'Trying to get in?'

'Well, banging on the door and looking through the windows. They went away and came back again. In between time I went in and packed a bag. Am I being paranoid?'

Grace didn't say anything for a moment. 'Have you spoken to Paul?'

'I've tried. He left me a message yesterday, asked me to call him, said he was 'concerned'. Concerned for Paul is significant, Grace. Grace? You think I'm being paranoid don't you?'

'I don't know, sweetie. What sort of car were they driving?' 'A blue Ford Focus.'

Grace paused for a moment. 'Well, there is one of those sitting across the road with a man in it reading a paper.' More guarded than dramatic.

'What if it is the same one? Maybe they know you are my best friend and that I would come to you?

'OK, calm down Anna.'

'What if they have my phone tapped?'

'Can they do that with mobile phones?'

'They can do anything.'

'Can they? How do you know? And hang on, why would they?'

'Oh bugger! Grace, I phoned Tom and told him I was coming to stay with you. If they intercepted that call they would be waiting for me at your house.' Grace was quiet for a moment. 'OK. You may be being paranoid and goodness knows you've had a shock but...'

'Yes, I know, it could be nothing. But I'm not going to use this phone again, just in case, and I am going away for a few days. Instinct, Grace, my instinct says something bad is happening.' She heard Grace sigh. 'Grace?'

'OK sweetie. Listen to your instincts, but if they start talking too loudly call me. Please.'

Anna cut the connection and something long forgotten to her began to sweep up from her stomach toward her throat. Something like fear, and it concentrated her mind. She walked over to a bench that looked down on London. It was nine in the morning; the autumnal light was trying to break through the smog that hung over the city. It looked a long way away and it felt empty. Her hands were tingling and her stomach was tight. She took her laptop from her bag and opened it up. She logged on to her private email address, hesitated for a moment before typing T into the 'to' box. Tom's address appeared automatically. 'Dear Tom, I've lost my phone! Must be time for a change. Will call you with my new number asap. In other news Grace has suggested we go to Paris for the weekend. How spontaneous am I? Will bring you back an onion. Love mum xx.'

She pressed send and turned off the laptop. She wanted to sit and stare down on London for a while but her instinct was to keep moving and so she stood up, almost nodded down at the city in front of her and walked quickly back to her car. It may be, she thought, that actually all my instinct is telling me is that I need a couple of days beside the sea, that I am over-reacting to what are simple coincidences, that I am bored and just trying to shake myself back to life. She raised her eyebrows to the sky and shook her head. 'Listen to your body,' she whispered to herself and unlocked her car door. She got in, locked the door and began to drive in the opposite direction to Manchester.

## 10. A Prisoner Of The Past

Adam Sands was leaving the faintest of marks on the world he found himself in. This was not some sort of ecologically aware grand design for being. It had simply evolved, the way retreat can.

He lived in Margate and he sold books for a living: some rare, some second hand, some slightly over-priced. He didn't make a lot of money but didn't live a life that required it. He lived quietly; the books helped with that. His small shop was considered quaint by people too polite to call it outdated. It smelt of old paper and salt, and the local community tended to like the idea of having a bookshop rather more than they liked the idea of shopping in it, so it was rarely full. Full would involve about nine people, including Adam. He had been thinking in recent months about modernizing, and by modernizing he meant serving coffee and putting a second-hand sofa next to the History section, but he tended not to make decisions if he could avoid it. Anyway, he got by with the help of online sales, specializing in outdated leftist texts and out-of-print fiction. Niche markets that required as wide an audience as possible. Perhaps the best decision he ever made was getting a website designed and constructed by a bear of a man called 'Freaky Bob'. Adam had paid him for his work by lending him his small boat a few times so Freaky Bob could go fishing, and giving him all three volumes of Leszek Kolakowski's 'Main Currents of Marxism'. These books were received with a reverence that did not correspond with the fact that they were not wanted by anyone else in the country, and had in fact been sitting in the Politics and Philosophy section for the whole of the six years Adam had owned the shop.

Three times a week Adam cycled the nine miles to the sheltered housing, warden-controlled flat his 88 year old mother lived in. He would do her shopping, read to her and sit in silence while she told him about things that didn't make sense, like the internet, mild incontinence, the cost of milk and God. He had ostensibly come to Margate, from Goa via Thailand and four different Greek islands, to be near enough to look after her after a minor stroke. In truth, he had drifted ever since he left nursing and she had managed for the twelve years he had been away from England and he didn't really have anywhere else to settle anyway. She was strong beneath the frailty, and sarcastic. Every time she saw him she asked: 'Are you still persevering with that book business, dear?'

'Yes mum, I thought I'd give it another week, see how it goes.'

And she would sigh and say: 'With your education you should be writing books, not selling them. You do actually sell some don't you?'

'No mum.' Exasperated, tired. 'Mostly I collect them to stop other people from reading.' Later he would cycle home, maybe do some yoga and he would play his guitar very, very quietly.

Today a non-buying customer was lamenting the end of bookshops to Adam and not buying anything as he did so. 'It's the overheads you see,' said the man who didn't own a bookshop to the man who did. 'These big online corporations, your Amazons, they can buy in bulk and they don't have the shop overheads. Have you thought of going digital?' He had well cut hair, an expensive light brown leather jacket, pressed tan trousers and a very red face that hinted at high blood pressure or a tendency toward alcohol. As the man spoke Adam thought that the skin around his face lost interest in holding his head together when it got below his mouth. He could see its point.

Adam said nothing, secure in the fact that the non-buying customer would.

'Not that you would be able to compete of course. It's all about size now. It's just a matter of time I imagine before all shops become a thing of the past...'

'What about the butchers?' Adam said quietly. 'Hard to imagine people buying their meat online, isn't it?'

'Not really, we do our supermarket shop online now. We're almost there already.'

'Right,' said Adam, who didn't eat meat and had no idea why he was wondering about online butchers. 'But you don't know where the meat comes from. Might that not matter to some people?'

'Not really, not when you think about it.' And both men stood silently pretending to think about it. Adam had closely cropped grey hair, a tanned well-lined face and a largely passive expression gathered around a tight mouth and blue uncommunicating eyes. His right arm was embroidered with a full sleeve Japanese-style tattoo depicting large waves and floating flowers, clearly displayed under a short-sleeved red and even more floral Hawaiian shirt. Tall and slim, he moved quietly as befits a man in a bookshop and often wore reading spectacles perched on the end of his nose, which softened his appearance enough to attract the random thoughts and occasional feelings of strangers in his shop. A long time ago he made his living by listening to people tell him their troubles, and he rather enjoyed the fact that now he could make his living by barely hearing a word anyone said.

In the corner, carefully looking through second-hand fiction, again, were Grimy Nige and Jim. They were regulars. Adam thought that sometimes they came to simply stroke the books and wondered why they didn't spend more time in the library, or at least he did until he visited the library and found out there weren't very many books in it any more. Adam quite liked Grimy Nige and Jim, in part because they rarely spoke and in part because they were so excited when they bought the latest James Lee Burke that they argued—they were both probably in their mid twenties—about who was going to carry it.

'What do you do about new books?' asked the man.

'Sell them,' said Adam.

'No, I mean how do you compete with the supermarkets and so forth?'

Who actually said 'so forth?' Adam wondered. The worst thing about working in a shop was that you can't just say 'Well I have to go somewhere else' and walk away. It was his shop, it was a small shop and there was nowhere to walk to. He had to stay there, and the chances of someone coming in and wanting to buy something were slim to nil so he couldn't say 'Excuse me I just need to attend to this less boring person who is actually shopping.' He just had to stand there and be polite. Shops were like prisons in that way, he thought.

'Compete?' mused Adam quietly, ignoring the fact that the man in his shop looked slightly uncomfortable with this. And then something like rescue arrived. Two customers, not apparently together, came in in quick succession. The first was a blonde woman wearing a beige French mac and long brown boots. She smiled confidently at Adam and started looking at the half-heartedly titled 'Psychology and Alternative Therapies' section that formed itself when Adam decided to merge Freud and 'Cognitive Behavioural Therapy for Pets' with Reiki, the I Ching and—just for the hell of it—a book about Astrology.

It was her walk Adam noticed: her stride was short and her shoulders hunched. She moved as though moving was an inconvenience and managed to present a gracelessness which made her appear less attractive than she was. Adam assumed she did this on purpose. He tended to think most people did most things on purpose, even if they didn't always admit it. He wondered why she did that and she instantly became more interesting to him, although he realized, vaguely, that given the man who currently appeared to be trying to move into his shop he would be interested in anyone at the moment.

'Maybe she is clever,' he thought, and women of a certain age who are clever tend to play down their looks for fear they are not taken seriously. 'That would explain the coat,' he thought, which was horrible. 'Or maybe she thinks she is clever but isn't. And has rubbish taste in clothes as well?' Anyway, this was one of the things he did to combat the slowness of the shop when it began to feel oppressive: make stuff up about strangers.

The other customer—who brought the total number of people in the shop to six, and it was neither a Saturday nor the publication date of a Harry Potter book—was a young thin man Adam had not seen before. He looked at Adam and the red-faced man and when they both looked back he turned away and started flicking through the shelves nearest the door, which were 'Cut price—miscellaneous'. If anyone was going to steal anything on their way out let it be something hard to categorize was Adam's reasoning.

‘Mind you,’ said the man loudly. ‘You seem to be bringing in the punters now.’ A pointless sentence designed as a precursor to him expanding his boringness outward.

‘I was just saying to this gentleman that I imagine it is very hard to compete against the larger bookshops. What is that brings you in here, my dear?’ Adam didn’t know whether to cringe or hit him. He didn’t need to do either. The pretty blonde woman glanced up and said with the vaguest hint of a sneer: ‘I like looking at books.’

‘Well that’s the problem,’ the man said immediately. ‘Lots of people like looking at books, not so many of them like buying books from bookshops.’

Adam had had enough now. ‘There’s a shoe shop down the road, you might want to pop in there later to not buy any flip flops and explain to them the end of footwear is nigh?’ As he spoke Adam picked up a handful of books from under the counter and walked round to the fiction section to place them on the shelves. They didn’t need to go on the shelves but it left the man at the counter alone, facing outward at a shop full of people who liked books. The man looked confused for a moment. In front of the counter was a small table with large books displayed. They were there because Adam had seen tables like that in other, what he liked to call ‘proper’ book shops and it offered a place to put books that he didn’t really understand but knew it was good to sell on. The odd celebrity biography, some cook books and most recently a book about cake decoration that cost £35. The man stepped forward and picked it up. He didn’t open it, he turned it over in his hand seeming to both weigh it and see the price on the back.

‘I think the wife would like this,’ he said ‘Can you gift wrap?’

Adam smiled. ‘No.’

‘You should think about it,’ the man suggested. Adam walked back to the counter, accepted the man’s credit card and put the sale through the till. He put the book into a brown paper bag and said:

‘I’ll put the receipt in there, shall I?’ The man took the bag and turned round to face the shop, either a triumphant announcement that he had bought something or, more likely Adam thought, an attempt to engage the blonde in conversation. She didn’t look up; she appeared too engrossed in a book called ‘Psychosexuality and Cultural Impotence.’ Adam imagined she was being sarcastic but he conceded she might be an academic.

For a few seconds everyone in the shop was perfectly still, waiting, and Adam had the sense that if the large man with the book about cake decorating didn’t leave now they would all be trapped here forever. Fortunately so did the man.

‘Best be off, she’ll be wondering where I’ve got to.’ Which Adam doubted.

'Bye.' Adam actually lifted his arm in the air and waved. After the man had left there was silence for a few seconds and then Grimy Nige, who was looking over Jim's shoulder at something by Richard Ford, said without turning round:

'He was a tosser wasn't he, Mr Sands?'

The blonde woman smiled to herself and blushed. The unknown thin young man looked up. Adam just nodded. 'Yes Grimy Nige, yes he was. Still bought a big book on cake decorating. What am I going to put on that table now?'

The blonde walked over and put the book she had been intently reading on the counter.

'Can I leave this here while I look around?'

Adam nodded. 'I'm not expecting a rush but yes, of course.' 'Got anything else like that?'

Adam paused for a moment. 'Academic? Psycho-social- sciency stuff?' She raised her head. She was pretty: high cheekbones, no make up, bright eyes, serious expression. Early forties maybe younger, dressed a bit older. She nodded.

'I have a couple of boxes out the back I haven't been through yet. I can bring them through and you are welcome to have a look.'

'Boxes of what?'

'Academic, psycho-social-sciency stuff. That is the technical term, right?'

'Where would you get two boxes...? Sorry, yes please.'

Adam took the three steps required to go 'out the back'. A door beside the counter led to a small room with a kettle, a tiny unused fridge and several boxes of unpriced books. He picked up two medium-sized boxes and brought them back through the door to the counter. 'I have a friend who works for a publisher. They publish magazines about nursing, psychology, social work and stuff, and academic publishers send them books to review. However, they haven't noticed that hardly any of the magazines have reviews pages anymore. He gathers them together and when they are beginning to get in the way or when they want to get a little bit of spare office cash for a jolly he calls me and I buy them from him. It used to be that university students would buy them. I suspect they get most of their materials online now so I don't rush to put them out.'

The blonde woman was nodding while looking through the first box enthusiastically. 'That's brilliant!' she said 'I love it, I want to buy them, well some of them. A few of them, lots of them, maybe three of them. How often do you get them in?'

'It varies: every couple of months, depends...' Adam was wondering how he was going to price up these books that she may buy while she was there without feeling embarrassed.

'I haven't actually had time to price these up yet though,' he said. He may have blushed.

'Well, perhaps I can set aside the ones I want and come back a little later for them when you've worked out how much to charge me?' She smiled. She had a hard to place accent. The walk, he decided, was definitely a trick. 'Take your time.'

'We're not going to have to barter, are we?' he said.

'Excuse me' said the young man who was holding a copy of something by Christopher Brookmyre. 'Are you Adam Sands?'

'Yes, yes I am.' Before the young man spoke again, as Adam looked at him and noticed the nervousness round the lips and the mass of taken-for-granted black, unattended hair, he noted to himself that this was the most social engagement he had had in weeks.

'My name is Tom. Tom Newton. I wonder if I could talk to you for a few minutes? I think you used to know my mum'.

It took Adam a few moments to absorb the name Newton and a few moments more to acknowledge the existence of this young man. And then, and this surprised Adam, he found himself looking at the boy for signs of himself, something round the eyes maybe? And the boy was tall.

The young man looked uncomfortable in the silence Adam presented him with. It wasn't aggressive, it wasn't challenging but it demanded something of him and he wasn't sure what, and so he filled the space. 'Anna? Anna Newton.' And then 'Do you remember her?'

'Yes,' Adam nodded. 'Of course I remember her. How is she?'

'I don't know,' said Tom. 'That's sort of why I'm here. She's gone missing.'

Adam stood very still, as if he was waiting for something and then he began to feel a slight tightening around his chest. He nodded in acknowledgement of the feeling. The nod must have appeared to be an invitation for the young man to carry on talking.

'I know it must seem odd but I wasn't sure what to do and I had to do something. Nobody from her real life knows where she is and it's not like her. The police say that not being in contact for a few days is not technically missing...'

'A few days?'

'Four. Since she emailed me, since she spoke to Grace. Grace was worried but not saying much, which isn't like her. You know Grace, right? She told me where to find you.'

'Yes, I know Grace. I haven't spoken to her in years. I didn't know she and your mum were still in touch. That's nice.' Adam didn't like the feeling in his chest. And now he felt hot as well. 'But I'm sorry, I haven't seen Anna since before you were born.'

The boy looked away and down at the counter. When he had introduced himself he looked about 23. Now he looked about 14.

Adam spoke again. 'Tom? After your grandfather, yes?'

The boy looked at him and shrugged; he reddened. 'I'm sorry,' he whispered and took a pen and piece of paper from his pocket. 'If you hear anything, or perhaps think of anyone who might have any ideas, would you call and let me know please.' He turned and walked to the door. Before leaving he looked back and said: 'I had no idea my grandfather's name was Tom.' He tried to laugh and failed.

Adam had the sense that he needed to slow down the boy's exit. 'What did she say when you last spoke to her?'

'She left a message, told me not to come home because the house was being fumigated. It hasn't been. Emailed me to say she was going away with Grace for a few days but she didn't.

Mum never lies. I phoned Grace, Mum hadn't told her the lie so Grace didn't know what to say. I thought at first that maybe she had met someone, you know, and didn't want to make a big deal about it but nobody has heard anything for four days...'

Adam gazed at Tom as softly as he could. The boy didn't move. The blonde woman continued to look through the books. 'There is something else, Tom?' as gently as he could.

