

Missing Pieces: The presentation of mental health nursing in
narrative fiction and the role of the practitioner/writer

by

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ABSTRACT

Missing Pieces is a novel about mental health nursing and the difficulties faced by the profession as Ron seeks an understanding of his personal and professional world. The novel challenges traditional stereotypes, offering a greater range of character depictions. The critical discussion asks why mental health nursing is represented in fiction like it is. By first contextualizing the argument within the sphere of fictional representations of other health professions, it then examines the stereotypes of mental health nursing in fiction and argues that, while literary shortfalls are in part supported by clinical evidence, existing novels fail to accurately depict the experience of the profession. With reference to the nursing theory of Peplau and others, we not only see the failures of fiction writers, but realise that mental health nursing must assume some culpability, by failing to disseminate its identity with sufficient clarity. Looking at the work of Freya Barrington and Monica Starkman in other health disciplines, it asks how fictionalised accounts of mental health practitioner/writers can integrate into health education programmes, and looks at the professional benefits of writing fiction including continuing professional development. Finally, it points to potential areas for further investigation.

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To Jane, for whom this journey has been infinitely more painful

Table of Contents

The Novel: Missing Pieces	1
Critical Thesis	303
Introduction	304
Mental health nursing image in fiction: Is it worth writing about?	305
The Evolution of <i>Missing Pieces</i>	310
Chapter One	315
The Impact of media representations on attitudes to mental health and the effect on mental health nurses.....	315
Health and social care professionals in fiction.....	317
Social Workers	317
Psychiatrists.....	319
General Nurses	323
Chapter Two.....	326
Myth surrounding Mental Health Nursing.....	326
Mental health nurses in fiction.....	327
The Portrayal of Power	340
Contemporary Relevance.....	350
On Writing Character	353
Another way	358
Chapter Three	365
Where's the thread?.....	366
The invisible bond: The therapeutic relationship as mental health nursing's greatest asset.....	367
Identity and Voice.....	370
Closing the gap	377
Chapter Four	378
Positive Outcomes from Fiction	378
The role of the Practitioner/Writer	379
How <i>Missing Pieces</i> addresses the issues in this thesis	387
Character detail	387
Realistic portrayal of the nursing role.....	389
What do such works potentially achieve for Mental Health Nursing?.....	395
How fiction can benefit professionals and end-users alike.....	400
Summary	402
Conclusion.....	406
Bibliography	409
Appendices.....	435
'Big Nurse' Ratched: An Alternative Take.....	435
The Evolution of Mental Health Nursing in Britain	444
Other Recurrent Themes in Narrative Fiction	448
Pitfalls for practitioner/writers	452

The Novel: Missing Pieces

‘I’m an addict, working with the mad is the only sane thing I’ve found in this mad, mad world’ (Mental health nurse Les O’Brien in Clancy Sigal’s *Zone of the Interior*).

Chapter 1

A patient in a green cardigan was shouting at a bench. She turned when she heard his footsteps and their gaze met. She paused and her words suddenly became lucid. She said, 'I know when I'm mad.' Ron watched her shuffle off and he started back up the drive. Cars coughed their way past him in the early morning gloom.

He stared through the darkness at the hospital view he knew so well. He could only see the outline, but it didn't matter, because the panorama of the place was stored in his head. The sweep of the male long-stay ward, the female geriatrics, the alcoholic unit that was the old TB isolation ward, the admin department with all that paper. Then there was the chapel, and the kitchens, with their clanking pans and delivery trucks. And, the maintenance department, with the broken beds and impending dereliction, which seemed to match his recent experiences.

Oh, well, at least I have a plan. Then he thought about the part-assembled bicycle in his back garden.

The cold January air invaded his lungs. It felt like how Springhill got into you, how it got into your clothing. And it wasn't just the smell of the food and the cigarette smoke, because it penetrated deeper even than that. Springhill was in his cells. He glimpsed the limping figure of Williams in the distance on his way to open up the IT unit.

I used to love arriving at work. It was true, he used to anticipate the faces and never used to notice peeling paintwork, but that was before. He had been close to his mum,

closer perhaps than he realised. The month since she died and he had been away had seemed like a decade. Christmas was a horrible time to die.

He sensed a familiar feeling in his gut when he approached the place, but also knew the mental hospital contained something of what he needed, because the routine and the familiar would be a distraction. Springhill had become less of a spiritual home and more of a life raft.

He mobilized his short legs and quickened his stride as he reached Ward 1. When he got there, his first sight was a large barefooted patient wearing a tee shirt which was covered in ash who was shouting obscenities. Ron heard another patient in the office on the telephone.

‘Hello? Is that the police?’ the man paused for a response. ‘Look, they’re keeping me prisoner here, and they’re making me take lots of drugs...’ There seemed to be questioning at the other end of the line. The patient continued. ‘Yeah, I’ve got loads of bruises...my lungs have burst and my heart has stopped beating...’

Standing in the doorway, Ron understood the drug reference well enough. He was even sensing some sympathy with the complaint of being locked up, when a yell came from behind the wayward caller.

‘Martin!’

Ron saw his colleague on the far side of the ward trying to deal with another patient so he moved swiftly towards the office. He placed his hand on Martin’s arm. The patient paused and looked at him.

‘Shall I, Martin?’

The patient grumbled and relinquished the receiver. Ron spoke into the mouthpiece. 'Hello? Yes, I know...sorry. No, it's okay really...' the confused operator went quiet. 'It's fine...really, continued Ron, 'this is Springhill.' There was a moment before Ron continued as the operator digested the information. 'Thank you. I am sorry, it seems, er, interesting, here today.'

He replaced the handset and waved both hands to usher Martin out. The patient shuffled off, hunched over and muttering to the floor, then he laughed to himself.

The other nurse was still attempting to engage Wendy, who was stomping around the day room with her arms folded and a frown on her face.

'Wendy,' the nurse's soft voice seemed to belie her desperation. 'Come on, come with me...we'll get a coffee and have a fag.' She directed a student nurse to deal with the barefooted man, who was still shouting, and took the pencil thin Wendy into the kitchen. The way Wendy's hair parted in the centre of her scalp always reminded Ron of a badly served plate of spaghetti. The patient and nurse almost bumped into Ron, and his colleague rolled her eyes at him. 'Happy bloody new year.'

Ron murmured a response, he took off his coat and hung it on the usual peg. He looked at his reflection and shook his head. 'What *am* I doing here?'

As the usual line formed after breakfast, and as Ron wheeled the medicine trolley into the day room, the stiff wheels wanted him to bump it into the walls as he went. He stood behind the trolley as the student lifted the lid.

'I really don't want to do this,' said Ron.

The student nurse looked over at him. 'Oh, if you would rather dispense I can sign.'

'Not what I meant, really.'

He had intended the original phrase as a silent one. He wanted to add something about the side effects of the pills they give out. He wanted to talk in general about the negative effects of the medicines. Above all, he wanted to express his current unhappiness with the job and his life in general.

A residue of professional integrity took hold.

‘No. It’s fine. Let’s get on with it.’

He began dispensing the drugs to the line of patients, one then another, then another he watched them.

‘What are these?’ A patient scowled at Ron. ‘They’re a different colour to my normal pills. Why are they different?’

‘Um, they’re your normal pills?’

‘No they’re not. My normal pills are white. God! What’s wrong with you?’

Ron refocused. ‘Oh, yes. They sometimes change the colours, they’re the same, I promise you.’

The words sounded weak, even to Ron. He was half expecting an accusation of poisoning. The patient tipped the medication from the plastic container into his mouth and walked off, refusing the cup of water.

Ron stared at the trolley. *Could I borrow a few? Put them in my trouser pocket?* He had, after all, become adept over the years at shaking tablets out of the pots and into the containers. With a flick of the wrist, the correct number would leap across the divide from the neck of the medicine bottle to the little receptacle. *Nobody would notice a few; they never count them.* Clumsy students were always dropping them on the ward floor. *Which ones, though? The tranquilizers? Anti-psychotics? Am I psychotic?*

He was still deciding when there was a slam that made him jump.

‘Okay, then?’ The student was looking at him with raised eyebrows.

‘Er, yes. Okay,’ said Ron. He returned the trolley to the office and padlocked it to the wall. He lit a cigarette and leant back in a chair, looking around the room at the phone, typewriter, and the obligatory ashtray. He started reading some notes, trying to catch up, but just like the medicine round, the information was white noise. The question formed unspoken, asking how he was going to continue to do the job he had done unthinkingly for all these years.

He didn’t dwell on the thought, instead distracting himself through inevitable routine.: the mid-morning clanking of the tea trolley, the lunchtime rush, yet another medicine round. After the staff handover, Ron thinking about this as he stared through the office window.

‘How else would you manage eight hundred patients without routine and order?’

‘Pardon?’

Ron turned to see fellow staff nurse, Jan.

‘Oh, haha.’ He felt a flush. ‘I was thinking about the hospital.’ He was actually thinking that within the hospital walls, the rhythm of life was such that he could set his watch by the routines of both patients and staff: the constant flow of bodies to work placements, the staff coming and leaving shifts, deliveries of laundry, food, and post. This daily grind was now playing out in his head as much as in real life.

‘You do say some funny things, Ron. Now that you’re back, are you still doing music?’ Ron looked at Jan, then at his watch. ‘Monday afternoon at two so it has to be music group, right?’ Jan was grinning.

‘Oh, yes. You’re right. Well here goes.’ There was something in her greying hair and thickening middle that gave him a sense of comfort.

‘That’s good. I was worried you might not bother. New year and all.’

He had no idea why she might have suspected that. Among the various activities that came and went on Ward 1, Ron’s music group had been around the longest. Now his mum was no longer here, he wondered whether the music would take on extra significance.

In the Blue Room, he had no appetite for his usual catchphrase, but used it anyway.

‘Howdy folks. Today is opera.’

