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knowledge that a resolution will emerge, given time and attentiveness and faith. Similarly, with patients we have to attune ourselves to their and our own feelings, without knowing in advance what they 'mean', or how they fit into a predetermined schema. Poetry, like psychotherapy, and healthy psychological functioning enables us to reflect on the flux of life (faster than the flight of a cricket ball), penetrate its mysteries and learn from experience.

Fourth, a poem, arising apparently from 'nowhere' and out of 'nothing', becomes an object in its own right with which the poet, and later the reader, has a relationship. The poet/reader speaks to the poem, and the poem speaks back to the poet/reader. A poem is an artefact, but once the first words are down on the paper, it has a life of its own to which the writer/reader can relate. A dialogue emerges where previously there was silence, emptiness and loneliness. Similarly a psychotherapeutic relationship is both 'real' and an artefact; and liking poetry can, like undergoing psychotherapy, be seen as 'narcissistic', self-indulgent even, but both use narcissism to overcome narcissism – as Jung said, we have to first find our Self before we can lose it. With the help of the therapist, the psychotherapy patient begins to learn how to talk to and listen to him-/herself. Where previously there was just a 'blob' – as many patients describe themselves and their misery – a subject and object emerge.

Finally we can ask what kind of a thing, or 'object', *is* a poem or a psychotherapeutic relationship – compared, say, to a magnetic resonance image scan or a DSM diagnosis? Neither is entirely 'out there' on the page or the consulting room, nor wholly 'in here' in the mind of the therapist/patient or poet/reader. This ambiguity can be described as a 'selfobject' (Kohut, 1977), a 'transitional object' (Winnicott, 1971) or a 'poetic third' (Ogden, 1994) arising out of the intersubjectivity of poet and reader, patient and therapist.

This intersubjectivity is both subject and object in the science of psychotherapy and the art of poetry. Without an intersubjective perspective people suffering mental pain are stuck – trapped within their narcissism or nihilism (which is only a negative form of narcissism). Psychotherapy and poetry help us escape from this cul-de-sac. Both put us in touch – physiologically, emotionally, cognitively – with creativity and with the living reality of the other. Psychiatry needs psychotherapy – and perhaps even poetry – if it is to go beyond a reductionism that excludes the mind and cannot theorise relationships. Just as psychotherapy needs to expose itself to the pain and difficulty of coalface psychiatry, so my bantering new friend needs to open himself to the poetry of his discipline. Without it he is in danger of being caught out.

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PATRICK McGRATH

Problem of drawing from psychiatry for a fiction writer†

Transcript of a talk given at the Annual Meeting of the Royal College of Psychiatrists, 10 July 2001

My topic is the problem of drawing from psychiatry for a fiction writer. This is a subject on which I am eminently well-qualified to speak. I have written five novels and a short-story collection, all of which have dealt with minds in disorder. Two of my novels – one called *Spider*, the other *Asylum* – have been focused centrally on psychiatry and psychiatric illness, so it is about the writing of these two novels that I want to talk today.

Let me start with *Spider* (see Fig. 1). It was a novel I had begun with a simple premise: a plumber in the East End of London murders his wife, buries her in the potato patch in his allotment and moves a prostitute into the house in her place. Various complications arise, but basically this was a simple sardonic tale about a murdering plumber, or so I thought. It was when I had settled on the plumber's son as the narrator of the story, who in adulthood remembers those desperately unhappy days of his boyhood, that I came up against the real challenge. It occurred to me that the man remembering the circumstances surrounding the death of his mother was remembering it wrong: his memories were a set of elaborate delusions. Such a possibility was intriguing, but then in answering the questions of *why* and *how* this could have come about, I realised that my narrator had schizophrenia.

At this point I quailed somewhat. It seemed a formidable task – that of rendering psychotic experience from a first-person perspective: first, because I myself had never had schizophrenia; and second, because it seemed to me that fictional narrative and psychosis were mutually exclusive entities. The latter, I thought, is characterised by chaos, irrationality, delusions, non-sequiturs

†See editorial, pp. 121–122 and pp. 137–138 and pp. 138–140, this issue.