Tom glanced at the grey cord carpet. 'When I went to the flat there was a man. He wasn't in the flat, he was waiting outside and when I went in he knocked on the door and asked if he could come in. I said no. Mum has one of those chain things and she always made me put it on when I was in the house. He asked where my mum was and I asked who wanted to know. He wasn't the most charming man I have ever met. He said there was a problem at work and they had been trying to get in touch with her but she seemed to have lost her phone. I said her phone was broken and she was getting a new one but she hadn't been in touch with me either. Then I said, no idea why, that I thought she was in France, that she had friends there. He gave me a card and said, and I thought this was odd, he said if she gets in touch call me. Not 'if she gets in touch tell her we need to talk to her', he told me to call them. What's that about?'

The blonde woman had by now stopped pretending to look at the books and was listening to Tom. 'What does your mum do?' she asked. 'Sorry, none of my business...'

'She isn't a spy or anything. She does research, in health stuff, that's all.'

'Why did you come here, Tom?' asked Adam.

Tom shrugged. 'I went round to see Grace. I asked her who mum knew that I didn't know. She said logically only people she knew before I was born. I asked her where you were, I know who you are... I think I know who you might be... I don't care, not right now

anyway... She said the last she heard you were running a bookshop in Margate. You weren't hard to find.'

The blonde woman looked at Adam. 'Are you famous?'

'Obviously not,' Adam said. 'I haven't seen her, Tom, or heard from her, not in years.'

'I know.' The boy nodded. 'Nice tattoo by the way,' he said distractedly.

'If I hear anything or think of anything I will phone, I promise. Are you staying down here?'

'I booked into a B and B in Margate. Wasn't sure where else to go.'

'OK,' said Adam. Do you want to get a bite to eat later? We could just talk, see if that helps?'

Tom looked embarrassed. 'Thanks, but its OK. I'm with someone; they came down with me...'

'OK.' Adam smiled. 'Perhaps you'll let me know if you hear anything?'

Tom nodded half-heartedly, walked slowly to the door and left.

Two hours later the shop was empty. Grimy Nige and Jim had been the last to leave, having decided to join in the social revelry by buying a second-hand Jake Arnott book. Adam had priced up the books the blonde woman had wanted by halving the listed price and adding 10%. Anything more would have felt rude and Adam was never rude, believing that good manners functioned as a helpful barrier to intimacy.

Today constituted more conversation than Adam had accumulated in the previous three weeks. People were not really the centre of his life. He grew vegetables on a small allotment not far from the shop: it saved him money and gave him outdoor time. He fished from his rowing boat when the weather let him. Often, when it was warm enough and calm, he would head out to sea from the old nearly retired harbour in Margate until land or at least what was on it was out of sight. Then he would put down his anchor, and lay on his back with his head resting over one side and his legs over the other and bob around listening to the lapping of the water and the occasional curiosity of the seagulls. After a while he would slide quietly into the water and swim. Swim until the sea made him feel small. Nothing can shrink you like an ocean.

His contact with the world was half hearted. He exchanged words with a few old friends via email; he occasionally slept with a history teacher from a local girls' school whose name was Lesley, a long-legged olive-skinned woman who wrote poetry and played the drums. She referred to him as 'Sands' and never phoned him. However, when he called her she always told him off for not calling sooner and invited him over. He was currently teaching himself in a distracted way how to make chutney and do yoga, and was playing guitar in a local bar for fun and a few drinks. None of these things demanded his full

attention, or if they did he didn't give it and that is perhaps why he did them. He had evolved a life that felt like a visit to the library: quiet, undemanding and pretty much devoid of surprises.

Adam was making himself tea and thinking of closing up when the blonde woman came back in. 'I know you might not have had the chance yet, but I was just passing so I thought...'

'It's fine,' Adam nodded.

'Anyway,' she added, glancing up from beneath her hair and smiling. 'This seems to be a place of intrigue.'

'You caught us on a strange day,' Adam smiled. He pushed the pile of three new books along the counter. 'Have a look and tell me if that seems fair.' He regretted saying that immediately.

The blonde woman looked at them and nodded. 'Yes, that seems fair. How do you work out a price?'

'I work out how much I paid for them and add something for being a bookshop.' He smiled to soften the possibility that he sounded either caustic or defensive.

'Right,' she nodded. 'It's just that, believe it or not, there would be quite a market for these sorts of books at these sorts of prices. I'm not surprised students don't travel to bookshops to actually look at them but, if they were in some way right under their noses, I am sure they would want them. Certainly where I work. Academic books are so ridiculously expensive and I work with research students who don't have much money.'

'Where do you work?'

'Kent University. I'm a psychologist by background.'

'Ahh.' Adam smiled 'Can't stand psychology.'

'Tell me what you think, why don't you?' The blonde woman smiled.

'I think it's important to share all my petty prejudices whenever I am selling books,' Adam said.

'Do you have many?'

Adam paused for a moment. 'I don't know,' he said quietly. 'Most television, Karaoke, people who are earnest about political parties, psychologists obviously, bad poetry, crystal healing...' He looked at her and shrugged. 'Who knew there was so much?'

'And they say books broaden the mind,' she said. 'My name is Alison, by the way.' She put out her hand.

'Adam. And I don't read the books. I simply profit from them.' He gripped her fingers limply because he wasn't sure how to shake hands with a woman. 'So how might I advertise these books in your university, Alison?'

'You could put up some leaflets?' she said, almost demure, mocking them both.

'What is this witchcraft of which you speak?'

'Do you have a website?'

'Yes I have a website. I think part of me worries that if I advertise them too much the publishers will see and wonder how I got them.'

'But you're not getting them illegally?'

'No but...' Adam trailed off. 'I'm not a natural businessman, I don't think.' Locked now into self-effacement, he noticed he liked this woman's company and he knew that in all probability that would annoy him later.

'So to recap, you don't read them and you are not very good at selling them,' she laughed.

'You're right!' exclaimed Adam. 'What the hell am I doing here? Want to get a coffee?'

'Can't,' Alison said. 'Have to be somewhere else fifteen minutes ago. Next time though? I'll even buy. Unless you want cake, in which case you're on your own.'

After she had gone Adam closed the shop and wandered around the shelves rearranging things that had been moved during the day for no other reason than people not knowing how alphabetical order worked. He turned the light out and went upstairs to the one bedroom flat he lived in and distractedly threw some oil and vegetables into a pan. Mixing them with pasta and pesto he ate slowly listening to the news on the radio and watching the sky fill with thick grey cloud.

By seven o'clock the flat had shrunk and he knew he had to get out. He headed, as he always did, toward the sea. Along the cliff tops there stretched wide green lawns that separated the rarely busy coastal road from the thirty-foot drop to the promenade. The lawns were punctuated by flower gardens every 400 yards or so. Sometimes these were hidden by well-kept hedges and one, the one Adam liked the best, was a sunken garden. You had to walk down steps to get into it and once in you were sheltered from the wind, the road and, if you were lucky enough to find it free of cider-drinking teenagers, people. Adam used to work here. Tending the flowers and recovering from more difficult times. The last time he had seen Anna Newton, about twenty-three years ago, he had brought her to this place. She was six or seven months pregnant then. He had wandered down here when he left the hospital and got a job helping tend those gardens. They were kind to each other when she had visited. They had gone for coffee and people had fussed over her in the café and on the train he put her on at the end of the day. She had loved being pregnant. She had winked from the train window. He had blown her a kiss. He had liked her but had not felt anything about not seeing her again.

He had loved working outdoors but it wasn't far enough away, so when he got some money he bought a ticket to Goa, the cheapest place he could think of to live and the furthest place from the hospital he could imagine. He had stayed there for over a year, playing guitar in a covers band twice a week in a large hotel that offered holidays to people who preferred the idea of being in India to actually being in India. He moved on to Thailand and then a Greek Island called Spetse. There he played guitar and sang songs he couldn't stand in a bar most nights, and swam and read a lot. He had also written and sold a few songs, albeit under a made-up name. He had sent the odd postcard to Anna and Grace and Stephen, but always when he was about to leave somewhere. It was nearly ten years before he was back in England; by that time he had assumed everyone had moved on. He didn't actually do anything to find out. And yet, for all the time and space in between then and now, he felt unsettled. It was probably the boy who was creeping under his skin; him and the tiny shame that accompanied his instinct to not try to be more helpful. He hadn't looked at Tom as closely as he had wanted to. It was that that brought the fear, what he might see. Or what he might not. Anna? She was more an echo. Tom was perhaps something else.

He walked home just after eight and poured himself a glass of wine which he didn't drink. He tried to read his book, *Tender is the Night*. He couldn't concentrate, partly because whenever he read that book it made him feel sad. In fact, reading it invited sadness and now he didn't want to feel anything, or at least anything more than he already was. He thought about doing some yoga to still his mind but only got so far as lying on the floor looking upward and out of the corner of his living room window, watching the darkness deepen and the shadows drop.

He stayed there and wondered about putting a coffee bar in the shop. Turning the basement into a place with books and coffee and a sofa maybe, although how he could afford the coffee machines or someone to work there was beyond him.

At about 9pm, finally exhausted of distractions, he found the number Tom had left. He picked it up and put it down. Held it in a closed hand trying not to memorize it and put it in a drawer in the kitchen. At 9.30 he phoned the boy's number. There was no answer; he left a message. 'Hello its Adam, Adam Sands. I was thinking, it's not like Anna and I don't know what she has been doing for the last, god, twenty-odd years, but I'd like to help, if I could. Help you look I mean. Let me know what I can do. Or better still, of course, if she has been in touch, let me know that. Bye.'

When he put the phone down, to his surprise he found himself not thinking about Anna at all, or Tom, but rather of the blonde woman who actually bought books. And so, without a moment's hesitation, he phoned Lesley the history teacher and asked, in a

roundabout sort of way, if he could come over if he brought wine and fresh vegetables from his allotment.

‘Sands,’ she said. ‘Get your sorry ass round here now. Where have you been?’

As he left his flat he noticed that the tightening around the chest was still there but it must have lessened slightly because he wasn’t so aware of it. Either that or he was getting used to it again.

### **The Rest of *Stranger Than Kindness* In Summary**

This is a brief overview of the rest of the novel. Fifty thousand words described in around a thousand is a challenge but in terms of offering up a sense of the narrative arc of the book and how the themes and story evolve as we move out of the 'dark' of the institution and into the 'light' of the modern world, it hopefully helps place the discussion that follows into fuller context.

The narrative is driven by three fundamental themes in the second half of the novel: the neoliberal backdrop of modernized health services and in particular psychiatric care as an industry; the reforming and restorative relationships between the characters and the purposefully blurred implication that helpfulness might exist outside of the accepted perimeters of 'science': a gently suspended yet deeply felt possibility that there may be other ways of helping, being, doing or engaging. I think these themes reflect the landscape of the bruised nurse:

- The political.
- The relational.
- The embodied.

Anna continues to flee around the south coast preoccupied not just with the potentially paranoid fear that she is being pursued but also with her son. Her instinctive decision to head away from where Tom is studying for fear that he is placed in danger compounds her reflections on her self and her role as mother now he is grown up.

As she travels along the coast she shares coffee with a young man outside a sandwich shop who tells her that he helps heal the 'mad' by making them tea brewed from fresh dew. He presents as a recovering psychiatric patient but when he refers to Anna as Hannah, her old name, she is unsettled and his 'cure' for psychosis takes on a different resonance for her.

On hearing from Grace that Tom may have gone looking for her in Margate she makes her way to Adam's shop. She has not seen him since before her son was born.

Adam meanwhile is experiencing something of a reawakening and finds himself collecting feelings again, having spent the preceding years trying to limit them. Tom coming to see him is at the heart of that; knowing that there is a reasonable chance that Tom is his son, Adam is intrigued. He is surprised to meet Laura, Tom's girlfriend and the daughter of Grace and Tim following their one-night stand, and moved to discover that Tim had had been ill, placing his suicide into a broader – and slightly closer to understandable – context. And while finding himself off balance by this visiting of the past

he is further thrown by the appearance of a Alison, who intrigues and attracts him and who further draws him back into a peopled world he appears to have tried to keep at bay.

The reunion between Adam and Anna is driven by the threat that Anna feels following the perceived attack on her research colleagues. The results of that research suggest simple and focused human exchange offers a better chance of recovery than medication for people experiencing psychosis. However, the fear is that anti-psychotics are part of a multi-billion pound industry and so serve a powerful interest group who are able and willing to manipulate information and it emerges that there are people appropriately positioned to serve that interest group.

Black Portier, Anna's former lover and Tom's other potential father has evolved – via a short stay in a psychiatric hospital and sterling work as an advertising executive on behalf of the government's anti-stigma in mental health campaign in the 1990s – into the kind of problem-solving civil servant able to serve the best interests of the economy. David Cassells (who became Black's psychologist briefly) meanwhile now heads up the health and social research watchdog known as CREAK (Centre for Research, Evidence and the Advancement of Knowledge) and between them they service the drug company whose profits are most at risk if the research were published.

This corporate muscle is counterpointed by the smallness of the reuniting friends in a bookshop in Margate. Yet it offers an opportunity to act; in defence of idealism or hope or simply everything that had happened before and brought them to this place and yet remained unresolved.

Adam and Anna travel up to CREAK where Cassells patronizes and confronts Anna while Adam finds his way into Cassells' office where he is confronted by Carly Tandy. Cassells tries to bully Anna by hinting at the secrets about her he has gathered. Anna refuses to be bullied and instead confronts Cassells over his probing of Tim on the night he died.

Cassells and Portier are convinced they have everything under control but Adam has, with help from low-living Marxist and computer genius Freaky Bob, accessed Cassells' records.

Adam and Anna return to Margate where Tom, Laura and Alison are waiting. With them is Alison's brother Jonathan who has a history of psychosis and is anxious to rent Adam's basement in order to sell records. Anna proposes trying out the tea.

They all gather around the news to hear that Cassells has allegedly sent emails confessing to the falsification of research data in order to service drug companies and is now a wanted man. Those emails were in fact sent by Freaky Bob from Cassells' computer. Cassells has gone missing, which appears to be the work of Black Portier.

Meanwhile Alison introduces them to her brother so that he might try the tea made with dew that Anna has collected; the friends find that Jonathan bears a striking, near overwhelming resemblance to the young man Anna met while on the run and more remarkably to the young man who Adam met in hospital 25 years before: the one who came to help him as he tried to hold Tim.

As the kettle boils and Adam lets himself back into the world, it is hope they gather around; the gentle realization that hope is often its own kind of madness, yet we really cannot do without it.

## Critical discussion

### Introduction

*Stranger Than Kindness* is ostensibly a novel about what happens to people who are hurt or damaged by the act of caring or caring recurrently. It is a book about the human heart. It seems to me that the novel is the ideal form to explore such things because the novel offers us context, a world where there is emotion and nuance and complex social relations. The book itself was conceived in some form or another before I articulated the question at the heart of this thesis. Indeed the idea for the book gave me the question to the thesis so in a sense the method came before the question.

I first wrote about Anna, albeit a colder, darker, more austere Anna with a different surname in a short story called '*Giving Head*' (Radcliffe, 1995). I have played with, watched, followed, argued with and generally hung around with the characters in this book on and off for 20 years. We split up for a while, which gave me the chance to write another novel (*Gabriel's Angel* 2010) but I always knew we would get back together. I always knew I had to tell this story.

Why I 'had to tell it' is in this context probably irrelevant. I do not subscribe to the Herman Hesse school of fiction, which considers creative writing to exist in order to express the personality and heal oneself (Hunt and Sampson, 1998). I believe writing has to exist for itself and what happens in the production is a by-product not a purpose. Having said that, writing (and indeed reading) fiction connects me to the world. Writing, I believe, makes the imagination tangible.

I was a nurse in 1989 working in a hospital very similar to the one in *Stranger Than Kindness*. I have been deeply moved by the things I saw and did and just as importantly the things I saw other people experience. I 'feel' things which drive both this novel and this thesis and arguably I spent time not writing this book or asking this question in order to find a place that allowed me to make some sort of transferable, resonant sense of those feelings rather than just splurge ill-disciplined and unsculpted bile over some paper. However, those feelings decant into something political. The motivating force of this thesis is the fact that asking about how people feel, how nurses might be left feeling by nursing, recurrently and painfully, is not being thought important by policymakers, professional leaders, researchers or educators. That in itself is curious; it says something about the way we organize and think about health care and about what types of knowledge we prioritize. It tells us something about the human qualities we take for granted and it tells us something about our research priorities, something I gently satirize in the second half of the novel, and it may tell us something about the politics of the modern NHS.