He took his seat in the Blue Room amongst his loyal following, a collection of patients from various hospital wards. Group regular Edward was there, dressed in his bow tie. The sight of Tim, who never missed a group, made Ron smile. Tim didn’t care what music was on offer, he always paid attention. ‘I love the Beatles,’ he might say, or, ‘I listened to David Bowie on the radio last night, Ron.’ Ron had never known Tim sneer at a selection like other patients might. Ron regarded their shared love of music as important, feeling they were, in some way, kindred spirits.

For seven years he had watched these familiar faces, faces like Tim who was a Springhill veteran long before Ron arrived. He thought about the conversation he would have, trying to introduce the idea of getting Tim out of the institution. He had run through it many times already.

The door opened again and his attention switched. It was Tim’s friend, Mike.

‘Sorry I’m late, I was on the toilet,’ he said.

‘Oh, thank you for that, Mike,’ said Ron. ‘It’s nice to see you anyway, take a seat.’

‘What is the thing today?’ Tim asked.

‘The Barber of Seville.’

There was a groan from deep in a vinyl covered chair.

‘Don’t like opera, Mike?’

Mike didn’t respond, choosing a grimace instead.

‘Still an hour, Ron?’ Tim’s tone seemed to want to provide the enthusiasm.

‘Still an hour,’ said Ron, knowing even that was sometimes too long for a weakened attention span. He once hoped there would be a quasi-therapeutic element to his group, characterizing it as an unthreatening oasis in a desert of conflict and boredom.

‘And as usual, let’s try and keep the chatting for after. You know I don’t like rules, but it helps everyone.’ Ron would never dare describe himself as authoritarian, so his strict rules were ineffectually enforced. ‘Anyway, let’s get started.’ Ron did his introduction, reading from the sleeve-notes. *‘Probably the most famous example of Rossini’s characteristic Italian style.’*

As Ron prepared the disc on the record player, Neil barged in. How Neil found his way to the Blue Room on a Monday, Ron was never sure. He was carrying a mug, tilted forwards by his hip, spilling coffee in a trail over the carpet as he stumbled to the far side of the room. He had a carrier bag in the other hand and stared at Ron through his thick glasses.

‘Thanks for joining us, Neil, we’re about to start.’

Neil returned a smile, revealing a less than full set of teeth. He offered a grunt by way of communication. And then a giggle.

The session started, and Ron looked over at Sid, chronically depressed and staring at the floor. The sad scene was one with which Ron felt a certain empathy. There was better news to report when he looked at Tim, who was nodding in time to the music. His blond hair was flipping into the cigarette smoke rising from the cigarette between his fingers. Ron was confident in his choice of candidate and smiled to himself. Before he had time to form any further thoughts about the project, there was a knock at the Blue Room door. Ron huffed.

‘Yes?’

The door opened. ‘Sorry about this, Ron,’ it was Jan, and the look on her face matched her words. ‘Sam’s on the phone, he asked me to ask you about what the Nursing Office said about someone to cover for his Friday morning.’

‘I don’t know anything about it.’

‘You forgot?’

‘No. I didn’t know. I only got back today, remember?’

‘Shall I tell him that then?’ said Jan.

‘Better not. I’ll come and speak to him.’

‘Sorry, Ron,’ Jan looked at the group and waved an apologetic hand. ‘Sorry, everyone.’

Ron huffed again as he got out of his chair. He lifted the stylus and excused himself as he left the room.

Why does he have to disturb my group? The words were not enunciated, which was just as well, because it stopped him from asking Jan: ‘And why didn’t you deal with

him?’ Okay, Sam was the Charge Nurse, so Ron felt he could forgive Jan the unnecessary interruption, but why couldn’t Sam respect his group?

Ron spoke on the phone to Sam, dealing with the matter as politely as his mood allowed. *Strict rules that were ineffectually enforced.* Interruptions by senior nurses who weren’t even present didn’t normally figure on Ron’s list of potential group spoilers. He replaced the phone.

‘How am I going to get anywhere with the Charge Nurse if I can’t fend off a simple interruption?’

Jan screwed up her face. ‘Huh?’

‘Never mind, was talking to myself.’

Ron trudged back to the room, knowing that Sam would probably hate his new project.

The idea had presented itself to Ron as a potential answer to his problems. Uncertain of what he wanted any more, or even what he was capable of, Ron didn’t want to announce his project as a grand ambition. He wasn’t entirely convinced about the rationality of its foundation. He could hear others say: ‘Not particularly innovative’, but to secure Tim a placement in the new rehabilitation unit as the first step to the route out of Springhill was at least in the forefront of current thinking and unusual enough for most at the hospital. He had read the missives and knew that a new role of rehabilitation officer was being mooted, and that was an ambition of sorts. Tim was surely too smart to spend the rest of what was left of his life in a mental hospital. And Ron liked him.

Ron had never had a recognisable plan before – unless he counted the bike building - his daily endeavours at Springhill were dictated by the necessities of patient need. But

deep down he knew the project was about a thing he could not quite work out. Solace through achievement, perhaps.

He restarted the music. Sure enough, Tim started tapping his foot. Ron smiled to himself.

Some group members were driven by distinctly ulterior motives.

‘I’ve got terrible pains...look at the bruises on my legs.’ Barbara’s efforts to attract attention were never really subtle.

His mouth tried to form a smile, but Ron knew what was coming.

‘I’m sick of it. Bastards! They’ve took all my fags. What next? Anyway,’ she turned her focus to the music, ‘what’s this bloody rubbish?’

‘Gioachino Rossini,’ he said. He might as well have been talking Swedish.

‘Rosni? Rosini? Who’s him?’

He placed his finger over pursed lips like an apologetic librarian. If his aim was to suggest to Barbara to respect the music, then his optimism was misplaced. She gave him a sideways glance and scowled. ‘Have you got a fag, Ron?’

‘I know when to admit defeat,’ he said as he reached for his Players No. 6. He pulled out a smoke and handed it to her. Her hand shot out.

‘And two bob for some tea?’

He rolled his eyes. Predictably enough, he stuck his hand into his trouser pocket and withdrew some change. He fingered through the coinage and handed over the requested amount. Barbara got up, shuffling her way to the door.

‘Well, I’ll say adios then.’ She trudged across the threshold muttering to herself. A half pause in the doorway caused the door to close onto her behind.

Ron saw Edward grin. 'There should be more people like you, Ron.'

At least there were still some good moments.

The music played on, and like a heavy fog, a calm settled on the group. Ron thought about how he missed his mum. Eventually, his eyes became heavy and the weariness overtook him.

Minutes later, but what seemed like hours, Ron was jolted from his reverie by someone muttering to his left. It was Barbara. She had returned to the room and was scrutinising him at close range. She was so close that he could see the remnants of breakfast and lunch on her jumper. He thought he spied a gravy stained potato morsel, and possibly a piece of chocolate sponge. He smiled at her. She frowned in return. *So much for the money and cigarette gesture.*

'You know Barb, you're one of the reasons I do the music.'

She grunted. Then she laughed. The music finished.

They left the Blue Room and he looked around. As it often did, the mood had become benign. Having been unsuccessful in his earlier bid to have the ward staff arrested for brutality, Martin was sitting a few places away, head in hands, frowning and muttering his general discontent.

'Good group?' Ron was clearing ashtrays and stray mugs from the day room, he looked around to see Jan smiling at him.

'I think the place has started to reel me back in.'

Chapter 2

Later in the week, Ron was getting ready for a late shift. His topic of rumination was the same. Every shift Mum would say something about how lucky they were to have a nurse like him. He could practically hear her voice. 'I hope you have a lovely day, darling.' He would always answer: 'Another day to share the worries.' Sharing his worries was what he wanted to do now, but she was no longer there, so he kept the emotion in a sealed casket, somewhere deep in his brain.

When he got to Springhill, he saw an opportunity. Tim was sitting in the day room slouched in one of the armchairs and watching the TV. Ron pretended to tidy the magazines on the coffee table and turned to the patient.

'Ever wanted to get out of here, Tim?'

'Get out?'

'Yes,' he said. 'Out of Springhill.'

'Out of Springhill.' Tim mouthed the words as he stared at the ceiling. Ron waited patiently for the response. Tim snorted a laugh. 'No, they would never let me out of here, Ron.'

'Don't be so sure. I'm taking on a project, the hospital has rehabilitation place down the drive and I'd like to offer you the chance to move out of Ward 1 and into the cottage.'

Now Tim frowned. 'But this is my home,' he said. 'As much as anything else I've known, anyway.'

There were so many patients for whom Springhill was a surrogate home, and Ron knew they were likely to be the last generation to experience the fact.

‘How long have you been here now, Tim?’

Tim huffed. ‘Years and years and years. Not sure, exactly. ‘

Ron only knew Tim to be a Springhill conscript, now into his fifties and here he was describing the place as home. Wondering how he might convince a long-term patient away from all of that was part of Ron’s challenge.

‘So could I coax you to a somewhere better?’

‘Maybe. But why me?’

It was a good question. He could have suggested it was because Tim was always at the music group, or that he considered him a worthy cause, but that would have sounded patronising. When Ron had been casting for a protégé, he felt sure Tim would appreciate the offer, but he had been hoping for more enthusiasm.

‘Well, I think given sufficient input, you’ll have the skills to manage. And anyway, why not?’ Tim made a non-committal noise. ‘Have a think about it. I’ll get some more details. They’re promising that we’ll have rehabilitation officers on all the wards soon.’

Tim shrugged and then spoke with a note of irony in his voice. ‘I really think I’m stuck here, Ron.’

It wasn’t the best start.

Their conversation was broken as Neil ran into the day room, stooped over, his plastic carrier bag smacking into his legs.

‘Need a cup of tea,’ he said, his breath wheezing like a timber saw. Barely breaking stride, he grabbed a cup off the trolley and turned, spilling half of the contents on the floor.

‘Steady, Neil,’ said Ron. ‘Where’s the fire?’

'Fuckoffpissofffuckoff.'