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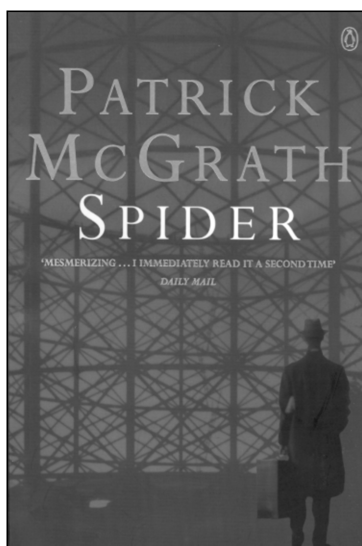

Fig 1. Book cover of Spider, novel written by Patrick McGrath. The novel has been adapted for the screen and was filmed in London and Toronto. It will be released this year and stars Ralph Fiennes and Miranda Richardson. It was directed by David Cronenberg and the author wrote the screenplay.

and paranoia, whereas the novel demands a sort of swelling narrative progress grounded in causality and finally yielding a clear design. So this was the nature of the problem, to render the chaos of psychotic illness within the ordered frame of the novel without misrepresenting or trivialising the experience of schizophrenia.

The writer generally looks first to his or her own experience in researching a novel and then starts to read. This is what I did. I had learned something of schizophrenia from my father. He was a forensic psychiatrist who came to Broadmoor as deputy superintendent in 1956 and a year later became superintendent. We lived on the Broadmoor estate for the next 25 years, and during my childhood I spent a great deal of time in and around the hospital. At home my father was never reluctant to talk about his work with his children and I think that by the age of 6 years I understood the insanity defence better than I do now. I also learned at a young age that the term 'schizophrenia' did not mean split personality but shattered personality.

When eventually I graduated, with a degree in English and no clear idea what to do with my life, my father, by means of a sort of medical superintendents' old boy network, got me a job in a top security psychiatric unit in northern Ontario called Oakridge. I met many patients with schizophrenia in Oakridge. I saw those stiff men shuffling down the ward, doped to the gills with hefty antipsychotic medication, and I spent many hours listening to the weird incomprehensible shifts and jumps in their talk.

What I needed in order to write from the point of view of a person with schizophrenia, I realised, was some understanding, if such a thing were possible, of what gave rise to that thinking. I wanted, if I could, to seize upon some idea that would allow me an imaginative gateway into the tortuous mazes of schizoid thinking; so I began reading.

Eventually I found the idea that gave me a way in. It was a line from *The Divided Self* (Laing, 1960), where Laing described schizophrenia as 'dying of thirst in a world of wet'. The image made sense and it seemed true of the patients with schizophrenia I had known in Oakridge; it allowed me to sketch in the outline of my 'schizophrenic' narrator. What I gleaned initially from Laing's image was that schizophrenia must involve the most appalling solitude any human being is ever likely to know.

Armed with this idea I could now move my character around somewhat. His name was Spider, he had been discharged from a large mental hospital after 20 years inside and had returned to the East End, where he moved into a sort of halfway house – and not a very good halfway house. But I could now picture him wandering the streets, always alone, apparently aimless, a tall thin shabby sort of a man. I could see him sitting on a bench beside a canal. I could see him having difficulties with the other residents of the halfway house, and in particular with the highly unsympathetic landlady. So I had an idea now of what my man looked like.

The more complicated problem, however, was to begin to flesh out his mind. As I read more and more – case studies, memoirs, psychiatric textbooks – I began slowly to put together what I imagined was a rough approximation of the patterns of dislocation that occur within the mind of a person with schizophrenia – perceptual, emotional, cognitive and somatic; I was, I believed, starting crudely and naively to think like a person with schizophrenia.

This allowed me to start writing my character with some tentative degree of confidence. In my reading I had come across a vast array of symptoms and the task now became one of selecting Spider's own idiosyncratic cluster of symptoms. I then had to weave them into what I shall call the novel's metaphor system: its repertoire of meaningful imagery and symbolism.

This is where the real pleasure of writing fiction often comes in, when these sorts of structural and aesthetic arrangements start to be made: these design decisions that often are not decisions at all but seem to emerge almost organically from the flow of the writing; for there are many times in the writing of a novel when the conscious mind seems to have little to do with the work going forward. My father gave me to believe that the same can be true of psychiatry.

Back to Spider, now grown up and returned to the East End after 20 years – his entire adult life so far – in a mental hospital. I became more specific. I decided that Spider's mother had died from gas inhalation; that she had come home from the pub one night, passed out in the kitchen and someone had turned on the gas. The reader would not learn about this for some time, however.

Now in many parts of east London the skyline is dominated by gasworks. Spider, in his lonely wanderings, finds his eyes drawn again and again to the looming gasworks. It is an experience that fills him with horror.

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The reader does not understand why this threadbare mumbling man should cower at the sight of gasworks, but he does.