I wrote a novel because novels are rich where other forms of social enquiry can be dry and lacking in heart; mostly I think I chose to write a novel because it is the way I make sense of the world. The novel offers a broader thematic landscape. It enables the writer to sustain and build on for example the pervasive political backdrop and its changing influence on the choices available to characters. Indeed it enables a more nuanced and detailed portrait of the dialectical relationship between character and politics. Indeed a novel offers, as David Lodge has observed, the richest picture of human consciousness available to us (Lodge, 2012). He says that literature describes in the guise of fiction:

‘...the dense specificity of personal experience, which is always unique, because each of us has a slightly or very different personal history, modifying every new experience we have ; and the creation of literary texts recapitulates this uniqueness.’ (Lodge, 2012, l 237)

And the novel form facilitates a richer examination of that uniqueness in my view. When I first wrote about the characters who would become these central characters twenty years ago I did so in short form. I was interested in taking what amounted to snap shots of them from the outside. I wrote about them (unusually) in the second person; a colder narrative voice, almost accusatory, less understanding in tone. However the longer form invited a more profound intimacy and a deeper examination. When Chomsky (2000) says that we will learn more about human life from novels than from scientific psychology he may stand accused of being provocative or of simply celebrating the richness of language and metaphor but he is referring to the novel for a reason. I think that reason is depth, a novel requires us to hold our gaze in a way other forms do not. And that gaze is laced with emotion; novels invite us to feel.

*Stranger Than Kindness* offers an examination of the inner world of (some of) its characters. Again the novel seems to me the best way of doing that. Film is fundamentally visual. We cannot easily or recurrently access the inner world of more than one character in film. As Lodge (2012) observes film offers us interior worlds using dialogue, gesture, imagery or music. These techniques can combine in profound and moving ways but:

‘...(film) is not capable of the precise descriptions and subtle discriminations of a character’s mental life that we find in the classic and modern novel. In film, the subjective inner life of the characters has to be implied rather than explicitly verbalised.’ (Lodge, 2012, l 1170)

It is the skill I have been trying to hone for thirty years and from a political point of view; in a world where schools of nursing are recurrently merging with other schools of

health professionals and calling themselves 'Schools of Health Sciences', I offer up a reminder that the Humanities and the Arts have been providing 'knowledge' that helps us to make sense of the world for a very long time.

The following section draws from the 'data' that is the novel (or at least the extended extract from the novel that constitutes a large part of this thesis). It is not a textual analysis although it will refer to the text. It will draw from the themes but is not exhaustive; its challenge has been in refining the discussion in a way that might help.

I should perhaps offer a word on what 'validates' this proposed knowledge. When I set out on this project my intention had been to accompany the novel with interviews with nurses that contributed to an Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2009). I thought that placing the collected data beside the fiction would offer a dual insight into how the humanity of the nurse is reshaped by her experience. However as the novel developed it became clear that offering a more conventional accompaniment would in some ways detract from the idea of fiction as providing a researchable knowledge: suggesting perhaps that a reflection on the nursing experience, an exploration of a nursing consciousness if you like, was only validated by a particular kind of evidence. And so the thesis evolved in a way that focused on the novel as being data and the discussion as an emerging philosophical response to the fiction.

How can one therefore define the authenticity of this kind of research? I will discuss McGilchrist (2009) in more detail a little later (p 152-155) on but one of the key things his work offers us I think is the opportunity to re-examine the nature of our attachment to certain kinds of knowledge over others. An attachment born of, in his view, an imbalance between the brain's left and right hemisphere that is mapped across history. However beyond that I think the method here is validated in part by its resonance with readers.

Since completing the novel I have been invited to participate in a number of events beyond the usual literary readings in bookshops, libraries and festivals. I have presented the work at The International Health Humanities conference on 'Traumatextualities', and a crossover arts and health conference 'Critical Voices' and also to nursing and student groups in Southampton, Brighton, London and Nottingham. What is most striking about these latter events has been the number of nurses, former service users and professionals who have commented on 'knowing' Libby or having trained or worked in a hospital like 'that one' with nurses and patients 'like those'. I received emails from regular readers of my column in *Nursing Times* magazine and social media messages telling me that the book 'took them back to their early days in nursing' and people I did not know told me stories that were founded on a familiarity born of shared experience.

At first I found it reassuring, I had captured something beyond my own experience that had resonance and 'truth'. Then I worried, because writers do I think, about whether or not I had created an insular world that spoke to members of a culture rather than a wider audience but in truth I think this is worry for worry's sake. The world is real and recognisable to those who inhabited it and the appreciation and connectedness of people who have expressed that has been both validating and rather moving.

Three areas emerge from the novel that seem to me to need exploring in order to accentuate meaning and help us understand how nurses become hurt or traumatized. The first is political; fiction is able to demonstrate the social construction of agency, character, institution and morality. Fictitious worlds bring context; in establishing its context, it establishes what is permissible and what restraints and drivers exist in the choices, actions and relations between characters. The rules that govern and construct the story are available. More precisely perhaps we can think about power: how it is located or constructed or mediated or performed. How it recreates itself and the social world and how it is ever present. I want to try to decant some understanding of the power relations surrounding health-care delivery by looking at the expressions of power (or powerlessness?) in *Stranger Than Kindness*.

Secondly it seems to me a different epistemology emerges from the 'data' or at least from my reflection on it. Cartesianism bumps up against nursing rather than offers a constructive worldview that informs, progresses or emancipates it. Nursing always contains emotionality. It is interesting to notice that since its 'professionalization' in the 1980s, having your clinical practice touched by anything other than reason is generally considered outdated and wrong and yet now, post '*The Francis Report*' (2013), it is the lack of human qualities as outlined in the Chief Nursing Officer's '6 Cs'<sup>1</sup> initiative, qualities that include compassion, courage and care, that marks nursing out as failing. However, we are perhaps not philosophically equipped to value the felt world. Emotions, as Tew (2002) observes, are for managing, and in terms of thinking about nursing and thinking within nursing, emotionality has been denied influence, shut off within the world of the 'primitive' 'childish' or 'feminine'.

That demeaning of the felt world constructs politics and policy for nursing and the language that surrounds the profession. It also potentially devalues those elements of outstanding and profound practice that elevate nursing in the eyes of the patient. I suggest to my students when I talk to them about such things to try out the 'Just Test'. When they are with a nurse who has impressed them, a nurse who has just managed to stay present

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<sup>1</sup> A response to 'The Francis Report' issued by the Chief Nursing Officer in an attempt to both reinstate the qualities of compassion, care, communication, courage, competence and courage and to send a doubtful public the message that nursing is responsive to criticism.

with a dying patient, or found the right way to respond to someone in deep distress or need, I suggest they ask them how they did it. I also suggest that when answering the nurse will linguistically denigrate the talent by beginning her response with the word 'just'. 'Oh I just sat there.' Or 'Oh you just learn that sort of stuff.' It will not find value except in the recipient, or the ambitious student.

Celia Davies (1980) drew attention to how the history of nursing had been a selective narrative. Later (1996) she drew helpful focus to the construction of a value system around the strengths, qualities or expressions of professionalism in the modern nurse. She observes the social construction of gender and the hierarchy of particular gender-ascribed qualities that seem wholly relevant to nursing:

First, there is a move to regarding gender not as an attribute but as a relation. Insisting on the relational quality of gender provides a dual challenge. On the one hand, it affirms gender as a social construction, thus drawing attention away from the behaviour of particular men and women and towards historically and culturally constructed masculinities and femininities which are one resource among others... Secondly there is a focus on gender relations that take a binary form, a form in which women (or rather the qualities that women represent) are constructed as 'devalued other,' as carriers of qualities that thereby remain unacknowledged and denied. ... there is an acknowledgement that gender understood in these ways can be seen to operate at multiple levels; it gives meaning to, and affects, the formation and reproduction of organizations and institutions as well as having an influence at levels of interactions and identities. (Davies, 1996, p664)

Professionalization in nursing has accelerated the diminishment of the 'soft' less tangible qualities that characterized not only nursing historically but also the added value of the female worker and as such is one of the reasons why nursing was considered to be woman's work. Those qualities are labelled for example as compassion, empathy, kindness or emphasize a nurturing response to someone's suffering and are born in the 'felt world'.<sup>2</sup>

Indeed the very fact that nurse education is constructed around skills and knowledge (KSF 2004), i.e. tangible, measurable cumulative abilities, while any accompanying human qualities (kindness or generosity) are assumed to be implicit or disposable (or worse, indicators that the nurse is 'old-fashioned' or unprofessional) demonstrates the relative diminishment of the 'feminine'.<sup>3</sup>

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<sup>2</sup> I allude to this with the title to Chapter 2 of *Stranger Than Kindness*, 'This Woman's Work', a Kate Bush song about the helplessness of masculinity in certain vital circumstances.

<sup>3</sup> Paradoxically as people begin to notice the abandonment of these qualities, most notably compassion, we begin to want them, albeit only if they are measurable (Bradshaw and Merriman, 2008).

In keeping with Davies and others, I agree that the power relationships surrounding women, nursing and professionalization are socially constructed. One of the things I would like to explore in this discussion is the possibility that history and dominance of one sort of nursing ability over another is not only constructed by language, ideology, political interest and inherent social values but also by the way that reason is constructed. To that end I will turn to the contribution of cognitive neuroscience to critical theory.

This drawing together of ideas emerges from the fiction. One of the key things that appeared for me from following the characters in *Stranger Than Kindness* was the extent to which they return to the body. How responses to the clinical world are constructed through 'what is felt' and the accumulation of feeling; it is that 'data' that has pulled me towards the cognitive neuroscience and phenomenology in what follows. Following what emerged from the book therefore led me to ideas and sources I had not anticipated. I found myself unexpectedly drawn to the theoretical possibilities posed by Damasio (2006), McGilchrist (2009) and Merleau-Ponty (2005). Together these thinkers offer an emphasis on the body that suggests a philosophical approach that may broaden and liberate nursing enquiry.

Finally I will discuss the methodology. The fact that stories are helpful ways of making sense of the world seems to me self-evident, but the fact that narrative inquiry remains some way down the pecking order in nursing research is worthy of discussion. As is the paradox of presenting a thesis that is primarily a piece of 'art' and finding as my discussion develops that I turn to cognitive neuroscience in order to make sense of what it might offer us as nurses.

I should say a couple of things here that might help hold the reader to the discussion given the order in which I have chosen to present these ideas. Firstly this thesis is at heart a coincidence of nature: I write fiction and I care about what nurses do. Actually that denigrates the focus of this work. I think nursing is socially binding and morally elevating. Without nursing we would have no clear, systematic enactment of care, kindness or responsibility for people we don't know. We might hope for charity or kindness or religious enactment but we could not expect it as a given. The question at the heart of this thesis is in some ways a call to attention, a reminder of the long-forgotten motif that once accompanied the work of nurses: who cares for the carers? It is also the only way I know to try to address what is to me the most important question facing the profession today. Whatever ideas emerge from the discussion and the ensuing work thus have two requirements: they need to enliven the (political) debate around nursing and they need to help in some way by offering a tangible constructive suggestion that protects the integrity and well-being of the nurse.

Secondly the ontological worldview emerging here is one of embodied cognition. It is not a position I held at the start of this endeavour. What emerged from the novel for me and was pleasingly noted in the first national newspaper review the book received was that a significant part of caring was born of the body.

'Better still, we see Adam, so damaged, treating – and healing – both himself and others with nothing more than quiet respect and listening to the body's needs.'  
(The Guardian Review, p12, Jan 10<sup>th</sup> 2014)

I acknowledge the view that the dominant sense of the body is a mechanical accompaniment to the mind and note the everyday experience of a binary relationship between mind and body but it is the body I turn my attention to.

On a more fundamental level I suggest that given I have written (fiction) about nurses and mount a political defence of nurses as a former nurse who now teaches nurses, my position here offers a world view that models a nursing intervention. It is tangible, morally constructed, hopeful, in this context gentle and enquiring and it is rooted in the physical.

## 1. The Politics of Nursing

In February 2013 Sir Robert Francis published his public inquiry report into the care crisis at Mid Staffordshire hospital between 2005 and 2009 (Francis, 2013). His previous independent inquiry report had been published three years earlier (Francis, 2010) and both reports sought to understand how a litany of poor care decisions occurred. They identified a nursing culture described by former chair of health-care regulation Sir Ian Kennedy in his evidence to the 2010 inquiry as being like 'guerrilla warfare' (Nursing Times, 2011) and estimated that a projected 420–1,000 more deaths than would have been expected over that period became somehow acceptable to managers, doctors and nurses. It was telling perhaps that Francis decided to publish the independent inquiry of 2010 in two volumes. The first offering evidence, analysis and a governance trail, the second given over entirely to the telling of stories.

If you have any connection with nursing, then reading the stories are at once shaming and damning. One feels anger and embarrassment in part – and of course this resonates with the method of my own enquiry – because stories make us feel something in a way other types of 'evidence' tend not to.

On the same day that the final public inquiry report was published (Feb 6<sup>th</sup> 2013) the government announced investigations into five other hospitals where death rates appear higher than might be expected.

I began this piece of work around the same time the problems in Mid Staffordshire emerged in 2008. I was struck then by several things (and wrote about them regularly in a weekly column in a nursing journal, e.g. Radcliffe, 2010, 2011a, 2011b). Firstly nobody inside nursing was truly surprised. Not deep down in their bones. They or we could claim to be 'shocked', 'disgusted' even 'outraged' but once one got past the show of good faith that is emotional congruence, one found nurses (as illustrated by some of the responses to the columns above) often saying, well what did you expect?

Secondly the ensuing sea of discussion, hastily organized responses and policy initiatives focused primarily on the systems of regulation or on something that sought to reprimand future nurses, for example, the initiative announced by Prime Minister David Cameron, whereby in future all would-be nursing students must work as care assistants for a year before they could be accepted onto a nursing course. An initiative so absurd (immersing future students into un-mentored, sometimes toxic and usually understaffed care environments, to learn the culture and methods of nursing from untrained staff makes no sense on any level), punishing (a student's life on nominal bursary for three years is hard enough as it is) and unevidenced by Francis (students were reported by patients as being the caring ones) it is hard to understand.

And thirdly the nurses, indeed nursing itself became – perhaps for the first time in its history – an enemy of good. Nurses did systematic harm and given the historical ‘coincidence’ that is the accompanying economic crisis they were expensive too. Nowhere in government policy or professional response is there a focus on what happened to the nurses who nursed badly. If we stop to talk about the people who delivered the care we find they tend to be described as something bad; they are people who need to be punished (e.g. The Guardian, Feb 9<sup>th</sup> 2013). We are not wondering what might we do to help them nurse well or authentically again? How can we engender these missing human qualities? And how can we prevent good nurses becoming bad nurses?

Perhaps this political response (regulation, policing, punishment) is necessary and inevitable but it cannot be the only response to the nurses who nurse poorly or without care. Indeed in the face of something as important as Mid Staffordshire, particularly as it is compounded by the ongoing investigations into other hospitals in the UK as well as a series of reports by the Care Quality Commission into widespread failings in the nursing care of older people twice in nine months in 2011 (BBC 2011a, 2011b; CCQ 2011), it is impossible not to consider nursing to be in crisis.

I probably retain some of the critical instincts of a Marxist. My initial sense of the way in which our nursing crisis was politicized was that it was framed and contextualized by commitment to neoliberalism at a time of capitalist downturn, where there was a requirement to disinvest in expensive monuments to humanistic liberalism as made manifest by public service. I thought it was telling and clever, for example, to manage to get the whole country to sign up, overnight some time in late 2010, to re-label public services as the public sector and present it as a drain on resource rather than a scaffolding of social infrastructure.

That reflexive cynicism contributed to the tonal and political backdrop of *Stranger Than Kindness*, which began with a simple dichotomy between closed and open, dark and light. The first half of the book is set mostly inside an old Victorian asylum. The prevailing politics that construct the lives of the characters are the politics of the institution.

Erving Goffman’s seminal work, *Asylums* (1991), tends to offer a founding understanding of what it is that characterizes the institution:

A basic social arrangement in modern society is that the individual tends to sleep, play and work in different places with different co-participants, under different authorities, and without an overall rational plan. The central feature of total institutions can be described as a breakdown of the barriers ordinarily separating these three spheres of life.

First, all aspects of life are conducted in the same place and under the same central authority.

Second, each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled, with one activity leading at prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials.

Finally, the various enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution. (Goffman, 1991, p6)

Goffman offers a route into categorizing the way we think about institutions but it is the relational consequences of the institution that draws attention in *Stranger Than Kindness*. Indeed, for me, the politics – which manifested not just in terms of rules, authority and obligations but also in an exchange of subtle expressions of influence, morality and possibility – were implicit and commonly understood by the characters yet largely unspoken. Scott (2010) explores this in discussing the 'Reinventive Institution', an updated analysis of the institution that takes account of the nature of agency and the unique form of social control based on mutual surveillance.