Ron straightened his tie and shook his head. As he watched Neil leave the ward, still grasping his cup, he stared through the cigarette smoke at the fluorescent lighting, which buzzed constantly enough not to be noticed. Ron crossed the day room to the main office, where he found the thickset charge nurse hidden by a newspaper. Sam Brittan rested his feet on the desk, feet that were on their way to the end of their sixth decade of life. Ron shut the door; Sam lowered the paper and cracked his knuckles.

'Morning, young Ron.'

Ron returned the greeting. He looked around at the familiar walls, scarred with nicotine stained notices.

'I see they didn't get to your office either then,' he said.

'What do you mean?'

'Decorators.'

'Huh?'

'The paintwork,' said Ron, pointing at the pale green walls. 'It looks as horrible as ever.'

'Oh. I'm quite fond of it, actually,' said Sam, looking about.

The reply wasn't a surprise; the office was Sam's place of safety. *Should I raise the subject of the project?* He had an idea what the response would be and decided not to.

'So, 1975 already,' said Ron. 'What can we expect?'

Sam again bent down corner of his paper. '1975?' He seemed to want to give the question some serious thought, only to abandon the idea. 'Probably the same as 1974.'

Ron tutted.

‘Well,’ said Sam, stroking his ginger beard, ‘let’s see: no World Cup, a crappy economic outlook, and one year nearer to retirement.’

‘And Springhill?’

‘Oh, dear old Springhill. Definitely the same as last year. The same as every year.’

I thought as much. ‘Everything quiet in the ward?’

‘Oh, a few ups and downs, but nothing we haven’t seen before. Nothing we can’t manage either.’ He grinned. ‘You know, Ron.’

‘Afraid I do, Sam. Only too well.’

‘Are you still doing your little group this year?’ Asked Sam.

‘We started again yesterday, first one of the year.’ After yesterday’s interruption, Ron wanted to point out to Sam that he needn’t ask that question, but he resisted commenting on the fact. ‘It’s the only thing that keeps me sane.’

‘We all like the routines, Ron.’

Ron protested that his group was not a routine. His group was different. Rewarding, was the word he wanted to use, but now he wasn’t so sure.

‘Well, you justify it how you want. I call it a routine. Look, I have to get going; Dr Metcalfe will be here later. He wants to catch up after his Christmas break.’ He inserted a finger into his shirt collar as if to release some air. ‘I’ll be giving him a run down so he’s ready for ward round.’

Ron was finding the system troubled him. He could only guess why Sam believed in it. Ron had shared a conversation about this with another of the staff nurses, who said, ‘Well, in Sam’s world patients are simply patients. His skill for managing others is probably down to the legacy of the years of working in the same place.’ Ron had

immediately thought of the word 'institutionalization'. The other nurse continued the theory: 'Or possibly it's the influence of his parents. They both worked here, you know.' What Ron did know was that Sam kept an old photo of his father, Percy, on the office desk. 'Literally and metaphorically large' he had heard of Percy. Ron also knew of Percy's ability to manage even the most troublesome patients.

He now watched Sam collecting case notes together

'I enjoy this part of the job, you know, Ron.'

'What? Paperwork?' Ron's face suggested revulsion.

'Yeah. Kind of suits my organised style.' He nodded as if to affirm the thought to himself. When he wasn't reading the paper, there were rare occasions when it was possible to hear the clacking of the office typewriter as Sam completed an administrative task. 'Yeah. Organised,' said Sam, apparently reflecting on the situation.

Regimented, more like, was the thought that sprung to mind. Ron thought it but didn't say it, not being the hurtful type. Ron looked at Sam's black trousers as he stood up, they were held in place around his expanding waistline by a thin belt, like twine around a hay bale.

'Not for you, Ron, this paperwork stuff, is it?'

'No. Not my favourite.'

'Horses for courses, eh, Ron?'

Ron returned a feeble smile and left for what he considered more important duties.

Chapter 3

‘Ach! *Sheiße*.’

Sam’s oversized hands were shuffling papers. His face bore an anguished frown. Ron watched the Charge Nurse, as he had done so many times, preparing for the weekly ward round. The clanking bunch of keys attached to Sam’s belt seemed to be irritating him. He undid the clasp and put them in his pocket. Ron was surprised to see Sam’s nursing status symbol relegated to darkness.

Ron resisted a snigger. Instead, he spotted Wendy approaching with her arms folded. Pale and gaunt, her skin stretched taut over her bones, she presented in front of the desk for a cigarette, talking to herself in a whimpering tone. Ron saw her permanent restlessness, her forced perpetual motion, twitching and shifting from room to room as a result of her medication. Sam unlocked the desk drawer and gave her the cigarette. She marched off, arms still folded.

‘Poor Wendy,’ uttered Ron.

Sam looked up, ‘what?’

‘Well, she hates any commotion. I think she senses tension.’ He was tempted to add: *Not unlike me.*

‘Oh, that. She’ll find a quiet corner somewhere.’

‘Dramatic yet pitiful.’ He watched her disappear; the rest of the ward was oblivious. After all, it was just Wendy, lost in her own traumatic world.

‘Get yourself to Ward 6, Ronald. They need cover,’ said Sam, who replaced the phone and cracked his knuckles. ‘Nurse in charge has been called away to escort a pain-in-the-arse patient back from the general.’

Bless that patient. Ron straightened his tie and left the office.

‘A place of endless corridors’, that’s how the local newspaper had once described the hospital. Ron couldn’t recall the context, but he supposed that for a drug-addled brain, it would be possible to get lost in the throbbing organism that was Springhill. The place vibrated day and night regardless of what went on within. He had recently toyed with switching to night duty. He could be properly anonymous then, because the clanking stopped, the echoes became ghostly and even the dim lighting shut down as people went to sleep.

Failing to hear the approach from down the slope at the back of the institution, Ron dodged an electric delivery wagon. As he stood and watched the vehicle whirr away, the slap on the back he received caused him to jump.

‘How are you, me old mucker?’

He turned to see Eric, one of his friends from student days. There remained an avuncular element to their relationship. Back in his training group, Ron felt that Eric had always been watchful towards him. He smiled his erstwhile cohort, looking at his small frame, taking in his corduroy trousers that eschewed the standard-issue grey.

‘Hello, Eric, how’s your ward?’

The words reminded Ron that his own position in the hospital might have been greater. He might now, like Eric, be a charge nurse in Springhill. Ron knew Eric was

never one to avoid controversy, but he was also a person to whom one might gravitate. And, of course, his bar tabs in the staff social club helped with the networking.

‘Oh, you know, the same faces every day, the same problems every week.’

‘That’s long-stay,’ said Ron. Eric didn’t seem to mind. The thought of the type of daily interaction he experienced on the back wards reminded Ron where he was headed and made him shudder, but Ron didn’t have to wonder how his colleague managed the conflict; Eric blended confidence and understanding.

‘How’s your lovely mother?’

The words hit Ron. He felt a lump in his throat and he paused before replying. Was he really going to tell? He couldn’t *not* tell. That would be too hard. He coughed and cleared his throat.

‘She died recently,’ he said.

Eric took a step back. ‘I’m so sorry, Ron. I had no idea.’

‘Why would you?’

‘That’s a tough time. Life deals you a shitty hand sometimes. Did you take some time off?’ Ron nodded. ‘Anyone to share the problem with?’

I haven’t told anyone, Eric, I just asked for an extended holiday. The thought caused a drag of grief as Ron realised that Eric was still waiting for a response. A conversation about his mum was not one that Ron felt like getting into. Instead, he switched topics and shared the idea of his project with Eric, who nodded and raised his eyebrows as he listened.

‘Well done, my old mate. That’s what this place needs.’ He shook Ron’s hand, which was a typical Eric gesture of support. ‘That will take your mind off the sadness.’

Between the compassion and hospital wariness, Ron found it interesting that Eric had made the connection between the project and his grief. Eric thrust a thumb in the direction of the main building. 'Just make sure this place doesn't demand too much of you, grief is difficult. You know old Springhill doesn't care what state of mind you're in. That includes us staff, Ron. It'll suck you dry if you let it.'

Ron smiled awkwardly, for the first time in a while feeling a comforting cloak about his shoulders.

'And if you need to chat, my old mate, just pick up the phone and dial through to the ward. I'll be happy to listen and help where I can.'

'That's kind, Eric. Thanks.' During his training Ron had enjoyed watching Eric sitting in the class cajoling the others in the group.

As he went on his way, Ron sensed that Eric was right, he should be proud of his mum, just as she was of him. He recalled the day he got home, successful from the interview she had arranged at Springhill. It was the same when he had been at school, she pinned every picture on the wall and every cardboard project that he brought home was prominently displayed, as if to validate his efforts. She was equally proud when he qualified, telling him how clever he was, that she knew he could do it, that he had made her so very happy. Ron couldn't help but speculate about what his dad might have thought, if he had hung around to witness his development. Now that his mum was gone, there was nobody left for Ron to share his experiences with. Sometimes he felt like crying, and occasionally he did.

He eventually reached Ward 6 and was greeted by the sight of wizened old men, toughened by institutional years, years that seemed to last longer than simple temporal

ones, years that had taught them to defend their personal world with aggression or ignorance. Ron always tried hard to disguise his embryonic nervousness any time he approached certain wards at Springhill, and this was one.

‘Charge Nurse couldn’t wait,’ said an apologetic nursing assistant. ‘Here are the keys.’

She handed Ron the bunch as he glanced at a collection of pictures on more nicotine stained walls. The unmistakable smell was of Springhill male, that of body odour and cigarettes. ‘Thanks.’

‘I’ll make you a drink.’

‘Thanks.’

He then greeted the few patients sitting in the day room and received little but a wary look by way of response. The sensible thing to do was to retreat to the office, but Ron told himself that he wanted to be more approachable, so he sat in the day room next to one of the patients. The man’s eyes peered through craggy skin, there was the unmistakable stain of phlegm on his jacket, and scarring on the side of his head, formed red into what looked like a circle of used chewing gum. Ron thought about the repeated application of electrical charge onto bare flesh. Raw voltage on the temples; where the unstoppable joined the over-zealous.