I build on the gas image. One night Spider sits in his shabby room at the top of the halfway house and smells a very unpleasant smell. It takes him a few moments to identify it as gas. Where is it coming from? He cannot locate the source at first and then he realises: it is coming from himself. He is giving off a smell of gas. He tears open his clothing and yes, there can be no doubt about it, gas!

The reader hopefully is still with me. The reader is beginning to grasp that gas for this disturbed and fragile man has an awful significance. But why? The reader is being drawn into Spider's madness and is starting to glimpse an indistinct logic there. The reader is beginning to behave like a psychiatrist.

It is now later that same night. Spider has taken the sheets of yellowing newspaper lining the drawers of his cupboard and begun tying them about his torso by means of sticking plaster and bits of string. He is trying to stifle the smell, repress it. When he is bound in newspaper from neck to ankle he puts his clothes on over the newspaper – *all* his clothes – the better to suppress that appalling smell.

It is a curious figure who appears for breakfast the following morning. The landlady is, of course, most indignant. 'Mr Cleg', she cries, '*how many shirts are you wearing*?' Can Spider tell her why he is wearing all his clothes, not to mention the crackling newspaper beneath? Of course not. He cannot sob out the truth of the matter, that he is giving off an intolerable stink of gas. Instead he stumbles out into the street.

He is dying of thirst in a world of wet.

I have not finished yet with the gas. Spider has to make sense of this catastrophe. What else can he think but that he smells of gas because he is going bad? His organs are shrivelling and rotting. Over the course of the novel there will be a steady deterioration in the state of Spider's insides, until he gets to the point – according to himself – where his body is a void, an empty thing with just a fragile strut of a spine and a string of intestines wrapped around it, a thin tube down to his penis and a single lung as the only working organ. How does he know that it works? Because he can smoke. In fact, it is only by smoking that he can maintain the health of the lung. So he is smoking roll-ups pretty well non-stop by this stage.

This sounds like very crazy stuff indeed, but no psychiatrist will be surprised by any of it, I think. Somatic delusions like this are not uncommon in unmedicated people with psychosis, which is what Spider is. What the novelist must do, if such experience is to be comprehended, is to allow the reader to operate quasi-psychiatrically and intuit a meaningful pattern in all this wild distressing stuff. Now we see a lanky shabby man dressed in several pairs of trousers and shirts, jackets and coats, chain-smoking on a bench by a canal, mumbling to himself, occasionally sniffing at himself and completely incapable of raising his eyes to the gasworks dominating the skyline. The reader has seen that man, or someone very like him, on the streets of London. Just one of the legions of those with mental illness pushed out of the old asylums and forced to attempt to survive in city streets. But I hope, by this point in the book, that what the reader is seeing in Spider is not some ghastly crippled monster of unreason, nor even just a dirty failure of a man: I am expecting the reader to be in some manner decoding his experience, his torment, realising for example that the belief that you stink of gas must be connected to a profound conviction of your badness, your *guilt* – and be probing for the sources of that guilt, from which so much else seems to have sprung.

So when it emerges that Spider was in fact the one who turned the gas on, and killed his mother, I hope that the reader will leap to an understanding of why gas has been such a potent and terrifying idea in Spider's mind. And with that, much of what has seemed bizarre and irrational will be seen now to fit into a coherent psychological pattern; a flawed and tragic pattern, to be sure, but a pattern nevertheless.

There are various other manifestations of illness in Spider – delusions, paranoia, animism – but in all cases I attempt to weave them, in just this way, into his immediate environment, his immediate experience, while at the same time suggesting their movement in his unconscious mind, their linkage to a repressed but emerging memory of an appalling trauma; all this in an attempt to integrate the wild energies of the 'psychotic mind' into the unfolding orderly progress of a narrative.

A different set of problems faces the writer who draws from psychiatry in order to depict not the experience of the mentally ill but that of their healers. This, in a sense, is a less complex task because the thinking of psychiatrists, although often devious and byzantine, is probably marginally less tortuous than what we might imagine goes on in the mind of the patient. My fourth novel is called *Asylum* and tells the story of a psychiatrist's wife who falls in love with a patient in her husband's mental hospital. That hospital strongly resembles Broadmoor. I set the novel in the year 1959 because in that era such a love affair would be far more shocking and unusual than it would be today, and also because I knew the Broadmoor of 1959 as well as any schoolboy could.