From a sociological point of view it may be the case that trying to describe the subtleties of socially constructed, multi-layered, nuanced relationships between emotionally laden individuals managing their place in an institution in different ways demands we have to story them. Yet as a writer I felt I had to story them in order to access a reality that extends beyond the obvious confines of conventional sociological understanding. Battershill writes:

The conceptual development from Goffman to Lyotard and Foucault is a replacement of concretized sociological entities, such as 'persons' and 'institutions' with relational concepts. More particularly, the person is seen as an effect of knowledge. Macro structures, including 'society' are understood as shifting islands of meaning based on subtly changing symbolic and interactive conventions. The conventional perception of reality as capturable in descriptive statements has been replaced with a view of social reality as sets of pragmatic meanings and discourses producing limited and overlapping senses of reality.

I am drawn to the recognition here of the institution as a place of subtlety. A place that breeds a culture of micro relations and interactive conventions. And more strikingly, how a person becomes an effect of knowledge. (Battershill, 1990, p164)

In Part 1 of *Stranger Than Kindness* the patients are effects of knowledge, notably in the case of Libby, the first person we meet: a long-term resident of the asylum with the fixed belief that she has no body. Libby is very much an accumulation of the effects of 20<sup>th</sup>-century psychiatric treatment and the nature of the institution. Indeed it is interesting to note that while that particular presentation was relatively common in Victorian asylums, they appear to be very rare now. Michael Wells meanwhile – the tattooed and severely disabled (by voices) young man Anna is charged with trying to help towards discharge – is

very much an archetypal accumulation of the effects and the power of psychiatry. Indeed psychiatry demonstrates its belief in itself by treating Michael regardless of what they see in front of them, choosing to focus only on the diagnosis of schizophrenia. The greatest knowledge in mental health care is medical/pharmaceutical, a knowledge so highly valued that despite what everyone sees in Michael it remains virtually unquestionable.

Michael's humanity is hidden by that process; demeaned by science, it retreats under a swastika tattoo and an anorak. He is all but speechless; his humanness has to be (symbolically) held by others and they do it quietly, unassertively almost with fear, perhaps with shame. Adam, Grace and Anna at different times try to show kindness (see p 76-77; Adam getting Michael extra pudding; p 31-32 Grace, Anna and the beaten chair) and yet it borders on the apologetic. Michael is an effect not just of the dominant pharmaceutical knowledge but of the social relations that were constructed by the asylum and the psychiatric project it hosted: the hierarchy of knowing, the power of medicine and the history of the institution.

However, the political landscape of *Stranger Than Kindness* and of course of any health-care setting is more than a collection of characters who are the 'effects of knowledge'. They are of course reflexive, they become responders to, negotiators with and defenders of certain types of knowing and being. They construct alliances, defences, coping mechanisms, assaults which are born not simply of the hierarchies of knowledge but also the embodiment of culture and rules and any vestiges of 'self' that brought them to the place they are in.

It is interesting to wonder what it is that characterizes the guerrilla fighters I alluded to earlier. There is something lawless about them isn't there? It is by nature hard to regulate. For guerrilla fighters the normal rules of engagement are not available; perhaps there is something already defeated about a guerrilla fighter, a despair mixed with a self-sacrifice and overwhelming devotion or stubbornness that must surely go to the very core of the soldier. It is hard to imagine what someone who has fought in a guerrilla war does when it is finished? Go back home and cook? Return to the nursery, schoolroom, factory or office? What is left of them? What does guerrilla warfare do to the humanity of those who fight it? And it is striking, I think, to notice the nature of social relations that are constructed by something like a guerrilla war. Relations characterized by a particular type of understanding, a particular type of forgiveness, resilience and solidarity. The relationship between the nurses who know each other best, Adam and Grace (and Stephen), throughout Part 1 is illustrative of that. There is a loyalty, an unspoken understanding, a union of quashed hope and sensitization that binds them. It was drawn from experience and reinforced (if refined) recurrently over the years. As routine, circumstance, clinical need and professional styles form a group of nurses into a

team, a hegemony develops; a common sense comprised of morals, standards, limits, language and expectation. It is formed in part by something similar to what Poole and Grant (2005) call the 'Dual Curriculum' whereby practitioners on the one hand learn the skill and knowledge required to practise while on the other they are embedded into a working and organizational culture that teaches them not simply what to do but how to be. It goes without saying that nursing culture, language and practice are socially constructed; what tends not to be examined in enough detail is what that might mean, look like or result in.

In *Stranger Than Kindness* the binding of the 'friends' was embellished by the idea that they functioned almost as a guerrilla unit; characterized and arguably played out in every mainstream medical, detective or adventure narrative in popular culture (from *Hill Street Blues* to *Casualty* to *NCIS* to *ER*), the coming together of focused and knowing colleagues around the 'job' and the mutual recognition of what harm, destructiveness or corrosion offers the character. Indeed the 'guerrilla unit' is bound across all of these examples by similar principles: a strong sense of 'doing right', an often difficult relationship with their institutional regulators and an absorption into oneself of the residue of the job. In an ordinary world if a 'good nurse' like Anna sees a seemingly struggling nurse like Adam arriving in the hospital in the dead of night to sit at the bedside of an elderly patient, reason and protocol insists she report it or fully investigate it. Yet she was tentative, enquiring, almost gentle. Not to the point of ignoring it or letting it pass without feeling a responsibility towards Libby but she manifested an understanding that reasoning and behaviour were constructed (and thus judged) in a different way in the institution.

However, there is a further component to the binding of Adam, Anna, Grace and Tim that is apparent in *Stranger Than Kindness*. In order to be in that particular band of 'fighters' one had to have a certain type of critical belief or to prioritize a certain type of moral position in the world. Working in the institution is not in itself enough. William (the student nurse who offends Adam), Cassells and Carla Tandy were not part of the self-selecting group who went to the pub. In fact I suggest the central characters needed an opposition (different belief, different purpose, different way of being a professional) to rail against. They needed to identify an enemy and take some pride in not being like them. Adam and Grace checked Anna and Tim out both in terms of attitude and personal philosophy: the 'argument' (p 61-65) about psychiatry, psychoanalysis and purpose was for them a social 'play' designed to expose qualities and moral position rather than professional beliefs. Those sorts of discussions scratch the surface of clinical ideology but offer a space to see how people feel about what they do; they explore sustaining values and in so doing they reassure.

Arguably this 'moral binding' of colleagues emerges after a period in practice and is in part a response to both the institution and the clinical and emotional experiences people collect. It is no doubt constructed by many other things (politics, sense of self, sense of purpose, motivation, reflexivity, etc.) but it seems reasonable to assume that this position or worldview doesn't simply reside benignly in the practitioner but rather helps construct their actions both in terms of their clinical interventions and their professional behaviour. Furthermore it is accentuated by shared experience. The bond between Adam and Grace is a profound one in part because of the suicide of Graham Cochrane. A more modern (post-1989 certainly) clinical analysis of Adam following that suicide would perhaps hint at post-traumatic stress disorder (PTSD) and psychotherapists like Babette Rothschild (2000) would talk about how Adam's experience becomes embodied and requires a psychotherapeutic process of recovery. Yet that language – or care – was certainly not available then and is not routinely available to nurses now (there are too many of them and such attention is beyond being economically viable). The experiences may therefore simply stay 'in the body' and be passed back into the world, recycled by the nurse in the form of clinical style or professional presence or expression of power, or away from the bedside in self-distaste or unhappiness.

Of course the idea that nurses collect difficulty, which may shape their practice and their lives accordingly, is not in itself novel. The 'issue' of burnout is well documented and explored in nursing literature (e.g. Aiken et al., 2002; Poghosyan et al., 2010). Indeed we have been able to measure it using the Maslach Burnout inventory (1981) for over thirty years yet the research does not inform current policy. Thinking about burnout has become unfashionable. In fact if someone applies the term burnout to nurses now it is more accusation than description (Radcliffe, 2014). When my students use the term to describe their trained colleagues it is an insult: the burnt out are the uncaring, the disengaged, the ones in the way of good care. They are not suffering from the consequences of anything but are rather the causes of suffering in others. That is a powerful transition from noticing what might happen to people who care too long or go unsupported to naming them as failures. When burnout becomes accusation the struggling nurse is sidelined and condemned. The blame can sit within the individual and any hope for restoration becomes their sole responsibility. Arguably the process that transitions burnout from common consequence of caring to professional failure is an expression of power. One that is well observed by Lukes:

Power can be deployed to block or impair its subjects' capacity to reason well, not least by instilling and sustaining misleading or illusory ideas of what is natural and what sort of life their distinctive nature dictates and in general by stunting or

blunting their capacity for rational judgement. ... Power can induce or encourage failures of rationality. Or to speak the robust language of the Spinoza where one man's power of judgement is subject to another 'the first man may be the dupe of the second'. (Lukes, 2005, p89)

The writing of *Stranger Than Kindness* began with the prologue to Part 2 (p101). I had carried the characters around with me for a long time and it boiled down to this: a man, Adam, full of a past he did not want to fully access bathing himself in cold grey sea. Adam was raised on the sort of 1970s/80s political philosophy that demanded engagement with the world and required a foundation of personal responsibility. He looked for two things in the water to counter the residue of his burnout if you like: sensation (in particular the sensation of fear or at least trepidation) and smallness. He found disengagement, sensuality and relief from power.

Adam was burdened not only by the trauma of being witness to (two) tragic deaths but by the realization that having nursed where he did and in the way he did he made daily decisions that affected (hurt? damaged?) the lives of others. He had power and all he could see was the harm implicit to expressing that power. The sea, a mile or two away from the beach, is an exercise in powerlessness. It made him small, invisible. He played with the temptation of going further, deeper, to see when or if the fear came. He revelled in visiting the edge of physical sensation; cold to the skin, potentially fear-inducing and yet not involving anybody else. Adam wanted to feel something, wanted to be in the world but he needed to ensure his actions did not touch anyone else. I think that illustrates a type of crisis of consequence. Nurses often say they nurse because 'they want to make a difference'. Perhaps making so much difference can become overwhelming?

For Adam, it may have begun as penance or withdrawal or restitution or something else but I had a strong sense that he was burdened by the sense that perhaps the harm he did as a nurse had outweighed the good, which of course offends the first rule of the nurse: To do no harm.

Inside the hospital Adam expressed power in opposition. His desire to always look for an alternative position became instinctive. He was suspicious of authority and militant in his distaste for anything he perceived as unjust. His reaction to William's clumsy attempts to learn his trade beside Libby was a felt reaction. It brimmed with contempt and irritation. Any analysis came late, a rationalization rather than a considered piece of clinical mentoring, which as he himself said was what would have been expected of him if he had mustered the time or energy. The emotion leaked out with the quiet threat (p 6) along with the selectively patronizing manner.

Similarly when Carla Tandy (pp26-27) came to discuss seeing Maureen, his response was immediately oppositional. He reacted against her priorities and lack of moral clarity. That translated into a solid clinical rationale but in going to see the Consultant immediately afterwards in order to secure his position he was playing politics, mindful of how to construct the right 'outcome' by using his authority.

And then there is the drug taking. On the surface it is the unarticulated and despairing precursor to sea swimming. Introspective and physically adjusting but rather than trying to bring himself back to life (the way cold water might) the drugs were numbing, self-abusing and punishing and quite oddly (and aggressively) random. Yet it illustrated one of the choices available to traumatized clinicians. Self-abuse in the form of alcohol for example distracts one from reflecting on practice or trying to hold the trauma (or feel the bruise). A nurse once said to me during a clinical supervision workshop for trained staff, when I asked him if he was getting supervision, 'the last thing I want to do at the end of a day is turn around and see my wake'. To numb oneself is a political choice, as Sartre observed in his play *The Flies* (1986) – written in occupied France in 1942 – there are no non-decisions; Adam's choice contains a particular type of violence and abstention from focused engagement and of course it is a common self-treatment response to undiagnosed PTSD (Mcfall et al., 1992; Mcfarlane, 1998); beyond that slightly clinical breakdown there is a very human sense that at the root of it is a choice, something like self-loathing.

If Adam's expressions of power were born of or constructed by the accumulation of something like trauma that emerged from the act of nursing, Anna Newton brought hers with her.

As a nurse Anna manifests a professional integrity. At once aware of the political limitations within the institution she retains a focus on her purpose and what is doable; when the doable, appropriate and thoughtful discharge for Maureen becomes politicized and entrenched she confronts it in whatever way she can. She knows she is in a guerrilla war but only resorts to guerrilla tactics when she absolutely has to. Anna offers a different profile of the hurt nurse: someone who comes into nursing looking for healing or distraction or, dare I say, distress that might drown out their own.

This enquiry does not have the breadth to explore whatever it is or was that brought people to work in psychiatry in the past. (There can be little doubt that the profile of the would-be nurse has changed since 1990 and the professionalization process marked by Project 2000.<sup>4</sup>) Nor does it seek to explore the different types of susceptibility to distress some people may have. What it does notice is that some people who come to work

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<sup>4</sup> Project 2000 marked the transition of nurse education from the hospitals into the universities and as such is the initiative credited with making nursing more academic in keeping with the increasingly sophisticated medicalization of the role and the breadth of clinical expectation placed on the modern nurse.

in what can be a sometimes brutalizing and emotionally challenging environment might bring bruises or scars or even ill health with them.

Anna has constructed a defence against the world that enables her to nurse effectively and with clarity. As a teenager she established a template for resistance by leaving her family, rageful at their compliance in the face of her brother's abuse. She is guarded, defended, slow to trust, independent. She doesn't expect to be loved so she acts in spite of that and decides to have a child.

Foucault proposed a way of understanding power that offers a theoretical accompaniment to Anna, and perhaps to Adam too:

In thinking of the mechanisms of power, I am thinking rather of its capillary forms of existence, the point where power reaches into the very grain of individuals, touches their bodies and inserts itself into their very actions and attitudes, their discourses, learning processes and everyday lives. (Foucault, 1980a, p39)

Lukes (2005) would probably suggest that Foucault abandons the possibility that individuals can ever be rational autonomous agents by claiming that they internalize in some way the power that swirls around them. Foucault would suggest that that reading lacks subtlety and seeks to establish an opposition that does not help understand the nuance of the mechanisms of power that he is discussing. For what it is worth, it is the suggestion of that subtlety that I am drawn to when I reflect on Anna and perhaps the invitation to the individual to sometimes turn their attention to themselves and look for these expressions of power that emerge from them.

Anna is constrained by the politics around her: her role, choices, career progression and even the educational development that enables her to become a researcher are constructed by the health-care paradigm. Yet within that she remains authentic: from the discharge of Maureen Marley to keeping an eye on Libby Hoffman, from the labelling of herself as a serial monogamist to the clear-minded bravery of having a child without a partner. And as a researcher, embodying all the insecurities that many enquirers who are interested in their question have and allows self-doubt in, she retained a clear relationship with her question that would not shift in the face of pressure. In essence Anna does more than act in the face of her oppression: she chooses to live in spite of what surrounds and fills her. She is the very epitome of a reflexive, engaged, autonomous nurse. She lives as well as she can with the bruises she hides. It was perhaps inevitable that her authenticity would attract assault from the marketplace sooner or later; the 'good nurse' story puts her in opposition to the economic imperative in almost all clinical settings. Perhaps that reality helps explain why nursing has suffered such a crisis of retention worldwide in recent years (Shields and Ward, 2001; Jones and Gates,

2007). The good nurses leave if they are not allowed to do their job because of the economic imperatives?

It is only late in her career and later in the book that Anna is forced to make her beliefs and her commitments explicit. The fact that she can do that as a tired, under threat, pre-menopausal woman with 30 years of health-care work behind her and plenty more on her mind suggests that the clear connection with purpose that characterized her working style may have enabled her to resist burnout or further bruising. Hers is, I suggest, an unfashionable heroism. I feel I could write another book on what it is that gathers together to make her courage, moral clarity and resilience something that has relatively little social value currently yet is at the same time something that our social infrastructure has come to depend on.

*Stranger Than Kindness* offers a view on the politics of what happens when people enact, resist, embody and mediate the political world. Fiction offers a method that enables us to notice how individuals are constructed and indeed swayed by the detail of their political landscape.

Politics is messy when it inhabits people and things. My sense is that stories show us that in a way that accepts the mess as a given but enquires anyway. Whether we can claim any legitimacy in the meaning we draw or even the observations we make from stories may remain contestable but first there is perhaps a bigger question that emerges from the data that is *Stranger Than Kindness* one about the hierarchy of knowledge and a more suitable underpinning philosophy for nursing.