He counted the cigarette butts in the ashtray. If he were honest with himself, sitting in the day room was a test, a personal test, as if trying to prove to himself that he could be fearless. It was a stupid notion really, as Ron knew he was more frightened by the violence in the outside world, the world beyond the high walls of Springhill.

This place is better suited to Sam. He could dish out pills and hard-edged instruction to these withdrawn old men. Ward 6 was not a place of therapeutic innovation. As he wandered through to the day room with a cup of tea, he wondered why Tim had not ended up here. He decided that this would be another tool in his argument, for if Tim had not been consigned to the back wards by now, he must have some potential.

Eventually, the grunt from the body in the next chair signified a greeting of sorts. When another patient offered him the newspaper, it confirmed to Ron that he had been accepted.

He tried to enjoy his new status, but shortly after, a fracas started on the far side of the ward. He looked up to see two patients grappling together. They had taken a hold of each other's lapels and were growling words of discontent at each other. He was hesitant to intervene and watched the melee develop and quickly fizzle out, much to his relief. One of the protagonists turned and left the room, the other lowered himself back into a chair. At the other end of the room, another man sat on his own mouthing words through a blanket of smoke.

That was about to be the only event of the day, reminding Ron of certain placements during his training, and providing a contrast to the relative calm of Ward 1. That was until the student nurse appeared, exhorting an old man to get to the toilet before he wet himself. Ron watched them go by, the student had her hand on the man's back. The old man was moving his feet in characteristic steps that Ron recognised as a typical iatrogenic gait. Iatrogenic had seemed such a silly word when they learnt it in nursing school. To think that people got worse rather than better because of what they did to them was hard to comprehend.

He was still thinking about this as the encouraging push from the student caused the shuffling man to catch his slipper on the worn linoleum.

‘Careful,’ Ron yelled, but he was too late and was forced to watch the ensuing fall, which contained more grace than awkwardness, the patient toppling like a felled tree. The patient offered nothing by way of resistance, and no reflexive hand was extended. Ron leapt from his seat but it was too late to prevent the descent being broken by the patient’s chin. The student sucked in a deep breath and covered her mouth with her hands.

The dentures had pierced the man’s lower lip; the bloody wound resembled a painted smile. The man groaned, the student whimpered. Ron directed her to fetch a towel. He heaved the man up and sat him in a chair, the student returned with the towel and an apology.

‘Don’t worry,’ said Ron. ‘He’ll be fine.’ He didn’t actually know whether that was the case, he couldn’t see past the blood pouring from the patient’s chin. ‘Page the duty doctor.’

The patient cackled as Ron held the towel in place.

‘Funny for you,’ he said to the man, although he didn’t see the amusement. ‘I’m in the shit.’

He saw the student nurse looking on. ‘I loathe incidents, you know. Especially ones on my watch.’ She looked uncomfortable. ‘Look, you’re was nearing the end of your shift, why don’t you get on home.’ In truth, he didn’t care to have questions directed at her, let alone incomplete responses as she tried somehow to shoulder the guilt.

‘Stitches,’ said the doctor, when he arrived. ‘Better get him to the general.’

Ron watched as the patient, still holding the towel to his face, was wheeled out by the ambulance crew. He never made it to the toilet. The domestic cleaned the mess, and the temporary audience soon dissolved. Ron considered the irony of the situation for the general, who would see a returning patient swapped for a new casualty.

At least there was information to hand over to the returning nurse in charge, which made the episode seem perversely worthwhile. Not that the Charge Nurse would worry, the fight was more to do with the effects of boredom than serious dispute, and the accident was just that.

Ron's core was still trembling when he returned to Ward 1, just as Sam was leaving.

Chapter 4

‘See you tomorrow,’ said Sam, putting on his coat. ‘I’m off to see a lady.’

Out of the office window, he watched as Sam sped away down the drive, lighting a cigarette with one hand and crunching the gears of his beaten up car with the other. Music was blaring despite the windows being closed and Ron noticed that the brake light didn’t work when Sam approached the end of Springhill drive.

Quieter without him. Ron sensed a relief, as if he had managed to clear his throat.

Now his mum was gone, Ron felt he owed it to himself to be bolder, to make a difference. Her legacy had suggested as much. Anyway, the regularity of his position was no longer a comfort, and he needed to shake off his previous passivity. He understood the need for a remedy, hence the project, a practical matter that might achieve the goal. Okay, so Tim was selected from all the others, but he seemed an obvious choice at the time.

He could hear the experts. ‘Not the best way to overcome grief.’ He also knew that the motivation was, even at this early stage, clearly one-sided, but he feared the alternative. If he were not careful, the journey into the darker parts of his psyche would involve boredom, irritation and a potential slide into capitulation.

He suddenly envied Sam. Ward 1 was a microcosm of Springhill life, a protected enclave, secluded from the rigours of the institution but no less bound by structure and monotony. He knew that Sam was sometimes irritable at work, but accepted this as part of what he was. *Ha! He’s as insulated in his existence here as any of the patients.*

Ron couldn't sense the same cosiness and if asked, he would have said something like 'It's not my choice to have this change forced on me.' He sighed and screwed up an old message, allowing the paper to fall out of his hand and into the waste bin.

There was shouting in the hallway, and Ron went to investigate. He wasn't built for confrontation, but after the shift on Ward 6 he felt emboldened. Violence was something that certain nurses considered an occupational hazard, but Ron did his best to avoid such situations, preferring diplomacy to direct confrontation. Over the years, he had developed a sophisticated early warning system, along with an extensive set of aggression management strategies to prevent him from harm. The noise level was immediately at maximum.

'LEAVE ME ALONE, FUCK OFF, GET AWAY THIS IS MY ROOM...'

Ron's ears tingled as the patient stared him with bared teeth and spittle flew from his mouth as he yelled. Ron found it hard to believe that he was witnessing yet another incident. Nevertheless, his response was as composed as ever.

'Martin, you don't need to shout at me.'

'YES I DO YOU'RE A BASTARD LIKE THE REST. LEAVE ME ALONE, GET OUT, I'M NOT YOUR FRIEND!'

Ron swiftly forgot his personal worries and held up his hands to the patient. There had been a time when he thought he would become inured to such exchanges. The thump on the head from the taller patient, the smashing tea cups by the wild woman, the overturned tables, he felt certain that they would become, like every other part of hospital life, a prosaic event. But they didn't, and he still felt his heart beat faster when they occurred.

‘Do you need to sit down?’

‘WHY DON’T YOU FUCK OFF? YOU’RE A BASTARD LIKE THE OTHERS.’

If Sam had not driven away after the shift, he would be telling Ron that Martin’s outburst was because his weekly injection was due. Ron preferred to see such events as symptomatic of something more like a representation of frustration, or isolation, or of simply being misunderstood.

He became aware of interested faces looked on from the day room into the hallway. Just at the moment when Ron suspected a physical component might be avoided, Martin’s body shook as he lunged forwards. Ron figured the action was more gestural than anything, so he moved towards Martin until their faces were almost touching.

‘My mum died, Martin. I don’t want to fight.’

The two men made their first real eye contact. Martin took a step back, his head slowly bowed into his chest. ‘Okay, nurse.’

Quite why the expression came out, Ron couldn’t be certain, but the moment had sprinkled into the hospital air like the blossom from a tree in springtime.

Whether it had been appropriate was for Ron to contemplate. Martin was lucky, though, most other nurses would have decided to punish him for his behaviour. Ron sought a more peaceful environment for the two of them. On the way, he paused at Wendy’s chair and knelt down to eye level. ‘It’s okay, Wendy. Martin and I are going to be friends again.’ He watched as her frown lessened, and he led Martin away for a cup of tea and a smoke. Ron eventually saw the connection. *All that because he knew it was bath time.*

Martin apologized and was forgiven. By the time Ron left the ward at the end of his shift, Martin was indeed his best friend again.

Ron was still thinking about his spontaneous self-disclosure while cooking the sausages for his tea. His mum's house was empty as usual, and he had put on a disc to fill the space. It was Carly Simon's *No Secrets*, one his mum's favourites. There were still times when he thought he could smell her presence. Being an only child had suited Ron, he was happy to have his mum's company. But now he almost wished for a sibling with whom he might share his thoughts. If his mum were still around, he would have told her all about his day. The time would come, of course, when he would stop thinking about the terraced house as his mum's, it just hadn't arrived yet.

After eating, he stoked the fire in the lounge and rubbed his hands against the chill blast blowing through the wooden floorboards. He read his mum's letter again, for the umpteenth time. There was a sentence that still caused him confusion: *I know you will discover true meaning from your job*. He wished she had still been around to ask what it meant. He hoped his project would provide the answers. He put the letter on the sofa next to him and closed his eyes.

Evenings all alone were an unwelcome new phenomenon and made Ron shiver.

Chapter 5

‘It’s just the thought of another Wednesday morning.’ Ron had been sitting in the office with Jan the previous evening in that lull before they finished. ‘Yet another ward round. Hardly a thing I look forward to with any enthusiasm.’ Jan was knitting. The successive looping of her needles was tugging at a ball of blue and grey wool. ‘Not really a “round” at all, is it?’ Ron had added before she had any chance of responding. ‘I mean, not in the traditional sense. It’s a sit down meeting.’

‘Well,’ said Jan, ‘they borrow the term from medical circles where consultants actually walk round their wards.’

Part of psychiatry’s inferiority complex? An attempt at validation? The only consolation was the chance to advance his project with Tim.

‘Well, Jan, I see them as a mix of potential judgement, which I don’t care for, and circular boredom, which is only marginally better. I suppose we will get the usual territorial layout?’

Jan confirmed the hypothesis. ‘Sam putting the chairs in a semicircle?’

‘Yeah, to make sure he and Metcalfe are in the middle.’

As he now stepped into the room, Ron was pleased to note his prediction had been correct. Springhill code dictated such matters. He was not the first there, though, and he spotted psychologist Dave Kilburn staring at the ceiling, not moving his head.