That Broadmoor – the Broadmoor of my childhood – was structured along almost feudal lines: a benign despot at the top, which was my father; under him, the consultant psychiatrists; then the professional staff; then the attendants, or the psychiatric nursing staff as they became later; and at the bottom, the patients. This was how it looked in the late 1950s. In a way, I think it was a microcosm of the society to which it belonged, a sort of little England. It was not difficult to establish this sort of setting for my love story, nor then to people it with various representatives of each of the groups in the hierarchy.

Having thus set up the institutional and social framework and made sure it was rigid, I then had my heroine, Stella Raphael, transgress in the worst way possible, that is by entering into a passionate affair with a patient – flouting not only the rules of her marriage but

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also the most serious ethical imperatives of the institution and ultimately the law. Such a story could be told in many sorts of setting – against the rigid mores of Russian high society in the nineteenth century, as in *Anna Karenina* (Tolstoy, 1970), or against the petit-bourgeois moralities of provincial France, as in *Madame Bovary* (Flaubert, 1902). In all these stories the same message emerges: a society will tend to destroy any woman who mounts a serious challenge to its sexual and social arrangements.

This is precisely what Stella Raphael does. The problem of drawing from psychiatry here was, in part, to establish the personality and pathology of the man with whom Stella falls in love. He is a sculptor called Edgar Stark, a man who murdered his wife and was diagnosed as having a severe personality disorder with features of morbid sexual jealousy. Edgar, however, is a far more robust character than Spider and has none of Spider's difficulties with women; not, at least, until he knows them well.

It was important to examine the effect of Stella's act of transgression on the psychiatric community I have described. Stella does not get away with it. She is destroyed by her transgression, and the means of that destruction involves a display of the formidable social power that the profession of psychiatry has always enjoyed. Psychiatrists, of course, have discretionary powers with regard to an individual's freedom. The question became: what does it look like when that power is abused or when that power is mobilised in the defence of patriarchal arrangements? Or, still more alarmingly, what does it look like when the power of the psychiatrist is mobilised for purposes of his/her own?

This is more or less as far as I have got in thinking about psychiatry as an element of the novel. It is hard to know how to sum up. In terms of the stages that a novelist might pass through in dealing with a psychiatric theme, my own experience suggests that first comes research, leading to understanding, or at least an insight adequate to get one writing (such as Laing's poetic image); and ending in the organisation of the material into a coherent narrative. This is what a writer technically might do, but to what end – merely to entertain? More than that, I think. There are thousands out there who are 'dying of thirst in a world of wet', and they, those with mental illness, are the loneliest and most stigmatised minority in our society. People must be educated about mental illness and cease to despise or demonise those who suffer it. In this regard, novelists and psychiatrists have much in common. Both attempt to make sense of human experience, particularly when that experience is at its most disordered. To explain such disorder, and strip it of its threat and horror, is to hasten the acceptance of those with mental illness in the community. The novel, I believe, can be a powerful tool for promoting such understanding.

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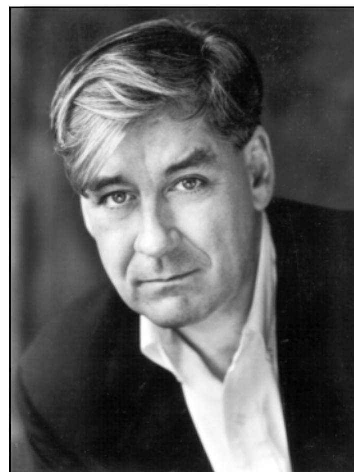

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PERETZ BARAK AND HARVEY GORDON

Forensic psychiatry in Israel

Israel is a nation of ancient and contemporary interest. Its population is made up of approximately 5 million Jews, 1 million Arabs and a few other small minorities. As in the Arab world more generally, most Arabs in Israel are Muslim, with a small percentage being Christian (Bin-Talal, 1995). More than 2 million Arabs also live on the West Bank and in Gaza (Abdeen & Abu-Libdeh, 1993), currently under partial autonomous Palestinian rule and the foci for ongoing negotiation of a potential Palestinian State. Close links have historically existed between Arabs and Jews in the Middle East, notwithstanding current military and political conflict (Goitein, 1989). The city of Jerusalem is held in reverence by all three of the monotheistic religions.

Mental health legislation in Israel

Israeli law is an amalgam of Ottoman Turkish, British and Jewish sources (Rabinowitz & Zur-Weissman, 1994). With the founding of the modern State of Israel in 1948, secular influences predominated and the sphere of Jewish law was confined to the personal status issues of marriage, divorce and burial (Bin-Nun, 1992).

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