## 2. Collecting Nursing Experience: Embodiment As A Route To Understanding.

Twenty-three years ago a patient I had been working with killed himself. I was at work when I found out and it fell to me to 'manage' the aftermath. The aftermath consisted of helping the other patients, processing the inevitable enquiry, sitting with his family, doing the other things that that nursing day required, and wondering what I must have missed when I had last seen him two days before.

When I got home I threw up.

Later, much later actually (such things were available to clinicians 23 years ago), I took up the offer of three sessions of counselling to help me process what had happened. I did this because it had affected my nursing, made me defensive and overly cautious in my decision-making and assessment. I tended to see the worst possible outcome in every intervention, which didn't tend to facilitate recovery in my patients.

After the suicide I drank more and I started smoking. I became, quite subtly, destructive in my close relationships. I forgot how to sleep well. The therapist who saw me told me that I needed more than three sessions. He said I needed psychoanalysis because it was the death of my father when I was a child rather than the death of this patient that I needed to address. I was polite under the circumstances but he was talking nonsense. Nobody, not the therapist, my close friends, my lover or myself, noted the shift in the way I was physically being in the world. Rather we noted my mood and my words.

This chapter attempts to distil a philosophical underpinning for nursing. It is generated by what emerges from the novel and turns, quite ironically I think, to cognitive neuroscience as well as phenomenology. Irony because the second half of *Stranger Than Kindness* is a critique of 'Bad Pharma' and the prioritization of an assumed scientific knowledge that enables the pharmaceutical industry to dominate and profit from mental ill health and because the novel throughout gently chides that assumed intellectual investment (and the one that elevates psychiatry itself) and frames it as ideological.

I realize that to turn to science to critique the power relations and hierarchy of knowledge constructed on and around the dominance of scientific knowledge may be perceived as paradoxical. I also recognize the criticism that suggests any attempt to develop critical work that rests on scientific orthodoxy is contradictory.

However, I believe critical thinking is the search for ideas that might help liberate those with less power. Or:

At its core critical work is committed to advocating for justice for people who find themselves occupying positions on the margins – for those who hold minority status. It directs attention to the ways in which structural arrangements inhibit and disadvantage some more than others in our society. It spotlights the form and

function of dispossession, disenfranchisement and discrimination across a range of social institutions and then seeks to [hear] the voices of those who are victimized and displaced. [Critical theories] therefore seek not only to name, but to be a tool for rooting out inequality and injustice. (Trevino, Harris and Wallace, 2008, p8)

If cognitive neuroscience provides a tool for that it has value and usefulness, particularly in the context of the way we make sense of and 'advocate' for the nurse.

### **i) The professional world**

There are diagnostic (PTSD) and descriptive terms that lend an understanding to the type of nursing experience I allude to above and are explored throughout the first half of *Stranger Than Kindness*. There are also professional processes that offer the nurse the chance to address the consequences of such experiences (clinical supervision; critical incident debriefing). Yet these descriptors and mechanisms are seemingly both underused (providing time for supervision requires an economic and managerial commitment not in keeping with current priorities) and inadequate in terms of recognizing, processing or engaging with the bruised nurse (Severinsson, 2003).

Part of my current job is to provide training in clinical supervision skills to mental health professionals. Clinical supervision is the most obvious, available and institutionalized form of support or reflection in nursing. It emerged in the late 1980s, borrowed in part from psychotherapeutic culture, and it asked the question: 'how can you work in a clinical environment without stopping to reflect on what you do and what the work does to you?'

It is telling perhaps that my original brief on being asked to lead the clinical supervision provision two years ago was twofold: firstly, integrate a new supervision policy into practice and secondly spread a culture of supervision. Thirty years on, the habit hadn't stuck.

I have run workshops designed to encourage clinicians to access appropriate supervision with over 400 people in the last two-and-a-half years. The majority of the nurses who have attended report having sporadic or cursory supervision yet it is worth noting that this does not apply to the attending occupational therapists or psychologists who report regular, systematic and recorded supervision. Indeed supervision is reported, occasionally and anecdotally still, among nurses as something for the 'non-copers', something that is at best an add-on to a busy day rather than a key element of working life and for some in a macho culture of 'guerrilla warfare' a sign of weakness. Recurrently,

research suggests it makes a difference to care, sustainability and professional well-being (Sherman, 2004; Hallin and Danielson, 2007).

The evolution of clinical supervision is something of a metaphor for the professionalization of nursing. As nursing evolved it designed its processes to be demonstrations of measurable activity. Nursing is evidence based, auditable and always recordable; the modern world demands that of it. It functions according to clinical pathways under particular and detailed governance. It is regulated by the Nursing and Midwifery Council (NMC) and measured by the Care Quality Commission (CQC). Nursing functions to a backdrop of regulatory watchfulness, care by template and the removal of the risk that is individual choice wherever possible.

It is both economically inevitable and illustrative of the priorities of modern nursing that in order to ensure clinical supervision is enshrined in policy, organizations (ever mindful of diverting clinical hours away from other priorities) require that supervision does more than just restore and support the clinician. Clinical supervision once existed primarily to reflect on practice, now it is charged with other more normative tasks as well. It has to function as an auditing tool, a check on standards, a managerial review of effectiveness, and for some at least, the place where supervisees are given more work. With the professional requirements comes a shift in tone; where once the vague possibility of being 'upset' in supervision over a difficult or dying patient might be absorbed into conversation, now it is noted by the organization. That shift in emphasis marks an expression of power and it is inevitable that a supervisee might use their supervision differently in light of the fact that it is recorded, available to senior managers for audit and no longer classified as confidential.

I should say here that this overview is not controversial. It is indisputable that nursing sought to demonstrate its arrival as a profession (a profession worthy of better pay, status and the same sort of respect afforded to occupations with a predominantly male workforce) with a willingness to be more measureable, transparent and auditable and to adopt strategies that accomplish recognition similar to those adopted by other better placed professional groupings.

One could date this transition to 1989 and a strike action that led to a now unimaginable nine per cent pay rise accompanying the expectation that nursing modernized. What followed was signposted and shaped by a series of policies and landmarks including the emergence of evidence-based practice in the early 1990s; a process that formalized the hierarchy of evidence in nursing care and clarified the academic basis of nursing. The cultural impact of that created and developed a kind of binary opposition between the 'old-fashioned' nurse who experienced themselves as the purveyors of qualities like kindness and attention and the modern professional who was

equipped with competencies and capabilities: a 'skilled technician' whose abilities were wholly measurable according to a framework. That framework was 'The Knowledge and Skills Framework' (KSF 2004). Nursing career progression was governed by the passing through of competency gateways marked out by the KSF and later, extending these criteria across all health-care workers by the 'Skills for Health Framework' (2009).

An accompanying range of policy supported this drive towards becoming a technical and tangibly measurable profession in a way it had not been twenty years earlier, for example, the NMC replaced the UKCC as the registrant and regulator of nursing practice in 2002 and demanded more far-reaching powers of regulation and policing of practice. Modernising Nursing Careers (Chief Nursing Officer, 2006) sought to update career pathways, enable the development of specialist and leadership roles and enhance the flexibility of the nursing workforce according to the demonstrable skills and competencies gathered. Nursing became policy heavy and in a state of near constant change and evolution. The drive towards modernization had aligned pay with competency with the introduction of 'Agenda For Change' (Department of Health, 1999). Nurses did not gain promotion or a pay rise by moving into a new role having gathered the relevant clinical experience the way earlier generations did and the way doctors still do; rather, they were assessed according to gained skills. Nursing became less an issue of holistic or collected ability and was measured instead by the collection of capabilities. You don't have to 'be' something; you needed to be able to 'do' particular things.

And yet paradoxically the overwhelming message of *'The Francis Report'* was that nursing's failure was a failure not of technical skill or knowledge but of being able to sustain human qualities. This realization led to last year's 6 Cs which sought to re-establish underpinning human qualities like compassion, care and courage at the heart of nursing practice. Interestingly, however, the implementation outline for the 6 Cs (Compassion in Practice, 2013) framed these human qualities as technical, auditable skills and targets rather than as sustainable or restorable underpinning human characteristics.

Nursing has evolved. It has had to respond to rapid changes in science, medicine, the market place, social expectation and labour. The story of that evolution is complex and certainly worthy of a thesis on its own but what is clear to me and I think emerges from the fiction as an accurate portrayal of the last 25 years is that the 'felt world' of the nurse, i.e. the capacity to offer compassion, sympathy, softness, etc., has been diminished. That is clearly demonstrated in *'The Francis Report'*, the CQC reports cited above and in the hurried responses of the Chief Nursing Officer's 6 Cs as well as in the regular exposure on the lack of care in care homes and health-care settings including Winterbourne View (2011), Orchid View/Southern Cross (BBC 2013) and Hazeldene (CQC, 2012).

What has emerged in nursing care over the last 25 years has been a diminishing of the nurse as caring and engaged presence and a promotion of the nurse as technician. *Stranger Than Kindness* illustrates those clinical presentations and the emerging power relationship between them quite subtly in the exchanges and decisions, particularly in the ward round (pp46–56). If the capacity to offer compassion or the therapeutic use of self has less professional and clinical value now, it follows that the negative consequences of caring, the fact that we may become vulnerable in a way that someone who delivers technical ability does not, are unlikely to be legislated for in common professional practice. If caring too much or if working with emotion and the felt world is a weakness then the bruising that may follow from that caring is a failure of practice, not a result of being human. Therefore it seems we have to once again come to value the emotionality of nursing, to work in part with the felt world again in order for it to regain value and for us as a profession to attend to it professionally.

## ii) Bodies

It is no coincidence that *Stranger Than Kindness* begins on the cusp of the new professionalization project. Yet as I mentioned earlier, *Stranger Than Kindness* started for me with what became the prologue to Part 2 (p 101) when Adam took to the water. It started with the physicality of the central character, not as is traditional in description but in action. I knew Adam well by the time I wrote that piece but I found his essence (and perhaps the essence of the book) as he tried to glide through the water, concentrating on his hands brushing his hip and keeping the right shape. I read it again, closely, when the publishers sent me a PDF to read over and I emailed them to ask if we could change the title to 'Bodies'.

'Why?' Sighed the publisher.

'Because it's a book about bodies' I said. He didn't get back to me, waiting for the idea to fade.

But in a way it is about bodies, and as I have gathered around the politics of nursing, the broad critique of professional and academic development and a focus on what happens to the heart of the nurse, I arrive at the foundations of the way we think about nursing: Cartesian rationalism, a philosophy that separates the mind from the body. And I am unconvinced it is sufficient.

I would like to try to make sense of this by tracing a path from neuroscience through a corner of phenomenology to what emerges from *Stranger Than Kindness*. I experience it as a critical gathering that offers an opportunity for a philosophical

revitalization. As I do this I am mindful of the fact that I am bypassing some wonderful sociological work on the body, not least Williams and Bendelow's *The Lived Body* (1998) and Nick Fox's *The Body* (2012). I do this for two simple reasons. Firstly I do not have the space here to pursue a detailed exploration of the sociology of embodiment and secondly because I am focusing here on the application of philosophical first principles, offering in essence a critique of the assumptions about the nature of reason available to or assumed by nurses and suggesting that the recurrent play around bodies in *Stranger Than Kindness* offers up a metaphor for what underpins a philosophy of embodiment.

Antonio Damasio (1995, 2005) argues that the primacy of emotion is neurologically established and that emotions provide the scaffolding for cognition. We have long known that the body pumps out a wide range of somatic signals during a burst of emotion. Muscles, blood flow, breathing and heart rate are all affected by that process and that physicality is accompanied by subjective feelings along with thoughts, memories, images and responses. Margaret Wetherel describes this process thus:

[It] is not just a moment of coalescence. It is also a moment of recruitment where body/mind possibilities and body/mind states are gathered together into a particular assemblage and unleashed, censored or regulated in social contexts. (Wetherel, 2012, p30)

Damasio expands on this observation and offers an analysis of what power the body – with emotions running like rail tracks through it – has on the formation of thought and the subconscious.

Damasio states that there are primary or innate emotions (happiness, anger, sadness, fear, disgust) which are wired into us and present a set of pre-determined or pre-organized physical manifestations. There are also secondary or social emotions (guilt, embarrassment, pride, envy) for which those physical manifestations are established in part by experience. We do not have conscious access to this affect in the same way as we do with the primary emotions at least until we are able to review it. He maintains that we can understand this process by dividing them into three stages: 'state of emotion', 'state of feeling' and a state of 'knowing the feeling'. The first is the unfolding of the biological machinery; a physiological event beyond our control and beyond awareness at this point. The state of feeling is the process by which the brain begins to form a representation of what the body is doing; it is in essence the process of pre-conscious noticing. The last state, the state of knowing the feeling, brings the event that is consciousness of the feeling (Damasio, 2000). For Damasio, it is at this point that the feeling belongs to me. This is a private, individual experience, the point where I am marked out as 'unique'.

I do not read neuroscience comfortably but I was interested in a detailed scientific analysis that suggested an emotional primacy to the way we think and so I read Damasio in bits and pieces and quite slowly. As I have mentioned, I recognize the paradox in turning to hard science to develop a way of thinking critically but I feel that Damasio does something that is quite powerful in terms of my political and professional understanding of nursing: he offers an emphasis on emotions, refocusing our attention on the diminished felt world.

When an experienced nurse in a difficult clinical environment working in a 'guerrilla' culture approaches her 25<sup>th</sup> intervention of a busy morning, the nature of her response to the patient will be in part constructed by unprocessed emotion. If we do not acknowledge the emotion or even try to construct a language that notices it without judging the nurse we cannot act helpfully.

Damasio's Somatic Marker Hypothesis explains how emotional processes can bias behaviour, particularly decision-making. The hypothesis is that bodily feelings normally accompany our representations of the anticipated outcomes of options (Damasio et al., 1991). In essence this neurobiology places an emphasis on the pre-conscious role of emotion in complex and uncertain situations and challenges the assumed primacy of logic in decision-making.

For Damasio, it is wrong to imagine that only the mind thinks. The body and our emotions play a key role in how we make decisions. His is a cognitive neuroscience that reframes and revisits the idea of intuition or gut reaction in a way that might refresh our curiosity and challenge our prejudices about nursing knowledge and the construction of the casual nursing intervention. Further, it might offer a reinvigoration of the nurse as existing in the felt world rather than simply a rational and technical one.

As I wrote *Stranger Than Kindness* my sense was that it was about how people carried their emotions, tried to live with and in spite of them and tried to engage morally, the way people with a duty to care must, with the world in a meaningful way. As I did that it emerged that not only did experience begin to reside in the bodies of the characters but the struggle with the body became a metaphor running through the novel, from Libby absenting hers to Adam bathing and soothing his; from Maureen choosing to live in an alternatively gendered body to Anna needing to use hers to make another person regardless of her circumstance. As the work emerged – and this is what I consider key to a project like this and will discuss in the next chapter, the work has to emerge, we have to access the subconscious in order to make art – it became apparent that a book about feelings and emotion is a book about the body.

Good nursing often involves something intuitive. Nursing is able (albeit reluctantly sometimes) to value helpful intuition, the one that appears wise and opens clinical

possibility. It is less able to reflect on the less constructive 'instinctive' response, the moment of irritation, of distaste, of unreasoned disdain. I am not going to suggest that Damasio offers a theory that explains that but what is interesting is that in providing an underpinning science that shows a parsing of affect, it offers an area of enquiry that helps inform what seems to emerge from *Stranger Than Kindness*: that we embody emotion and it underpins the formation of our reasoning and that the idea of pure reason or even the assumed and wholesale application of well-reasoned human qualities in nursing as being something that simply requires a commitment or a decision (qualities like compassion or kindness) is a brittle one.

This leads me to the other slice of neuroscience that I have been drawn to during this project. A recurrent theme in the novel and in the political and philosophical discussion is the existing hierarchy of knowledge. From the professional league table to the primacy of science in the first half of the book to the assumptions of pharmaceutical solutions and the power of the market place in the second, *Stranger Than Kindness* notices taken-for-granted power. The book finishes with a collective and whimsical gesture in the face of that power. It is at once helpless and hopeful. It is an allusion to another way of trying to make sense of ourselves in the world, perhaps another type of reasoning becoming available.

Ian McGilchrist (2009) writes in the first half of *The Master And His Emissary* about the complex, evolved and co-dependent relationship between the left and right hemispheres of the brain. The second half of the book traces the fluctuating influence between the two hemispheres on western society over centuries. For McGilchrist the recently increased left hemisphere dominance in the way humanity organizes, values and constructs 'reason' has created an imbalance.