‘Dave?’ The psychologist didn’t alter his position. There was a pause; Dave said nothing. When he eventually greeted Ron, it was not in the traditional sense.

‘Have you ever wondered whether flies are trying to tell us something, Ron?’

Ron looked blankly at the enquiry and responded in the negative.

‘Well,’ he continued his theory from his catatonic position, ‘they seem to fly in geometric shapes, very angular flight patterns, almost like they’re tracing something in the air...perhaps they’re communicating wonders of the universe that we haven’t yet discovered. Perhaps they’re indicating the route to distant galaxies?’

Ron looked up at the busy insect darting back and forth across the smoky room that stank of cigarettes. It was true, he had never had such a thought, and it wasn’t a surprise to hear another of Dave’s offbeat hypotheses. He wondered whether Dave, who had shut one eye and was now following the path of the fly with an outstretched finger, had got bored in his office and decided to self-medicate. He had little time to contemplate a response, as the rest of the team started to arrive.

Ron watched Sam placing case notes to the side, moving the glass ashtray on the table in front of him, and pulling at his shirt collar. Moments later, there was a ripple, a pattern that could be likened to a benign sonic boom expanding through the ward air.

Metcalfé marched in, the psychiatrist tugged at the trouser legs of his three-piece-suit and sat. The atmosphere lulled into passivity. Metcalfé placed a fountain pen on the table, removed a gold watch from his waistcoat pocket and compared the time to the clock on the wall.

‘Semiotics,’ said Dave, leaning towards Ron. ‘When Metcalfé replaces the watch, the meeting can begin.’ Metcalfé replaced his watch.

‘Okay, Charge Nurse,’ said the old man. That’s what he seemed to Ron, in any case, being sixty-four and smelling of mildew. ‘Shall we start with Mr Atkins?’

There was the sound of rustling papers and discomfort as Sam sought out the file. The pile was always alphabetical and Ron could see the thought processes as Sam mentally cursed that the Atkins file was not on the top. The charge nurse glanced up, sweeping the room with a scowl of accusation. He was saved by the late arrival of a social worker, whose apologetic body language filled the space of Sam's temporary difficulty until he finally located the notes.

'Here we are, doctor,' said Sam, as he held the file aloft.

Ron dragged on his cigarette, wondering when his chance would appear. He looked at Metcalfe, with his thinning grey hair swept back and receding, the white handkerchief in the breast pocket. Ron tapped his cigarette on the side of the ashtray and listened to the conversations. *I used to admire this process.* Now, the discussions rambled on about diagnoses and treatment; standard hospital verbiage. When Metcalfe discussed a switch of medication for another patient with his temporary junior, Dr Cooper, Ron picked up another reference to chlorpromazine. *How many thousands of those white pills have I dispensed over the years?* He started to do the mental arithmetic, a subject he recalled being good at when he was at school. *So, he thought, three a day, four times a day,* his mind swiftly added the weekly total for a patient, adding the occasional extra for night time assistance and emergency sedation. He felt he ought to chuck a few more in to cover the occasional punishment and dropped pill. He thought about Sam's father, Percy. Back in his day, the medication was both therapeutic and management tool alike, Sam would be proud to admit the fact. When the injectable drugs came along, the nurse's job was rendered so much easier. Ron was still counting up his estimated total when he was interrupted.

‘Ron...’ The voice was insistent.

He looked through the nicotine haze to see Sam staring at him. The he saw that the rest of the eclectic professionals were also staring.

‘I said, what about Mr Stephens?’ He made a hand gesture in an attempt to speed Ron ahead. ‘You were with him this morning, how was his night? How did the medication affect him?’

‘Oh, Mr Stephens. He seems drowsy.’ He couldn’t think of anything more significant to share, he started to wonder if he had missed the discussion about Tim. He looked at the pile of brown case notes and saw the heavy folder still on the ‘not yet got to’ pile, so he reached onto the tea trolley and helped himself to another biscuit.

Sam seemed desperate to augment the apparent poverty of Ron’s report, he slipped his finger into the collar of his white shirt, the sleeves of which were rolled up to the elbows, and tugged. ‘Yes, doctor. Mr Stephens, he has been very withdrawn and unwilling to engage in ward activity.’ He delivered the summation with an eager tone, trying hard to impress. ‘He was referred to the Occupational Therapy where he was assessed as being too early for their programme.’

Programme? Ha! Drinking tea and smoking, that’s what he really means.

Metcalf interjected, his focus went elsewhere, centred on medical practicalities. ‘I remain unconvinced about his reaction to the current medication. Let’s try switching to chlorpromazine to address these negative symptoms.’

Thanks to the reading material suggested by Dave, Ron saw self-justification in modern psychiatry, it lay in the confident manner in which theory was stated as fact. Ron knew they had no idea what the problem really was, or what caused the

manifestations they were dealing with. As if Ron needed more proof of his theorising, here was more discussion about medication cocktails and what he considered to be the roulette wheel of psychiatry. *You're a gambler like all the others. If one try proves ineffective, take another spin, try another combination. It's as if the Holy Grail of psychiatry will be discovered by switching pills.* Ron reflected on the irrationality of blind faith. *When did pharmacology rise to prominence as the treatment of choice? Sometime in the fifties? Later, maybe?* Now, these new chemical compounds were heralded with unthinking optimism. The result was often more bewilderment.

The meeting meandered, Ron drifted off, his thoughts dominated by other, more personal matters. Watching out of the window, the meeting receded. His abstraction was so great that when they eventually got to Tim, he wasn't ready. He gathered his thoughts and steadied himself, an actor, waiting for his cue, but the consultant didn't leave a space. Ron wanted to speak, but his politeness (or worse, deference) told him that he ought not interrupt. Metcalfe turned to the Charge Nurse to ask about the patient, and he was slow to react. A lull appeared. Ron wondered whether he should put his hand up. No, it would look silly. He felt he should speak, make a noise, anything. He could feel the dryness in his throat. His pause was too long, his hesitation fatal. As if in slow motion, the opening was closing.

'Ah, *the incurables*. I think we know the answer here, everyone,' said the psychiatrist, not waiting for the Charge Nurse's response. Metcalfe gestured with a flat hand as if it were signalling a four on the cricket field. 'No news? No change?' The question was rhetorical. Tim didn't change.

Before Ron plucked up the courage to speak, the Charge Nurse seized the moment and regained the initiative. 'Yes, as you suspect doctor, Tim has been his usual self. No problems.'

'Good. Good. They may be chronic, but I do like people like Tim, they make our lives so much easier do they not?' Metcalfe tried to smile but it failed to force its way onto his lips. Nevertheless, a ripple of deferential laughter went round the room.

It all happened so quickly. Ron realised that he had failed to fully prepare himself for his intervention. He slumped in his chair and felt his teeth grind.

'Okay. We shall reconvene next week.' He pointed to the junior doctor to ward 1. 'Cooper will see to any medication changes, Sam.' Metcalfe screwed the top back on his fountain pen and placed it in the inside jacket pocket of his suit. He left the room, chatting to Sam who was immediately at his side like a faithful canine. Most of the other staff followed on behind, a mixture of insouciant boredom and weary professionalism.

Ron felt pinned to his chair. As he finished his cigarette, he suddenly yearned to be somewhere else, somewhere far away from the grimy intercourse. As he gathered his own notes and left the room, he thought again of his mum. He arrived into the nurse's office. Sam was already sitting behind his desk with a mug of coffee and what looked like a small tube of ointment. He was dabbing a clear liquid on his fat forefinger as he looked at Ron.

'What's up with you today?'

'Just a bit slow, I suppose.' *Is that the best I can offer?*

'Well, you really should try to stay sharp in the meetings.'

The admonishment was mild, Ron's punishment was due less to what he had said in the meeting and more to what he had not, and he was reminded that he generally saved emotional displays for times when there was only one person in the room: himself.

He left the room, wondering why Sam was applying his ointment to a plastic shape.

Chapter 6

Ron had his elbows on the windowsill as he stared out at a mattress of snow reflecting a blue-white glow. The tree branches hung low and a clear sky shared in the tranquility, not a word normally associated with Springhill. He had made his way over after spotting a forlorn decoration left over from Christmas dangling from the curtain rail. It looked like he felt. What a difference. Last Christmas, he had shopped with his mum in the town. He recalled the trip because she had asked him again whether he ever wanted children. He wasn't sure if he should have been more encouraging, but without a partner the notion seemed elusive. Anyway, what did it matter now? His mum would never see any grandchildren.

His contemplation was disturbed by the voice from over his shoulder.

'Penny for them...'

Ron jumped. 'Huh?'

'Penny for them...' repeated Jan. She was sitting in the office chair, a wave of grey wool extended across her knee.

'Oh, I was just thinking,' said Ron. 'Not anything in particular.' He realised the response was vacuous. 'Actually, Jan, I was thinking about our jobs.'

'Our jobs? Crikey, Ron, you do say some funny stuff.'

She had said this to him before. He often wondered what his colleagues really thought about him. He thought he was simply normal, and that was that. He decided to continue the conversation.

‘Don’t you ever wonder about what it’s like to be in a place like this?’ This was as bold as he felt he could be. It was a new thing, this introspection. Suddenly other people didn’t seem to have the same worries as him.

‘No. Not really. It’s a job isn’t it? Someone has to do it.’ Her fingers were conducting a mesmeric rhythm.

‘A job. Yes, it is that.’

From under her grey fringe, her eyes peered through wrinkled eyelids and fixed on him. He realised that she was not on the same wavelength, but sensed that even he himself didn’t really know what that wavelength was. He blew out his cheeks at the predictable lack of clarity and looked back out at the wintery scene. Blobs of snow fell from the branches. Several patients were running around and throwing snowballs at each other.

‘Like I said, Ron, it’s a job for us. The patients have a different take on life here, that’s natural.’

‘I suppose.’ He really didn’t, although he privately acknowledged she was partly right that life from a patient’s perspective was different. ‘I’m here, somehow, and here is what I have to deal with.’ Jan stared at him, the creases around her eyes intensified by the confusion. ‘I mean...’ Ron’s voice tailed off. Neither of them knew what he meant.

Some days, his project seemed like the brightest thing in a dull universe, other days, he struggled to get himself out of bed. He tried his best to mask his mood, but his body language betrayed him.

‘Ron, are you okay?’

Unused to self-exposure he flushed and failed to answer, save for a shrug. He knew that Jan was capable of transmitting undiluted kindness if required, but he was not sure of what to say, and instead he went to the kitchen.

He thought about the odd occasion when visitors offered words as if to suggest they couldn't do his job. Sometimes they even said exactly that. Previously, he never gave it a great deal of thought. Even if he had, he's not sure how he might have decoded the words. It *was* a job, after all. Throughout his career, he never felt marked for greatness; conformity suited him. He didn't *blame* the job, for the seven years that he had been at the hospital, he strode the driveway, never daring to be late, he took his exams, covered shifts for others, and rarely looked beyond the next rota, pinned onto the wall of whichever ward on which he was currently working. He knew that he had passed his time with an innate ability for acceptance. His thoughts about work subsided as the kettle boiled. He brewed some tea, straightened his tie, and headed for the Blue Room. Wendy was sitting in the dark, perched on the edge of one of the chairs with her arms folded.

'Oh, good afternoon, sir.'

'Hello, Wendy. How are you?'

'I'm very well, thank you, sir.' She didn't look it. She was a tortoise. Her body was curled tight around itself, her head hunched into her shoulders.

As Ron sat next to her she winced.

'Would you like to come to my music group today, Wendy? I'm starting it in a minute.'

The patient looked surprised, despite the fact that Ron often asked her to join his group.

‘Okay.’ Wendy said yes, but her face disputed the decision. Before long, her tone altered. ‘No. I don’t want to talk to you...I don’t want the music...’

Ron touched her arm. As he might have predicted, as soon as she saw the crowd start to enter, she stood up and left the room. Her arms were still folded.

Ron shrugged. Then he greeted the group and got started.

‘Howdy, folks. Today is The Beatles.’ The regulars arrived, Mike, Tim, Edward, Neil, Sid and eventually, Barbara.

While the music was playing, he watched the tired looking participants. Sid was staring as usual. This time, out of the window. His eyes were glazed. Ron wanted to think that perhaps Sid’s mood reflected the winter weather outside which was, even at two o’clock in the afternoon, gloomy, and threatening to curtail the January daylight. He dismissed the romanticized image, knowing that Sid was lost in a world of darkness. Ron would often ask himself how Sid managed to motivate himself to attend. It always came back to Sid’s friend Tim, who had enthusiasm enough for two or three.

This cheered Ron, enthusiasm would be invaluable for his project. He began to wonder whether, following the prompting, Tim had entertained further thoughts of leaving the hospital. How much easier his project would be if that were so.

Ron watched Barbara turn her whiskered chin to Neil.

‘They keep messing with my bloody fags they do. Bastards!’

Neil let out a trademark giggle.

At the end, Ron’s usual request for future musical topics was met with apathy.

‘Well, I’ll put something on the notice board.’ He looked around at the group, some of whom were keen to exit. ‘And thanks again for coming.’

With that there was a dash for the door. Ron started to put the *The White Album* back into its sleeve and was happy to see that Tim was still sitting there.

‘You okay, Tim?’

‘Fine thanks, Ron. ‘

He sat back down again and looked at his protégé.

‘Do you enjoy the music days, Tim?’ Of course he already knew the answer.

‘Yes I do. I can switch off and think in peace and quiet.’

‘Peace and quiet? Didn’t you hear the rubbish that Neil was sprouting today? Or the door banging as Barbara went in and out and then back in again?’

‘No. None of that stuff worries me.’ Tim jerked his head so that it flicked his blond hair.

Ron’s core warmed. Tim was more than another patient. Tim was a good subject for the project. He had chosen well.

‘Don’t forget, Ron, I’ve been here a long time now. I’ve seen everything you can in a place like this. After a while you don’t notice some things. It means I can contemplate. Don’t you get times like that? You must do.’

Ron’s forehead creased into a frown as he searched his memory stores. ‘Actually, now that you mention it, I do. There are times in the ward round, particularly lately, when I find myself switching off.’

‘You see. It’s this place.’

Ron saw a moment. This was a good opportunity, if his project had any chance, he had to get Tim to sign up to the idea.

‘Tim, remember I said about Lark House, the new unit halfway up the drive?’

The patient lifted his head and stared upwards in a gesture that suggested not.

‘The rehabilitation,’ explained Ron. ‘The place where you can do much more for yourself.’ He wasn’t selling the idea well. ‘You can cook and probably get into town more.’

‘But why would I want to do that?’ asked Tim. ‘I mean, my life is okay, Ron. Nobody bothers me, I don’t have to do anything, apart from go to my groups and make beds for the old ladies. Why would I want to start worrying about laundry and shopping and cooking for myself?’

‘It could get you out of here, for starters,’ said Ron, fighting the logic. ‘It could lead to a community placement.’ The idea gathered some sparkle in Ron’s head, but not, it seemed in Tim’s. ‘You know, get out of Springhill.’

‘Out of Springhill.’ Tim uttered the words with a sense of repetition. ‘I heard that before.’

‘Of course,’ said Ron, ignoring the fact that Tim was doubting him. ‘You’d have to prove yourself, prove that you have potential. I’d love to help you in that journey if you like the idea.’

‘They’ll never let me out of here, Ron. I’ve told you that already.’ His resigned tone was interlaced with realism. ‘They don’t let people out, they try and keep them in.’ He looked up at Ron with a half-smile and started out of the chair.

Tim's detention in Springhill was the 'only possible solution'. Ron had heard Sam say this. Ron didn't know precisely how Tim had found his way into the hospital, but there he remained, becoming by default, part of the narrative, one of hundreds of similar tales. Ron decided that that would do for now.

Tim disappeared to join the rest of the ward.

As he was tidying the room and emptying ashtrays into the bin, Jan came in.

'We need these,' she said, collecting stray mugs.

She was almost out of the door when Ron said: 'You know, Jan, I run these sessions week in, week out, and a lot of them come regardless of the music or how they feel. I'm always struck with their patience to listen to music that they must sometimes think is total rubbish. When the session is over they politely thank me and leave. Even Sid manages to drag himself along. And he's usually in a pit of depression.'

'Perhaps they are being tolerant of you.' Jan's humour was delivered with a hand on her hip.

'Perhaps they feel a sense of purpose in attendance, or even a sense of loyalty? After all, there are so many routines here. But they aren't compelled to come.'

Jan was gone.

The events of the day ran through Ron's mind, and he carved a path through the rest of the shift, which included struggling with non-conforming patients in the battle of the bathroom. Martin was always a reluctant candidate when it came to personal hygiene. Ron's first task was to relieve him of his favourite sweatshirt, decorated with an

enormous brown collage of coffee, dribble and food residue. Most patients grabbed the nearest garment from the pile of rags secreted in their wardrobe. Not Martin.

‘You wear that sweatshirt like a uniform,’ joked Ron, who was pretty sure that he slept in it too.

Resistance came in the form of shouting, threats to sack him, and, eventually, to report him to the police. The last one had become Martin’s recent favourite.

‘You tried that already, Martin.’ Ron reassured the reluctant bather. ‘I’ll have the sweatshirt back from the laundry in top condition. You really shouldn’t worry, Martin, the laundry does thousands of sheets, towels and clothing stuff every day. They wash them, dry them, press them. They love all that stuff.’ Then it occurred to him that perhaps Martin liked the sweatshirt in its pre-wash state.

Finding his usual nihilistic protestations concerning his broken ankles and his non-functioning heart ineffectual, Martin was corralled into the bathroom. He attempted to convince Ron that his ribcage was, as he termed it, ‘Smashed in’, giving adequate reason, therefore, to be excused from his weekly cleansing. Ron knew that this ritual would be repeated next week, and the one after that. He also knew that he had a limited arsenal at his disposal, his chief method being persuasion. In the past he had tried reason, but that was no match for the stubborn irrationality of what some termed *institutionalised schizophrenia*. In this respect he was at a disadvantage when compared to his predecessors in the battle of the bathroom.

‘Just be happy that I don’t go in for torture.’ Although the phrase was meant as light-hearted, Ron knew there were those who did not adhere to a moral code as strict as his own. Whether it was apocryphal that using a wet towel to whip a patient into submission

would not result in bruising, he could not be sure. He never found the employment of an array of subtle and overt cruelty to his taste. Withholding cigarettes and other privileges, pinching and slapping a patient to induce compliance, all this should surely by now have been obsolete. He suspected otherwise.

Martin was shutting the bathroom door. 'You're nice, Ron.'

That's it, nice Ron, nice and pleasant and helpful, everybody's friend, never do anything to upset anyone or break any rules. It was all so ordinary. What would Percy Brittan have done? Something involving a slap on the back of the head or a half-nelson, he imagined. For a fleeting moment he wished that he had the ability to ignore ethics, he wished that his morality was even a teeny bit warped. He would be like many of the others, drifting away from conscience, elevating his status high above dehumanised charges. He would not recognise patients as individuals, as having feelings and legitimacy.

There's nothing particularly wrong with nice. He was content that he still conducted his work according to his professional and personal guidelines. Martin, however, might have been more grateful that sharing bathwater was no longer common practice.

The fact that he was drawn into such exchanges didn't please Ron; and Martin always gave a stern test of his more modern nursing skills. The two of them normally issued statement and counter-statement as to the merits, pitfalls and attractiveness of hygiene. Ron would eventually point out that the bathwater was already run. Martin always made it seem like he was being asked to cut off his own toes with a pair of pruning shears.

Not long later, Ron was sitting outside the bathroom.

‘How are you doing in there?’