The left hemisphere point of view inevitably dominates . . . . The means of argument – the three Ls, language, logic and linearity – are all ultimately under left-hemisphere control, so the cards are heavily stacked in favour of our conscious discourse enforcing the world view re-presented in the hemisphere that speaks, the left hemisphere, rather than the world that is present to the right hemisphere. . . . which construes the world as inherently giving rise to what the left hemisphere calls paradox and ambiguity. This is much like the problem of the analytic versus holistic understanding of what a metaphor is: to one hemisphere a perhaps beautiful, but ultimately irrelevant, lie; to the other the only path to truth. . . .

There is a huge disadvantage for the right hemisphere here. If . . . knowledge has to be conveyed to someone else, it is in fact essential to be able to offer (apparent) certainties: to be able to repeat the process for the other person, build it up from the bits. That kind of knowledge can be handed on. . . . By contrast, passing on what the right hemisphere knows requires the other party already to have an understanding of it, which can be awakened in them. . . (McGilchrist, 2009, p 28)

McGilchrist emphasizes two traits that distinguish the right hemisphere from the left: sustained and holistic attention and the capacity for empathy. He evidences the diminishing of empathy as the left hemisphere gradually dominates the former master that is the right and whatever it is that underpins 'pure' reason gradually shifts with that domination. It is the lack of balance that concerns McGilchrist, a lack of balance that emerged in particular from the Enlightenment; the construction of an abstract reasoning that demanded all questions have answers and all answers come together to form a rational world. This, he suggests, has something to do with the loss of embodiment.

I think McGilchrist does something radical here in mapping a biology of mutuality in the brain. He offers a detailed cognitive neuroscience which emphasizes the gradual emerging dominance of one part of the brain and the failure of the left and right hemisphere to transcend opposition. I recognize the argument that suggests by turning to neuroscience to help understand history we automatically privilege a reductionist position – resorting if you like to a particular and privileged type of knowledge – but I have two objections to that idea and I think they are implicit to this project.

Firstly, this thesis manifests the sensibilities of the nurse, which perhaps means that my ontological position is burdened by hope. Hope demands we look for something that might help; rejecting a type of knowledge on ideological grounds is unhelpful. And like the act of nursing itself it is also rooted in the recognition of the body. The body is not only the product of socialization or social construction. To suggest it implies babies are clean slates and there is nothing about their body that constructs their space in the world. The way a body copes with the world retains a particularity. The way it develops its own somatic markers, its own trails of secondary emotions, is in part established by the body. The way a body shapes itself, collects and embodies experience and fills space is in part constructed by its own uniqueness.

Secondly, in a world that privileges science it is fascinating that science has constructed a detailed analysis of the brain which diminishes its own dominance. If we leave aside our mistrust of the essentialism of science for a moment there is, I think, something critical and constructive in the creation of a map that undermines assumptions about the evolutionary success that is reason dominating the integrative, felt world.

Embodiment is the unique gathering of data, history, intuition and emotion that rests in the skin. We cannot easily give voice to the knowledge it constructs sometimes (when we say that someone 'means a lot to us' what can that actually mean?) and arguably even acknowledging it as present and influential lacks legitimacy given the nature of the rationality we have come to embrace. Yet we know it is there, it is obvious to us; we feel it and we are informed by it. But in order to give it voice we access not only the language and logic of the left brain but also we place it in a constructed world that values or at least

returns to the version of pure reason that has emerged from the increasing influence of the left brain. Thus, culture, reason and social relations develop as part of a dialectic between the evolving (imbalance between) hemispheres and the existing social-cultural world our reason makes sense of and contributes to. The intuitive or felt world is diminished yet still it influences everything from the position we take in the world to the instinctive interaction with a particular bus driver or estate agent. Or patient.

McGilchrist's work is extraordinary: a detailed exposition of neuroscience which explores the relationship between the hemispheres followed by a type of historical and cultural mapping of social development against the influences of the hemispheres. For McGilchrist, the Renaissance marked the hemispheres working together, the Enlightenment marked the emerging dominance of the left, the beginnings of a reductive assumption that all questions have answers. In philosophical terms it is the way in which McGilchrist observes the nature of consciousness as illustrated by some of the work from the Renaissance that is striking I think. Reflecting on a poem by Thomas Wyatt, McGilchrist says:

What we are being let into here is something profound about the betweenness of emotional memory. Our feelings are not ours, any more than as Scheler said, our thoughts are ours. We locate them in our heads, in our selves, but they cross interpersonal boundaries as though such limits had no meaning for them; passing back and forth from one mind to another, across space and time growing and breeding but where we do not know. What we feel arises out of what I feel for what you feel for what I feel about your feelings about me – and about many other things besides; it arises from the betweenness and in this way feeling binds us together, and, more than that, actually unites us, since the feelings are shared. (McGilchrist, 2009, p303)

What is striking here isn't, in my view, the veracity of the reflection but the hierarchy of reason that such a reflection finds itself located in now: feelings floating between space, time and people has a reduced place in our professional and ordered Cartesian world. If one were to talk to nurses about the crossing of feelings and the growing and breeding of what we know in-between us the nearest thing to assent I could imagine would consist of 'Are you talking about transference and counter-transference?' The subtext being: 'We have a language for that, it is scientific. It is reasoned.' To introduce curiosity born of the robust science of McGilchrist is to step outside of the 'common sense', which is ironic and stifling, yet illustrative perhaps of the dominance of the left brain to discern the nature of reason.

There has been other work which has, if not trodden the same path as McGilchrist, certainly walked purposefully into the same country.

Lakoff and Johnson (1999) also expound embodiment in their exhaustive analysis of metaphor in *Philosophy In The Flesh*. They explore how our rationality is influenced or even constructed by our bodies in large part via metaphor. They too locate reason in the body:

Reason is not disembodied, as the tradition has largely held, but arises from the nature of our brains, bodies and bodily experience. This is not just the innocuous and obvious claim that we need a body to reason; rather, it is the striking claim that the very structure of reason itself comes from the details of our embodiment. (Lakoff and Johnson, 1999, P4)

Interestingly all of these people point to the phenomenology of Merleau-Ponty, which emerged over 50 years ago, as offering a philosophical foundation for embodiment. I will return to his work in a moment. First, I need to return to Libby Hoffman.

Libby is sure she has no body; she is perhaps a metaphor for the underpinning philosophy I find myself exploring. She may look like a symbol in light of her lack of body, mirroring her (superficial) lack of reason but in truth I first wrote about Libby Hoffman in the 1990s as part of an unpublished short story called 'Angel Shine' and while I did perhaps recognize her as a metaphor she was a metaphor for resistance, disempowerment, withdrawal.

Libby doesn't lack reason; she exercises reason in a particular way and I would suggest under the circumstances (spending half a century in an asylum with no route out) hers is an appropriate way. Her particular delusion was not wholly uncommon. I have met three nurses this year who have come to readings and discussions of *Stranger Than Kindness*, who trained in different asylums and who all knew a 'Libby'. They reflected on that clinical presentation being a form of resistance they had admired.

If Libby disowns her body then the intrusions it suffers lose their power. They do not happen to her, she cannot feel them and in fact you cannot even see them. It is striking that at the beginning of the book Libby was surprised and almost offended by the idea that she had been seen by William (p4). Libby has constructed a way of transcending the institution and the knowledge that harms her. The fact that it made no sense to psychiatry might be considered ironic if she had not spent over half a century in a psychiatric institution.

However, there are other embodied expressions of illness inscribed on the patient group in *Stranger Than Kindness*, from Michael's swastika tattoo and assault on his own teeth to Maureen's rejection of womanhood. Indeed, if we chose we could offer an interesting clinical narrative simply by discussing the physicality of the patient experience, avoiding diagnosis as we did so, simply telling a story of the body. Psychiatry tends to

relish alternative versions of clinical presentation, at least at the beginning of the patient's career, and so one wonders why the story of the body would be so unlikely?

The fact that psychiatry sees the shape and struggle of the body as symptoms of a damaged mind (or side effects of drugs) is illustrative of the underpinning philosophical and scientific assumptions of psychiatry that the mind and body are separate. But, and as I mention in my introduction to this chapter, I have come to believe that if this enquiry offers anything that is wholly new, it is this: it was the inscription on the nurses in *Stranger Than Kindness* rather than on the patients that offers a different perspective on the act and consequence of caring.

The bodies in *Stranger Than Kindness* are not illustrations of Damasio's theory. Finding the body emerging in and from the text led me to wonder about embodiment and try to find ways of making sense of the human experience and the relationship between emotions, the body and what we do. But what came first was seeing what happened to people in the hospital and in their attempts to care. The novel offers us bodies as scripts and metaphors, as collectors of life and meaning. It reminds us, gently I like to think, – the way a good nurse would – of what it is to be human by showing us what is most seeable: the flesh.

Adam has tattoos, he rewrites himself when he puts pretty scars on his skin. It is at once a reclamation of his body, a change he is negotiating with himself physically and an expression of power, albeit a power that does not really touch the lives of anyone else. Tattooing and indeed swimming (and prior to that his obsession with exercising) are examples of Adam writing himself in the face of feeling written by trauma, psychiatry, his past, etc. For Adam rewriting himself is necessarily a physical act.

Interestingly there seems to be in recent years a narrative emerging around obesity and nurses. Last year research from the University of Maryland suggested that 55 per cent of nurses were obese and cited 'work stress and problems with sleep' as reasons for that (Rowen, 2009; Han et al., 2011). These figures were consistent with another study by Miller et al. (2008). Tellingly the focus of concern around this phenomenon when discussed has not been about the well being of the nurse nor the habits, experiences or difficulties that may make obesity more likely but rather the legitimacy of the overweight nurse giving health advice to the overweight patient.

The nurse is a conduit for health policy and concern and perhaps they become something less than human until they become the patient? The nursing narrative is one of responsibility for others; there appears to be very little curiosity around the restitution or even the survival of the nurse. In *Stranger Than Kindness* Adam was a transgressor but the book asks what has to happen for him to be something else as well, something repairable or worth our attention?

My sense is that in order to help that happen, we need to develop a more helpful and appropriate starting point. What, for me, emerges from *Stranger Than Kindness* is the possibility that if we look to the body we may find a route back to valuing, seeing and helpfully noticing the felt world of the nurse.

### iii) Phenomenology and nursing

*'...There is no inner man, man is in the world and only in the world does he know himself.'*  
(Merleau-Ponty, 2005, p xii)

When Merleau-Ponty (2005) developed the concept of the body subject as a response to the Cartesian *cogito*, he perceived consciousness, the world and the human body as being intricately involved and mutually engaged. For Merleau-Ponty, lived experience, including collected emotionally laden human experience, is prior to reflection. It is pre-thematic; we live it but we do not explicitly think about and calculate what we are doing. He observes that our history becomes sedimented in our bodily gestures (an idea not dissimilar to Damasio's analysis of secondary emotions or indeed Bourdieu's discussion of the habitus<sup>5</sup>) and they are contained there as latent and unconsidered, even though this embodied experience is meaningful and lived out in the world. For Merleau-Ponty the 'sedimentation' of one's life means we develop an attitude towards the world as we become moulded by repeated experiences of it. It is, we can see in *Stranger Than Kindness*, the sediment that gathers in the nurse, the sediment that William, Anna and perhaps even Carla Tandy see when they look at Adam. This alternative embodied sense of consciousness anticipates McGilchrist and Damasio and offers a fuller and more sympathetic epistemology for nursing. At the heart of this epistemology is a nurse collecting the residue of distressing or painful experience.

I take sediment to mean what is left: a scar or stain, invisible or immovable (the 'unseen wheals that still remain' p9). We may become used to it, we may be unaware of it, we may say we are unbothered by it but if it is embodied we will be influenced by it. Adam collects sediment throughout the first half of *Stranger Than Kindness* and spends the second half trying to wash it away. Anna arrives from a troubled youth already intractably stained. And if I may, if we imagine for a moment that the nurses at Mid Staffordshire are stained, might it not be the case that they cease to be the enemy of good and rather become people we have a collective responsibility for?

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<sup>5</sup> The idea of the habitus originated with Aristotle and was adapted by Bourdieu. It refers to the integration of a set of sensibilities, tastes, positions into the mind and body which are then reproduced through tastes, positions and preferences. Like Gramsci's writings on hegemony, Bourdieu is interested in how power and culture reproduce themselves. Habitus, however, offers a more nuanced view of how people become vested in particular roles while Gramsci focuses more on class structure.

Paradoxically the reflective nurse will notice the 'sediment' or at least they will notice difference. They will see perhaps that they are 'doing' something different or 'feeling' something less helpful or simply 'being' something other than what they 'know' is required. They will labour emotionally (Smith, 1992; Theodosius, 2008) in order to offer what is required and it will perhaps cost something more than it might otherwise have done. The reflective nurse will notice their irritation with a patient they are not feeling empathy for. However, not all nurses are always reflective and as sediment gathers perhaps we nurses story our patients in a way that is made toxic by whatever it is we gather. A patient with recurrent and unchanging needs can easily become an attention-seeking patient when the 'sediment' takes hold.

Adam at no point in *Stranger Than Kindness* is anything other than kind to his patients. His softness with Michael (p28) his advocacy in the Ward Round (p49–50) even his absurd care not to disturb Libby when he visits her is laced with something like kindness. Whatever compassion is left in Adam is preserved for his face-to-face contact with the patients. There is nothing available for himself or his life it seems. In some respects he personifies the outdated nurse: 'unprofessional' yet possessing and focused on transferring human qualities. Indeed he clings to his capacity to be 'the kindly nurse' like a drowning man clings to his favourite dumbbell and in so doing his sediment becomes toxic and he turns the toxicity inwards, creating an unconscious demand to be sacked or at least exposed. Walking away felt impossible and so he made staying even harder.

As *Stranger Than Kindness* developed, I became aware of simple but significant totems that emerged from and supported the thematic metaphors if you will that connected the fiction to the social world it reflected. The idea of nurse as guerrilla fighter was one and the process by which the engaged and present nurse collects sediment was another. Underpinning that was a version of Cartesian reason that not only helps maintain the dominance of the science of psychiatry but characterizes some of the critical tools we find ourselves employing if we challenge clinical or economic reductionism, authority or even treatment assumptions. In order to wonder about the limitations of that reason, one is left with limited choices: madness, perhaps, as personified by Maureen Marley deciding that she was a man; liberalization or humanism, perhaps, as personified by Tim's approach to medicine and the team's negotiated approach to Michael's drug regime; counter-hegemony, perhaps, as illustrated by *Stranger Than Kindness's* fictitious Context and Cognition Therapy itself; or, perhaps, the only mechanism that genuinely confronts the dominant wisdom, whimsy, as illustrated not simply by the idea that tea made from fresh dew might cure psychosis but by the idea that that cure – or the possible solution to mental health difficulties generally – is carried quietly throughout the decades by

Jonathan, who exists (as a ghost, coincidence or figment of imagination depending on how the reader chooses to frame his presence) outside of 'reason' but brings hope anyway.

Professor Pat Benner is best known in nursing as the author of the seminal book *From Novice to Expert* (1984). However, it is her interest in embodiment that drew me to her work. Benner appropriated Merleau-Ponty to inform nursing philosophy of the inherent limitations of Cartesianism:

Merleau-Ponty conceptualized the embodied person existing in a knot of relationships that opens the person to the world. Nursing is in a unique position to articulate further this social, sentient, skilful body that dwells in a physical and social world and in temporality... Scientific language that omits our embodied access to the world is silent about her human experience of illness, recovery and health. Such a scientific language also leaves out perceptual capacities that enable reason and acting as moral agents in particular lifeworlds. (Benner, 2000, p6)

The limits or perhaps the hierarchy of knowledge when she compares the types of knowledge required of the nurse, particularly phronesis, an Aristotelian concept of practical wisdom, and techne, the craft-like knowledge of underpinning principles: what nurses might consider the knowledge that makes them demonstrably professional. It is phronesis that has less professional value yet it is a 'wisdom' alluded to by Merleau-Ponty that characterizes the ability to nurse well. Phronesis she says:

...is lodged in a practice that cannot rely strictly on a means-ends rationality [as techne does] because one's acts are governed by concern for doing good in particular circumstances where being in relationship and discerning particular human concerns are at stake and guide action. (Benner, 2000, p9)

There are similarities with McGilchrist here and one wonders if the hierarchy of knowing that emerges between techne and phronesis might illustrate in some way the flux between the left and right hemisphere of the brain, the shift towards nameable knowledge and away from the sensed, relational knowledge that once characterized outstanding nursing.

Benner is interested in techne and phronesis in terms of what knowledge and care they produce for the patient. We are still not interested in the nurse and her relationship with what she produces. Twenty-five years ago there used to be a saying in nursing, shared among nurses as part-reminder, part-solidarity, part self-mocking: 'Who cares for the carers?' I have not heard it asked for a very long time.