After a lot of splashing, some cursing, and even some faintly detected humming, a voice from inside announced the cessation of formalities. Ron half opened the door and handed Martin his fresh clothes, retrieved from the dormitory.

Kind-hearted persistence wins the day.

Martin trudged off, looking relaxed and as clean as a shiny coin, to light a cigarette. Ron deposited the dirty laundry and set off to help Jan with tea and the medication.

Chapter 7

A week later Ron ran across a courtyard to the staff canteen, dodging a downpour. The rain sounded like shotgun pellets as it bounced off the corrugated metal used as a temporary fix to the airing court roof. It put him in mind of the loose tile above his own front door. Once in the canteen he grabbed a tray and looked around at the various grades of staff, their faces illuminated by the brightness from the overhead lighting. There was squeaking from the cutlery and low-level chatter. Ron knew that many of the relationships he had with other staff at the hospital were superficial, like the porter he knew from school who brought the food, and the domestics who appeared on the ward, sometimes smiling, sometimes not. There were also other nurses he encountered, whom he greeted with a professional courtesy. There were some highlights, like the blonde nurse called Claire he had spotted on his way in. It never quite worked out with her. They had met at a party in the Nurses' Home some while back. They messed about sexually for the evening but he struggled to remember why he had never followed up. Something to do with hospital relationships, he figured.

He selected a pie, a pudding and a cup of tea, thanked the cashier and pocketed his change. Then he went back to add some pickled onions.

Ron had decided that his project would take its place in the new wave he had been learning about. He even dared to think of himself as 'The New Pinel'. After all, he had read Goffman's seminal work, he read Laing's ideas about schizophrenia, he had even read some Szasz and other material on therapeutic communities that sounded enlivening. Foucault he didn't understand.

He placed his tray on a vacant table and unfolded his latest book, David Cooper's groundbreaking work on anti-psychiatry. He soon became engrossed as he ate and read simultaneously. The pastry of his steak and kidney pie crunched as he carved it up and chomped on each mouthful. The pages flicked by his wide-eyed glare as he nodded in agreement. A voice interrupted his reading.

'Can I join you, Ron?'

He turned to see psychologist Dave Kilburn.

Earlier in the day, Ron had been wandering his house, in and out of the mess he couldn't be bothered to tidy. He had picked up the post and threw the envelopes onto the pile of bills he might somehow get round to paying. Much easier to look out of his kitchen window and at the cow field onto which his property bordered. The green elevated gently to the wooded area beyond. In the days after his mum died, he would wander up the field and into the trees, spending the time sitting on a log, intending to read a book that Dave had lent him.

'Sure, Dave. How are things?'

'Good, thanks. I've been to Westhouse Clinic this morning. Family therapy.' He reached into his rucksack and retrieved a plastic container full of sandwiches, which he put on the table. 'It's psychodynamic based, really interesting.'

'Sounds great,' said Ron trying hard to disguise his professional jealousy. He looked at Dave, at the beard and clothes. He dressed casually because he could. Ron took in his jeans and informal shirt, the beaded necklace and the silver bangle on his left wrist.

'Something up?' Asked Dave, as half of one of his sandwiches disappeared into his mouth.

‘You could say that.’ The words were accompanied by a resigned lift of the head.

Ron recounted his experiences with a patient who had been admitted for ECT.

‘It’s hard to empathize with my patient while not wanting to endorse the therapy.’

‘Sounds like cognitive dissonance to me.’ Dave grinned and munched on the sandwich.

‘Huh?’

‘Oh, it’s a psychology thing, like when you have mental conflict.’ Ron barely had chance to think about the statement, and Dave was off again. ‘Anyway, if ever there was an example of the stupidity of psychiatry, Ron, it’s that ECT crap.’ They were thoughts Ron might have expected. ‘It’s not going away, though, it’s established practice. It fits the medical domination of this business. I told you about all that shit. Remember, they like to do something physical to people, it makes them feel like real doctors. It’s some kind of professional inferiority complex that psychiatrists suffer from; they get stick from other consultants for playing at proper medicine. It’s laughable, really. They’re not so far from leeches, witchcraft and chains.’

As he listened to Dave, his mind was filled with notions of a new wave of practitioners, democratic practitioners the like of which may be the route to his salvation. He became conscious of his foot tapping a steady rhythm, as if in response to an unseen tune.

Ron felt his mood lightened by the company. He scraped his fork around the edge of his plate to capture the remains of pastry and gravy, wishing he was able to put together phrasing like Dave.

‘Listen, Ron, I’m booked into a conference in a few weeks. It’s sponsored by a drug company, usual bullshit about the new chemicals. Fancy tagging along?’

‘Conference?’

‘Yeah, loads of rubbish sprouted by psychiatrists and reps from drug companies about how great they are.’

‘The drugs, the reps or the psychiatrists?’

‘Good point, Ron. Actually, all three. The psychiatrists love themselves anyway, the drug reps coat-tail on the kudos, and the drugs are supposed to speak for themselves.’

‘Sounds great.’

‘Okay, let’s do it.’

Ron sensed a heady atmosphere. It was the right time to mention his project, so he did. He talked about the false start in ward round. Dave asked if he had any support.

‘I’ll ask Sam, as ward manager, he’s the obvious starting point. I doubt that he’ll want any involvement, but he may support me if I approach him in the right way.’

Clearly Dave shared Ron’s philosophy but not his confidence. ‘Sam’s orthodox,’ he said, leaving a distinct pause before stressing the second word. ‘Casual detachment, that’s his bag. People like Sam don’t let their job roles get mixed with emotion. That’s why there’s such a divide in a mental hospital, Ron. They are *afraid* to get close.’

‘Irony isn’t it?’ said Ron, ‘I mean, if a patient shows a detachment, he’s psychotic, if a member of staff shows the same thing, he’s professional.’

‘Usual mental hospital shit. None of the pharmaceutical crap that Metcalfe or any of the others dish out will make any real difference. Most of it is of dubious chemical

effectiveness. All it does is change the presentation from mad person to zombie. It's a hamster wheel, people go nowhere. And that includes the staff.'

The ease with which Dave explained himself created an almost overwhelming envy. Ron was starting to despise hospital politics. He looked at the custard covering his pudding. It had gone cold and a thin skin had formed on the surface. He jabbed his spoon in as if slaying a pig.

'It's become a challenge,' said Ron. He said the words sincerely, although he was not himself convinced about what would constitute success.

'I'll support you wherever I can,' said Dave. 'Just remember that Sam is no different from a lot of the old nurses here. He'll keep going till the inevitable, when the focus for care shifts away from this place.'

Ron nodded. 'Sam doesn't want to acknowledge that possibility.'

'Of course not, it scares him.' The thought of a frightened Sam almost made Ron laugh out loud. He managed a snort, and Dave emphasized his thesis. 'That's why I'm telling you to be careful. As long as you know that Sam will remain on the shoreline like Canute, waving away the tide. Any changes need to be subtle.'

Dave took out a Zippo lighter for the roll-up cigarette in his mouth. Ron suspected it might have contained more than tobacco. Dave flicked the lid back; it was the kind of cool thing that Ron admired about him. It didn't matter to Ron whether Dave was motivated by an ideological turf war or genuine concern for change, he was happy to have engaged another supporter.

'And if your idea doesn't work,' said Dave, 'come and work with us at Westhouse.'

As he headed away from the canteen, Ron smiled to himself. It was probably the first genuine smile he had experienced in a while.

Chapter 8

Glowing from his encounter, back on Ward 1, Ron was surprised to find Sam handing out cigarettes to a couple of fidgeting patients.

‘Thanks, nurse,’ said Martin.

The other patient didn’t wait, leaning in towards the flame offered by Sam’s lighter and inhaling aggressively from the cigarette before dashing off into the day room.

‘Don’t they have their own?’ Asked Ron.

‘Not enough left, until they’ve been to the patients’ social club it’s easier to give them some of mine.’

Ron frowned. ‘You’re normally the last to encourage scrounging from the patients.’ Sam shrugged. Ron began to wonder whether this was a regular benevolence or that Sam was simply in a good mood. Having decided the latter, he saw an opportunity.

‘Sometime this afternoon, could I have a word about an idea I have?’

Sam rolled his eyes. ‘Catch me later, I need to get this done.’ He indicated a large stack of case notes next to what looked like a box with an aeroplane picture on the top.

Ron couldn’t decide which entity Sam was referring to and trudged after an over-eager student nurse who wheeled the medicine trolley into the day room. He listened to the student recite the medicine names from a patient’s medicine sheet, he watched as she dispensed the required medicine, he signified approval and signed the drug sheet.

‘Yes, yes, another poison pill.’

Although the words were muttered in a breath, they were picked up by the attentive student.

‘Sorry,’ Ron said to the student nurse, ‘but I never feel proud that we dish this stuff out.’ He wanted to add: *A lot of chemicals, ready to wash into various brains, blocking receptors, discouraging neurotransmission and killing brain cells.*

He saw the confused stare. ‘A symbol of the skewed power in the patient-staff dynamic. Let’s get it over with.’

No, he ought not to have expressed the thoughts, not to a young student. But at least she would have the opportunity to question her practice. He took comfort in that.

After the medicine round, Ron made a couple of coffees, loading his own mug with the mandatory three spoonfuls of sugar. He headed for the office where Sam was engrossed in the racing pages of the *Daily Mirror*.

‘Okay, Ron?’

‘Anything good in the papers?’

‘Yeah, 3.15 at Uttoxeter looks promising. *Millie’s Fillie*. Ran well last time out, a good bet at six to four.’

Ron sighed. ‘Any *proper* news?’

‘How much do you want? Economic crisis, fuel shortages, huge inflation.’

Buoyed by Dave’s backing, Ron decided to press ahead.

‘Sam, I’ve been thinking about Tim.’ The head nurse said nothing and raised his eyebrows inviting further comment. ‘He’s been here a long time and if we don’t do anything he will stay here for a lot longer.’