In *Stranger Than Kindness*, Grace characterizes the good nurse by being someone who personified comfort. She managed to hold sympathy for everyone. Sympathy is a strangely discomfoting word in the world of nursing; it is considered the lesser more shallow sibling of empathy, a Rogerian core condition that mental health nurses have been

encouraged to embrace over the last 30 years or so. For me, however, sympathy seems a profoundly civilizing relationship, not shallow but essential, not patronizing but human. Clarke (1997) offers a powerful history and sociology of sympathy which dignifies it in a way I felt Grace characterized. Grace was quietly loyal and watchful (see exchange with Anna over Adam pp30–31); she saw and attended to the patients with a softness and sympathy that was constant, for example, when Michael beat the chair in frustration (p 31) and her advocacy of him over his medication (p73) and yet in part she was, in the first half of the book, grudging in the comforts she took for herself: half-hearted relationships with a married man and a love-struck registrar. Grace flourished when she addressed the needs of someone other than herself and yet she, above all of the caring professionals in *Stranger Than Kindness*, retained some sort of balance in that.

My sense of Grace is that she was the most inured nursing presence because she observed with softness but without entering the lives of her patients, perhaps because no circumstance has demanded she do so. Indeed because she witnessed Adam holding the dying Graham in his arms she extends the same sympathetic presence to Adam as she does to Michael. She bears witness, she embodies care, she offers a cultivated and knowing presence and yet if she is hurt by what she sees she contains the hurt. It may be that she is reshaped in some way by experience but then surely everyone is. Grace is caring, present but largely undamaged. She is what Benner (1984) would consider an expert. Yet, dare we notice, she is distant. She constructs intimate relationships almost randomly. She appears right up to the present to be alone the way single parents can be, in sympathy with others but not actually with anyone. When she recounts the extent of her current sex life, much later in the novel, it hints at being a way of glimpsing the world rather than being fully in it.

‘I like to feel someone’s flesh on mine sometimes. Reminds me that I’m human.’

(*Stranger Than Kindness*, p231)

Grace is separate. The ideal nurse: resilient, engaged, present, skilled, knowing, assertive, capable, sad.

Adam meanwhile gathers sediment the way fat-lipped fish gather food from the bottom of the sea. Arguably it is the combination of his embodied beliefs, a Sartrean sense of responsibility for his own actions in the world and a sculpted desire to do something good with his work, that makes him vulnerable to the ‘failure’ that is a patient suicide. But the way he embodies his work is more complex than that. When Adam recites the story about Libby from his student days to Anna (p70) he is revealing something that has a physical effect on him, that doesn’t simply place him in a moral world and makes a

statement about ugliness. The effect of what he had heard reshapes him, disgusts him. He is placed in opposition to the 'institution' when he hears that story and he stays there. His reluctance to ever repeat what he had heard is indication of the toxicity of the story; nurses do not as a rule repeat the worst of what they have seen because it feels like spreading emotional pornography: graphic, ugly, invasive, scarring. He is restrained in his telling, holding something back. For Adam, putting those images into someone else's head is an act of violence. He feels a responsibility to hold them, even though they are toxic. From a writing point of view, I had a strong sense of Sartre's *The Flies* (1986) here. Holding the darkness, the horror is the morally and philosophically authentic and courageous (noble even?) thing to do, regardless of consequence. It is the duty of the good nurse. It is this, along with his struggle with the smell of piss, that dominates and lingers in his senses (pp23, 34, 39) and that reveals the foundations of Adam's physical embodiment of the hospital as well as his vulnerability.

The difference between Grace and Adam illustrates the obvious fact that sediment does not collect in a toxic or harmful way in all nurses. Part of the distinction is in the way the individuals sense their world as discussed above but the difference also lies in the nature of the clinical, professional or personal experience. Losing a patient in the circumstances Adam did is traumatizing. Having the sense of having cared for someone, been engaged in an ongoing way with them and combining that with a sense of responsibility is very difficult. Graham's suicide was a rageful one, perhaps most are, but the particular violence he directed at himself was vicious. That violence doesn't die with Graham. It lives on in the world and it is experienced as violence by Adam as suggested (p11) by his drug-fuelled reliving of the act at the party. As Adam watches the young man drink from the bottle at the party he feels anger rather than sadness: anger at Graham. It is telling and not unusual that Graham's family stay in touch with Dr Peach (p46). They are bound by violence and loss, Graham's wife, his child, Peach and Adam. There perhaps are the constituents of 'sediment' and it is telling that Adam doesn't talk about Graham in a reflexive way for nearly a quarter of a century, again much later in the novel (p275).

There is something else to notice about the gathering of sediment under the nurse's skin and that has something to do with the constant anticipation of impending extremes. Tim's suicide was violent in its manner and unexpectedness. We find out eventually that he had a brain tumour and his decision-making may have been affected by that. Further it is implied that the prodding David Cassells had set about undermining Tim, questioning his abilities, challenging his sense of himself as functioning and able. As with most extreme incidents in mental health care, we can make some sort of clinical sense from the story after the event. We can form a reasoned narrative that makes the suicide or violence 'logical' but that sense comes after. Clinicians can sometimes make sense of the

past but anticipating and being forever ready for the unknown future is profoundly unsettling. Nurses are not alone in this of course but incorporating that into one's sense of normality seems to me noteworthy in the context of this discussion.

### 3. Method or Knowing the Knowable.

My focus in this project has been on what happens to bruised nurses. In asking a question that contains a metaphor, I am extending beyond the obvious or easily calculable. I am asking a question about feelings and context and inviting an articulation that extends beyond the easily measurable. Indeed I turn to the novel because it is the place to see what is not easily calculable: to explore what it is to be human.

For Clandinin and Connelly (2000) narrative is the best way of representing and understanding experience. This thesis is located within a tradition of narrative approaches to explore and better understand human experience. It is in particular an attempt to contribute to the idea that fiction can be used in questions that are broadly the domain of social science. Like Clough (2002), the overall emphasis here is on demonstration. However, there seems to me to be a series of strands extending from literary, psychosocial, philosophical and ethnographic curiosity that gather together to lend this type of enquiry both a setting and momentum that are worth moving through to get to a point where we might expose something about the method I have employed here.

Clough describes narratives and fictions in educational research (also the title of his book) as

‘An attempt to trouble the common-sense understanding of data, to produce knowledge differently. It is not so much a “how to do text” as a “what is it possible to do? text” (2002, p4).

That seems to me an admirable premise: clear-headed, morally unambiguous and enquiring. Clough uses fictionalized accounts of experiences in education to mine meaning and knowledge that would not otherwise emerge. He explains his method:

If we think of the writing of stories in educational research as the creation of a building the writer becomes architect. The question therefore is not technical; it is not do I construct this building? But rather ‘what is this building for?’ Questions of purpose and function follow – what must it do? Who is it for? So, in setting out to write a story, the primary work is in the interaction of ideas; in the act of thinking, tuning in, decision-making and focusing on the primary intent of the work. And of course, writing a story – like constructing a building – is not carried out outside of a need, a community, a context. These are actually the primary ingredients. (Clough, 2002, p8)

This is an interesting legitimization of method but one wonders if it is perhaps a little instrumentalist, particularly given that it seems to be coming from a post-structuralist perspective? Clough seems to be implying that his stories are constructed with a purpose in mind, that they are ciphers or fables rather than organic or evolving narratives and that these stories are born of intent and decision-making. It seems to me that Clough is restricting his method at the outset and perhaps offering up something of a

contradiction. If he is writing a 'what is possible' text his stories surely need to breathe rather than restrain; they need to open up possibility and independence within the text, within the lives of the characters. As writers we cannot imagine we are writing parables that prescribe meaning, in part because the meaning resides with the reader and in part because too much control over the process makes for bad writing or too constricted a narrative. The writer's job is not to lead but to open oneself up and follow the characters.

Clough gives the impression that he is following a character secure in the fact that the character will walk an already established path.

Clough is right I think when he says that narrative is useful to the extent that it opens up a deeper view of life in familiar contexts, but in order to do that the author has to let go of their sense of containment and do what Stephen King (2010) refers to as letting the boys in the basement do their job, i.e. let the subconscious loose, let the embodied author write and let the characters lead. Interestingly this hints at an abandonment of designed symbolic meaning and demands instead a leap of faith but my sense is that we the writers have embodied the story that needs telling; our job therefore is to let the body talk. This involves a process of letting go of the held meaning and 'playing' in the undercurrents. In order to seek out the truth of the story we are trying to tell we have to not simply recount it but also to doubt it, hold it with curiosity, turn it over and dare I say, wonder about how it feels.

When I first conceived the book I wanted to reframe a sort of rejuvenating and gentle anti-psychiatry and I was moved by the themes I have spoken about in previous chapters. However, I did not construct characters as ciphers or construct relationships in order to move towards some central message. That way threatens poor fiction. It is my contention that if we are going to use stories for research they need to be acts of enquiry with their own life in themselves, not fables. They need to be authentic acts of fiction in pursuit of a deeper understanding of the human condition, not simply tales designed to symbolize meaning.

Writing fiction is a loosening of conscious thought, a release of the imagination and a filtering of the subconscious. It at once begins with the author and is revealed to the author. Clough has in my view liberated us from a staid and ideologically contained sense of what data is; he has opened up the possibility of fiction being constructed as part of sociological enquiry but I think he has limited its capacity to offer even richer data by not letting the fiction develop separately to the enquiry and by not letting the fiction breathe the way fiction can.

I still sometimes collide with self-doubt even when I am reading material that ought to offer me some sort of reassurance. Reading Andrew Sparkes' 'Autoethnography or self-indulgence' (2002) and the visceral uncertainty he explores, compounded this and

so I retrace my steps now and revisit the legitimizers and find a place to locate my work over the next few pages and hopefully also discuss a wider and for me more compelling issue: the constant regeneration of the critical voice, of critical theory itself as a story (in itself) of resistance.

Macintyre (2007) locates us as a species that live in stories. For him narrative is constitutive of human identity. We can only answer the question 'What am I to do?' if we can first answer the prior questions 'what story or stories do I find myself a part of'. But he doesn't simply locate us in stories; he observes that we derive at least some of what we must do from stories. For Macintyre we are storytelling animals on a 'narrative quest'. Here at once we locate stories at the heart of human identity and more boldly perhaps at the centre of ethics.

Indeed for Macintyre we can only make sense of the moral world in the context of narrative. His reinvestment in virtue ethics required a concept of an integrated life grounded in a narrative which links birth, life and death into a singular – and rooted firmly in a community – coherent story. We cannot either understand our society or arrive at rational moral judgement without stories.

*'Man is ... a teller of stories that aspire to truth.'* For Macintyre, narrative identity determines how one lives and conducts oneself in the world. Stories don't just organize the world they help us make moral sense of it.

Macintyre is not alone. Stories make us human says Gottschall (2013); they enable us to navigate the social and emotional world and to make sense of it. We are, demonstrably, a story-making species. We take comfort and make meaning from the fiction we read and my students make sense, develop their skills, knowledge and capacity to nurse from the stories they construct of and around themselves in practice. Further we are bound by our stories, the roles we play in them, the legitimacy they create for us, the place in the world they allow us to occupy.

Hogan (2012) talks about how stories reveal something profound about human emotions. He researched a range of literary narratives from Hindu epic poems to film adaptations of Shakespeare and found that most of the respected stories in narrative traditions were variants on three narrative patterns or prototypes: romantic, heroic and sacrificial.

Elsewhere, Hogan (2011) talks about literature acting as data for an account of the emotions. To the experimental psychologists eager to dismiss the idea that literature can be anything more than an acceptably formed anecdote, Hogan points to all corners of human history and its need to produce a story, to provoke, share, to make emotion literate. Literature generates emotional resonance and while that in itself raises many questions about the universality, interpretation or authenticity of that emotionality, it is in

Hogan's view bizarre to denigrate literary data that requires interpretation any more than 'scientific' data that requires interpretation. For Hogan artists encode and represent human experience albeit in a different way and he urges the development of a fourth culture that will freely transplant knowledge between the sciences and the humanities.

This seems a particularly pertinent observation for nursing. Nursing is often characterized as broadly the 'delivery of care' but delivering care is not the same thing as caring. Caring involves something more than knowledge and skill, yet it appears to be required of the nurse. The nursing response to *'The Francis Report'*, in the shape of the 6 Cs, tells us that the nurse has to care and that requires something emotional, it requires us to call upon particular human qualities and to apply them in an appropriately ethical way. It thus involves a complexity that traditional social science – while having spent a couple of decades trying to reduce – cannot comfortably encapsulate. Greenhalgh and Hurwitz (1999) explain this in relation to patients saying:

The narrative provides meaning, context and perspective for the patient's predicament. It defines how, why, and in what way he or she is ill. It offers, in short, a way of understanding which cannot be arrived at by any other means. (p48)

Indeed in much nursing research, enquiry, policy and debate there has long been something of an elephant in the room: nurses feel. What they feel may vary and be complex; they may feel tired, loving, annoyed, moved, cold, compassionate, frustrated, rageful, tender all on the same day and those feelings may leak into the clinical intervention or may even design it. *Stranger Than Kindness* shows something of that and the previous discussion locates it in a broad theoretical world but it cannot be overstated. The idea that the feeling nurse can be ignored or disregarded is surely absurd; the idea that we can explore the world of the nurse meaningfully without accessing these things is duplicitous and self-deceiving. Feelings in context exist; literature makes the felt world available. *Stranger Than Kindness* maps (in a particular way) the relationship between the felt world and the clinical world. Therefore stories help.

Grant and Zeeman (2012) say that storied lives enable us to present what is significant with hope for the future. They offer tales of cultural engagement that make available to us success, failure, resilience and resistance. I became very interested in that idea when reading Arthur Frank (1995, 2002, 2010), who identified how patients re-storied themselves in the face of ill health. He framed illness as a call for stories and identified archetypes: The Restitution Narrative, The Chaos Narrative, The Quest Narrative that lent bodies voices of varying control, hope, comfort and meaning. In so doing he located narrative in a clinical setting in what I experience as a uniquely powerful way.

A first topic is ... the need of ill people to tell their stories, in order to construct new maps and new perceptions of their relationships to the world. A second topic is the embodiment of these stories: how they are told not just about the body but through it. A third topic is the times that stories are told in: how the social context affects which stories get told and how they are told. The central issue of context is the distinction between illness as experienced in modern versus postmodern times. (Frank, 1995, p3)

*Stranger Than Kindness* applies those principles to the carers rather more than it does the patients. It turns the lens towards the nurses who rewrite themselves or become rewritten as they collect the distress they encounter. In writing that simple observation I am reminded again of Sparkes' reflection on self-indulgence.

Nursing is culturally inscribed as selfless so why would they require this counter-intuitive gaze? This attention? Nurses are not 'ill' or dying, in fact they are doing their duty and being paid for their labour. Why should we turn our attention to them as well? Perhaps because of this logic one is invited to justify this attention in terms of sustaining a workforce or protecting the health economy from negligence claims or too much sick time because that is the paradigm in which nursing is viewed now.

But is that enough? Frank (1995) reflects on a patient who had cancer of the mouth and received reconstructive surgery. The surgery was so good an article was written about it and Frank notes that the article was the surgeon's, not the patient's. Frank wonders about this 'colonization' of the patient by medicine and notices that patients are reclaiming themselves:

But post-colonial members of the remission society are demanding, in various and often frustrated ways, that medicine recognise its need for them. Refusing to be reduced to 'clinical material' in the construction of the medical text, they are claiming voices. (Frank, 1995, p12)

And I wonder about the colonization of the nurse, often the constant and unnamed characters in other people's stories.

This is played out throughout *Stranger Than Kindness*. In the first instance by the hierarchy of profession that so dominated the 1980s institution (Stein 1967, 1990; Zelek and Phillips, 2003) – a professional league table which also made manifest a hierarchy of knowledge (hard science of medicine followed by social science of evidence followed by a softer knowledge that was essential nursing care) and treatment. And also to the current colonization of thought, treatment, research and language by the pharmaceutical companies and an underpinning neoliberalism that emerges in the second half of *Stranger Than Kindness*.

However, what moved me here, what demanded that *Stranger Than Kindness* required a slightly comic tone is that while the struggle between the colonizers (psychiatry, pharmaceutical interest, a neoliberal economy) and the colonized (the patient, the service user in mental health) is taking place, the nurse appears politically side-lined. It is impossible to find any political defence of nursing post-Francis beyond saying they are understaffed. It is curious and, to me, troubling that beyond the staffing observation, nursing is silent.

Nurses it seems need to reclaim or rewrite their story in order to both nurse well and to survive nursing; they also need to do it in order to nourish and sustain their own humanity.

Ironically one of the ways that is shown in *Stranger Than Kindness* is in the exchanging of stories. Nurses are invited to survive in spite of the stories they hold and they hold them sometimes as an act of nursing in itself, to care for others, as Adam notices when he and Anna are sharing a seduction they do it through disclosure. Adam tells Anna about his student days, and about Libby and the old-style nurse Terry (p70), and in return Anna tells her story, not as she had done earlier to Black – as if throwing a bucket of cold water over him (pp40-42) – but rather as an act of faith (p72). It is this level of subtlety, knowing what to share and what to hold that demands a ‘whole world’ approach to the question. The ‘data’ we need to access requires what fiction can provide.

Earlier in my discussion of Macintyre and Gottschall I outlined the tradition this enquiry slips into. However, while there is much to legitimize using narrative to construct critical theory, employing fiction as data rather than gathering stories from the field may be considered a step too far. Fiction is, after all, made up. For Clough the appeal is clear:

The fictionalisation of (educational) experience offers researchers the opportunity to import fragments of data from various real events in order to speak to the heart of social consciousness – thus providing the protection of anonymity to the research participants without stripping away the rawness of real happenings. ... I am not suggesting that all research should be reported through fictionalized narrative, but that some researchers might develop the capacity to make art if they are fully to embrace the postmodern ethnographic project in the twenty first century. (2002, pp 8–9)

But I cannot claim that this is part of a postmodern project. I think it is an attempt to access the conventionally hidden felt world and to draw something important and unseen into the world. Could I have done something similar using ‘real’ experiences of nurses? Perhaps. Would it have offered a clearer, more legitimate sense of ‘truth’? I am unconvinced. Does watching the film *12 Years A Slave* offer something different from reading *The Sociology Of Slavery*? It perhaps fails to offer objectivity but what can? I would

argue that the film (and maybe art in general) attaches feeling to what we see and that lends resonance and value.

In a debate on human nature and the possibility of politics between Foucault and Chomsky in 1974, Foucault remarked:

It seems to me that the real political task in a society such as ours is to criticize the workings of institutions, which appear to be both neutral and independent; to criticise and attack them in such a manner that the political violence which has always exercised itself obscurely through them will be unmasked, so that one can fight against them. (Foucault and Chomsky, 2011, p9)

This seems to me to underpin critical thinking. It begins in uncertainty, opposition, in enquiry; it is distinguished by analysis. *Stranger Than Kindness* offers a whole world view of a complex set of social, political and internal relations. It provides a canvas upon which we can see motivation, experience and emotion construct the things that people do. I would suggest that we do not access these experiences in research because we hesitate to use creative research methods and by not accessing them we are failing to offer vigorous inquiry or to 'attack' the established political agenda that institutionalizes the marginalization of nursing experience. The methods of social science expand in response to the questions it asks of itself. Fiction or art is part of that.

I would argue that the method of fiction is legitimate and in this context wholly appropriate but I would add that in order to be legitimate it needs to be decent fiction. Poor fiction, unbelievable characters not functioning within a well-established internal logic, poor writing, emotional incongruence, the sense that the world and the experiences are somehow 'unreal' cannot function. The writing has to be believed and from there we may ask 'What might it mean?'

I run the risk of closing here with a critical reflection that errs towards the whimsical but I think there is something interesting that emerges from this discussion that reflects on the nature of the eternal exchange between critical theory and the dominant discourses or what Marx would consider to be the conventions and culture that make up dominant ideas in society. In *The German Ideology*, Marx wrote about ideology as being the superstructure of a civilization:

Morality, religion, metaphysics, all the rest of ideology and their corresponding forms of consciousness, thus no longer retain the semblance of independence. They have no history, no development; but men, developing their material production and their material intercourse, alter, along with this their real existence, their thinking and the products of their thinking. (Marx, 2004, p47)

In essence, ideology is the social construction of a language, morality, philosophy and science that reflects the material world as being understandable.

Marxism in this context was a stepping back from the assumed truth of still emerging industrialized capitalist social relations. If the right hemisphere brings us a sustained, broad, open and vigilant alertness, an ability to recontextualize and see a holistic picture, then arguably Marxism was an expression of that hemisphere. Not by any means the only expression, nor necessarily the most significant, but I am suggesting it as an example of critical theory designing an alternative, an objection founded in a different form of reason from what McGilchrist calls the self-perpetuating nature of the left hemisphere world.

The development of mass technological culture, urbanization, mechanization and alienation from the natural world, coupled with the erosion of smaller social units and an unprecedented increase in mobility, have increased mental illness, at the same time that they have made the 'loner' or outsider the representative of the modernist era. His apprehension of life has become fragmentary and the welter of disparate information and surrogate experiences, taken out of context, with which we are deluged intensifies the sense of fragmentation. (McGilchrist, 2009, p407)

McGilchrist observes that industrialization marked the acceleration of a left hemisphere-shaped world:

Thus a culture with prominent 'schizoid' characteristics attracts to positions of influence individuals who will help it ever further down the same path. And the increasing domination of life by both technology and bureaucracy helps to erode the more integrative modes of attention to people and things which might help us to resist the advances of technology and bureaucracy, much as they erode the social and cultural structures that would have facilitated other ways of being, so that in this way they aid their own replication. (McGilchrist, 2009, p408)

Within psychiatry one might suggest the anti-psychiatry of Thomas Szasz (2010), who offers the same attempts to challenge assumption, science and truth. For Szasz mental illness was a myth and psychiatry actively obscured the difference between misbehaviour or difference and disease. Psychiatry appropriated the scientific in order to police the moral. For Szasz, the 'madman' in the eyes of the psychiatrist is analogous to the heretic in the eyes of the theological authorities. Psychiatry cannot apply the same measure of disease as the rest of medicine, despite its desperate attempts though it assumes them anyway. It is a triumph of method over content and a science of its age.

This is acted out at the end of *Stranger Than Kindness*. The dénouement was not an exchange of reason. Rather it was a constructed and collective act of opposition. When Adam, Anna, Alison, Freaky Bob and his mother, Tom and Laura are joined by Jonathan to find out if magic tea made with fresh dew might drive 'madness' away, their whimsy is

confronting the false certainty that is psychiatric medicine. It was at heart a thin hopefulness in the face of 'reason'. And it personified the plea for context, understanding, holism and possibility that drives the characters and maybe drives us.

There is of course an irony in turning to neuroscience to show us something of our loss of balance and it is not lost on McGilchrist. In an interview he gave to the online journal *Berfrois* on June 7<sup>th</sup> 2012, he says:

I rather deplore it all ... and I'm chagrined that some people who haven't read my book might think I'm part of the same movement, which is really a reductionist movement that is saying that when you've described something at the brain level you've got to the reality of it. Whereas you've just described it at another level – a rather less interesting level, in many cases!...The result is a culture of category errors, of appropriate ways of knowledge surrendered to the gleaming mandalas of the MRI. The tendency is to use this rather reduced and apparently objective way of describing things and apply them to areas where that type of description is not appropriate. Aristotle knew that different types of knowledge and different approaches are appropriate for different areas: a poet's understanding of a poem is not the same as a doctor's understanding of a patient [which] is not the same as an accountant's of a business plan. They're different sorts of understanding, different sorts of knowledge, and we ask only for one kind of knowledge now. (McGilchrist, 2012)

For Ian McGilchrist one of the things that can help return us to the values of the right hemisphere is poetry. He continues:

Really, the relationship with a work of art is like that with a human being: that it's unique, that like a person it is embodied...if it hadn't existed in that form you couldn't have imagined it by putting it together from bits you can find somewhere else. And when you do start criticising a poem you inevitably start talking about what it's saying, but what it's saying turns out to be a handful of banalities that you've heard a thousand times over! How painful it is to lose somebody you love, for example. And then you can look at the form, play around with it and then you think 'what's that got to do with anything?' But then when you actually experience the poem, it can change your life, so something incredibly important has just vanished when you try to do this. (McGilchrist, 2012)

And this brings me back to my beginning because accompanying our critical theory, our struggle to go beyond ruling ideology or socially constructed truth or dominant ideas or ascribed meaning, has been art. Walking beside science, making meaning anyway, informing and expressing the human condition, enlivening our sense of possibility are the arts.

It may be going too far to suggest that using fiction to inform social science is the embodiment of the struggle between the hemispheres and it may be construed as whimsical or at best an exercise in theoretical tolerance to suggest that fiction can be a significant method of understanding and helping to form a morally constructive response

to the crisis that exists in nursing but this thesis makes it nonetheless. In order to understand a world that requires – demands even – human qualities as sophisticated and noble as compassion, we require the right hemisphere to shape the world every bit as much, if not more than the left. In order to place that need into context we need imagination and story. And given the political context nursing finds itself practising in, we need, surely, to restore a way of thinking that values the felt world. The arts, as McGilchrist explains above, do that best I think.

Stories are like hope: they leave last.

## Conclusion

This project brings together a novel and four distinct ideas in response to one key and too often overlooked question. The four elements are using fiction to inform social science, using cognitive neuroscience to offer insight into the limitations of the way we are thinking about nursing and research, recalling embodied realism as an epistemology for nursing, and critiquing the politics of knowledge that limit nursing research and professional development. This conclusion offers a brief overview of these and highlights what needs to come next.

I need to start with the novel as it is the major element of this thesis and perhaps the most tangible thing that has emerged from this investigation. I am happy *Stranger Than Kindness* is in the world. I think I carried elements of that book around with me for nearly 20 years. The bits that fed the fiction, the emotionality, the bruising and maybe some of the darkness, may have been there for longer and while that hints at this novel being part of a therapeutic process – and perhaps it was – I think of it more as part of what Hunt (2013) would regard as transformational learning and, well, art.

In terms of the book as a creative piece of work I think it is worth noting the sort of people I write about. Described by one reviewer as offering a ‘strong empathy for those who have trouble fitting into society’ (The Guardian, 2014) the characters emerge from the margins that prized a cultural richness over economics. This cultural backdrop is not as unpopular as it once was in fiction, perhaps in part due to the rise of independent publishing houses anxious to break with the preoccupations of the major publishers but it still feels like a tiny act of counter-hegemony.

Thematically, a book about the bruised heart in a nursing or care context is unusual. I was interested and pleased to find the book included on a list of six books on the Sharing Stories for 2014 list established by the Arts and Minds association (Arts and Minds Network, 2014) in Leeds along with Costa Book Award winner *The Shock Of The Fall* (Flier, 2013) and other books with themes linked to mental health. However, while mental health issues attract literary attention, the caring residue it seems does not. I like to think there is something progressive about highlighting an emotional literacy in fiction without being overly introspective or morose. Or to put it another way, when a reviewer (Jo Brand) says the book is ‘poignant and funny’ I feel as though I have achieved something of what I set out to do: frame the felt world in an available and occasionally witty way. The way in fact the felt world often is experienced.

I think *Stranger Than Kindness* finds itself in the contemporary fiction sub genre that collects around the marginalised or mad. Sitting alongside EG *The Comforts Of*

*Madness* (Sayer, 1989) *The Shock Of The Fall* (Flier 2013) and perhaps *The Curious Incident of The Dog in The Nighttime* (Haddon 2004). Books that turn their gaze sensitively toward the mad 'other'. Indeed *Stranger Than Kindness* is in effect in dialogue with these works. We attend to and gather around a similar world with similar preoccupations and our curiosity and attention is drawn to similar lives and experiences. Libby, Michael and Maureen could exist as characters in Sayer's or Flier's work. However *Stranger Than Kindness* extends beyond that, turning the gaze around in an attempt to bring a similarly enquiring attention to the nurse. That seems to me to be –surprisingly - quite unique. Nurses – and I suggest that this is reflected in clinical practice as well – tend to be characters in other people's stories. A good nurse on an effective ward is a conduit for recovery. A poor nurse on a struggling ward is a barrier to healing. They are to some extent rendered voiceless, designed as observers or conduits in a patient narrative.

*Stranger Than Kindness* extends the writer's drive to find the voice of the marginalised patient to include the silenced nurse. To lend flesh if you like, to the experience of caring and to bearing witness. I like to think that that has some worth in itself, particularly as so many nurses since the publication of the book have talked about the authenticity of the nursing voices in the book.

The book appears to have been well received, I am proud to have written it, although I notice that (and I realize there is something a tad self-indulgent here) on some level I feel spent. I don't know if that is about creative energy and trying to gather whatever it is that I require in order to think about writing another book, or if it is about the absence of something inside me now that the book is an object in the world and not a narrative fermenting in me. But it is an object that has been nearly 20 years in the making; I feel some pleasure when I hold it, and other feelings too, more complicated ones I think.

I notice that something in the book binds me to a community. Several readings at Universities, among older nurses, have led to people telling me that they 'knew a Libby'. I have received emails from ex nurses telling me that the hospital and the people were exactly as they experienced them. Albeit in different hospitals. We are bound by these experiences and so I wonder if *Stranger Than Kindness*, in resonating with certain people and a certain time, offers a snapshot of history not often shared in fiction.

Secondly this project is an attempt to show something of the nursing experience that is seemingly going unseen by non-nurses and an attempt to make sense of it. It is at once political, in that it confronts the power relation between the perception of the nursing profession and the experience of the nurse (as discussed in chapter 1, all of the political and professional responses to 'The Francis Report' have been about regulation, audit and the perception of the profession), and scholarly, in that it applies ideas not yet

imported into nursing, to reveal something that is a moral reminder and sociologically useful.

I realize it is unusual to arrive at and then offer the cognitive science of McGilchrist and Damasio to consolidate an epistemology for nursing and it feels quite paradoxical to have to reach so deeply into the world of science to try to find a language and philosophy to revalidate the art and humanity of nursing, but it suggests something powerful I think. McGilchrist's work is particularly resonant. The articulation of the imbalance between the hemispheres and the manifestation of a skewed version of reason that that constructs lends a backdrop of understanding to not only the emotionality and intuition at the heart of *Stranger Than Kindness* but also to the dénouement of the second half of the book: the gravitation towards the intuitive, the collective gesture towards a possibility that did not make 'sense'. McGilchrist offers a version of neuroscience that makes a different kind of sense of resistance and critical thinking. I think in his desire for a balance and transcendence of opposition (between the hemispheres) he provides an appealing metaphor for the future of nursing: the need to rebind science and art with renewed value.

But it is Damasio who perhaps offers a fresh legitimacy to the possibilities of embodiment. Indeed his Somatic Marker Hypothesis could offer nursing an opportunity to reinvigorate both its sense of self as a science and its capacity to explore its own nature and struggles authentically.

Accompanying this turn towards cognitive neuroscience is a return to a phenomenology of embodiment distinct from Descartes and originating from Merleau-Ponty. I think in turning to examine nursing's philosophical root we open up a range of possibilities for further work that has simply not been done in this country. Indeed it invites a fundamental philosophical review and perhaps, given the nature of nursing, more importantly it offers a language and a set of questions that can challenge the self-defeating assumptions of simple reductionism in the way nursing talks and thinks about itself.

However, beyond the academic work that I think invites further research, something else has happened that feels important. I find I want to return to the bedside in a caring capacity. Not as a full-time nurse, not even as a nurse in a formal sense, but to be therapeutically present again, to help.

I am mindful that this hints at a therapeutic resolution or a level of personal transformation, for which there is little room to reflect in a project like this, and so I mention it as residue if you like, as a metaphor for the themes of the book and the journey of the characters; as a point of resolution and from a personal point of view: hope.

In an educational capacity following a couple of talks I did on my work and a discussion with the lead for education and training for the Sussex region I have been invited to develop a Health Humanities short course for staff that will bridge the gap

between staff support, clinical supervision and continuing professional development. The course content will include creative writing and storytelling as a way of revisiting oneself as a clinician and it may situate staff and service users in a learning and reflective space together; traditionally this is unheard of but it has been suggested by the Trust and seems to me to be potentially quite exciting.

I am also developing a follow-up piece of research that will use story writing in a clinical context as a means of supervision and support for staff. I am targeting staff in traditionally hidden clinical areas of dementia care and nursing homes for this. I want to find out if sharing reflective stories might help.

In essence this thesis is largely creative in nature and it attempts to take the product of that creative process and turn it into something that might inform nursing, in its crisis, about the limits of its politics and epistemology.

I think using fiction to visit the assumptions of reason and the felt work people do might help to enliven the way we think and talk about nursing, placing that beside cognitive neuroscience might offer it something considered to be more robust even. I think in challenging the assumptions of Cartesianism it offers an opportunity to re-value the strengths and virtues of the effective nurse while making a strong case to defend her against a politicization that devalues and abandons her.

I finish as I began. I have written a book. It is about the things people feel and what happens to them as they try to manage those feelings. The people are nurses who happen to feel things for a living and who often collect emotion from that ongoing experience. Choosing to do that for a living is a thing of profound social value. If nothing else I like to imagine that *Stranger Than Kindness* is a testament to that.

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