Sam looked confused. ‘Lots of patients have been here a long time, Ron. That’s because they’re mad. That’s what we do, we look after mad people.’

‘But how about that new unit? Lark House would be perfect for someone like him, don’t you think?’

‘This is your big idea, is it?’

Ron nodded back as the older man scratched his chin and sucked in through his grey teeth. It was to be expected that Sam was unenthusiastic, Dave had warned him, hadn’t he? Sam listened, but he wasn’t positive. What did he expect him to say? *Yeah, great idea, Ron, should be no problem...*

‘Look, Ron, the patients are safe in Springhill, and the inhabitants of Holton likewise with them here,’ he said. ‘Why bother?’ he asked. ‘I mean, why make work for yourself?’ The subtext of which Ron took to be: ‘Why make work for me?’

‘To make a difference.’ He knew the inference was a white lie: more of a misleading statement than an outright deception.

‘We do that every day, Ron, just by being here and looking after the patients. There are plenty of people who wouldn’t want to put a foot inside this place, we risk our safety, we get thumped and spat at and have to clean up the most unimaginable things, who would do a job like that?’

‘Someone has to do it.’ He heard the echo of his conversation with Jan.

‘And we are that someone,’ said Sam. ‘Now why would you try and change a system that works well enough all by yourself?’

Ron mentally conceded the point, Springhill *did* perform a function, before it was here, the mad had roamed the streets.

The office phone trilled. Sam answered and held up a finger to pause Ron as if the call were one of some significance. What Ron heard was two charge nurses exchanging

opinions about a new nurse working on Ward 12. He heard words like 'fragrant' and 'tasty', along with references to parts of her anatomy. Sam got lost in his own hearty laughter. There was little space for Ron to interject. In any case, the authority with which Sam conducted himself bore a direct correlation to the status conferred on him by lineage and an unrivalled position as head of the ward. When he finally put the phone down, Sam slapped his knee. 'Fantastic.'

'Anyway, my idea.' Sam groaned. 'I understand that you're not keen,' said Ron, looking at the older man. 'I think perhaps I might raise it with Dr. Metcalfe,'

Sam spluttered on his coffee and then howled a laugh.

'My old dad must be turning in his grave.' He followed this by taking a drag on his cigarette, after which he flicked the end of ash into the ashtray. 'You really do want trouble, don't you?' He exhaled theatrically and pulled at his shirt collar. 'You know what, Ron, people like my dad, they kept this place going when times were *really* tough. Do you know that when he first arrived here in the thirties, some nurses actually lived on the wards? Ate there, they did. Slept there, even. They got a pittance for jostling all the loons.'

Ron had heard some of this previously, of course he had. He recalled a conversation with Jan about Percy. 'Used to put chlorpromazine in the tea, they did, the likes of him.' Ron had wanted to laugh at the thought, but realised she was serious. 'You didn't like him?' At the time, Jan shook her head. 'We can do better than that.'

'Oh, come on Sam,' said Ron, whose tone had now switched to plaintiff. 'With this idea we can start to change the complexion of the ward, then maybe other wards, who knows?'

Sam's nostalgia was in full flow and he ignored the question.

'They used to have one nurse for forty or more patients. In fact, even when I first started, this place was even bigger. Back then, we had a butcher and a tailor and even our own labs for post-mortems. There was talk of a brewery once, it was a shame that never came about. I do remember the dodgy barber, though. The male patients used to arrive back from with cut ears and scalped heads.' He laughed.

'I've spoken to Tim and he seemed to be quite receptive to the idea.'

Ron's attempt to restate his project was waved away by Sam, who remained in reminiscence mode.

'Do you know; my dad could barely speak the language when he first started. This was probably the best job for him. I'm proud of what he achieved, my old dad.'

Ron had often heard others talk of Sam's laziness. Jan put it down to institutional habit. 'He's not all bad,' she had said, 'after all, he's a drummer in a rock band.'

Enthralled as he was about family history, Ron found himself sidetracked by Sam's filibustering. He sat and listened to the unexpected revelations until Sam decided it was time to move on. His conversation eventually switched back to the hospital.

'You have to remember, Ron, our relationship with the patients is one of mutual dependence. They're the proles and we're the ruling classes. I saw a programme on it.' He jutted his bearded jaw in Ron's direction and pulled on his collar.

Remembering Dave's conversation in the canteen, Ron stopped short of adding his masterstroke about Springhill being doomed to closure and people like Sam needing to adapt. Sensing the need for his idea to regroup, Ron made a tactical mental withdrawal.

Sam peeped at his watch. 'Anyway, my boy, you'd better get the medicine round done.'

Ron shuddered. It was a refrain that he had heard a lot of late.

Diverted from Sam's misunderstanding of Marxist thought, Ron groaned. Sam either didn't get the message or couldn't be bothered to listen. Perhaps he didn't understand the concept? Ron wasn't sure he did himself.

Ron blew a raspberry.

'What's up now?'

'I hate the medicine rounds.'

'Well, they're part of our job.'

'Already done, anyway.'

'Okay, well then get out there and shoo them off to their work. They won't be too keen,' said Sam, 'It's freezing cold out.'

'I don't blame them,' said Ron. 'Who wants to go and fold boxes? It's all so meaningless.'

'The Box Shop?' Sam chuckled. 'What would we do without it? A ward full of bored patients smashing pieces out of each other, that's not my idea of fun.' Sam had already put down his paper and was shuffling more paperwork. 'In Dad's day,' he said, not looking at Ron, 'the nurses had to salute the psychiatrist. Can you believe that?' Ron could. 'Anyway, hold the fort for a bit, will you. I'm off to see a lady.'

It was a phrase Ron had heard a lot lately. He mumbled a response and dragged himself into the day room. Surveying the scene, he stood and sighed. A selection of patients sat at the dining tables smoking. Others were sitting on the lounge chairs, also

smoking. A patient was sitting forward, with her arms on her knees, her hands blurred as she knitted some pink wool into tangled mess - evidently a job for Jan. Edward was reading a book.

Sam and the establishment was one thing, but he had to consider the patients, dragged down by years of having things done for them and of being told what to do. He recalled Tim's initial reaction. He then thought about the apparently simple task of getting patients off the ward to their various departments for therapeutic activity. It was like herding pigeons.

'You okay?' The student nurse was looking at him.

'Yeah,' Ron replied, knowing he wasn't.

Chapter 9

These days, there was plenty of time to contemplate, maybe too much. Since his mum had gone, Ron passed the evenings alone watching TV or listening to the radio. The previous evening, the theme tune came on to *Coronation Street*. He remembered they used to watch that together. And *Rising Damp*. Seeing mum laugh was always a joy.

As he ironed his white shirt, he looked down at his green socks and his topic of reflection switched the project. He knew it was going to have stumbling blocks like Sam, but Sam bathed in his own self-importance. He knew Dave called the hospital a ‘needless repository for the unwanted.’ Whether he himself would go that far was debatable, for Springhill still surely held some favour. Whatever the case, Ron thought about the ability to see his work in a new light as a protective screen, but perhaps it was a beacon. He had wondered if it would be right to see the change as a benefit of his mum’s passing, because seeing positives was what he was trying to do now.

Now he had his project, he felt bolder, and the reactions of Dave and Eric helped soften the failure to secure any support from Sam. This also led him to the belief that raising the matter directly with Metcalfe might prove more successful, despite Sam’s disbelief that he would try anything so audacious.

Ron had seen Metcalfe arrive. He didn’t waste any time and caught the consultant as he was going into his office.

‘Morning, doctor.’

‘Oh. Good morning.’

‘I wonder if I might have a word with you about a patient when you have some time?’

Metcalf put his briefcase down and withdrew some paperwork.

‘By all means. Who is it?’

‘It’s Tim.’

‘Ah yes. Give me five minutes to organise my desk, I will see you then.’

The immediacy of the attention surprised Ron. He withdrew from the doorway and waited across the hallway near the linen cupboard, from where he heard Mike playing his guitar. He wasn’t improving, but at least he was trying. Eventually, Ron knocked on Metcalfe’s door. He looked at the sign: *Dr B Metcalfe MRCPsych, Consultant Psychiatrist*. He could feel his temples pulsing.

‘Yes.’

Ron was greeted by the sight of Metcalfe sitting in his leather chair, his elbows resting on the desk. He watched him form his hairy hands into a steeple.

‘Dr Metcalfe....’

‘Sit down, sit down.’ Metcalfe gestured in what Ron hoped was a kindly fashion towards the chair the opposite side of the desk. ‘Now then, about Tim, I have a notion as to what you might be about to say, but please carry on.’

Ron started through his list of rehearsed phrases. ‘Well, this man is, as you know, a long-term patient at Springhill, yet I believe he has potential to do so much more than the confines of this hospital will allow.’

‘Yes.’ The psychiatrist held his hands open and urged Ron in a manner that was hard to interpret.

‘And he isn’t on a long-stay ward,’ said Ron, recalling his trump card. ‘So he has more capability than most.’

‘And?’

‘Well, I’ve talked superficially to Sam about him. I wonder whether, though, we might...that is, you might consider supporting a move to the recently opened rehabilitation unit.’ Talking with a briskness in his voice, Ron felt the tone might go some way to encourage acceptance of his idea. He watched as Metcalfe’s eyebrows raised to the middle of his forehead, extending his thinning hair towards the back of his scalp.

‘Lark House is the place to which you refer, I assume?’

‘That’s it.’ Ron nodded, perhaps, he felt, too eagerly.

Metcalfe pushed his breath through his lips and sat back in his chair. He started fiddling with his ashtray. Ron wasn’t sure whether to take it as a sign of preoccupation.

‘That is somewhat out of the ordinary. And you say that Sam approves of the idea?’

Ron ignored what they both knew and focused on the project itself. ‘I feel sure we could organise something. Tim could start by getting introduced to the unit, understanding their philosophy, perhaps.’

With this last intervention, Ron felt he had introduced an element of professionalism. Metcalfe’s elbows went back on to the desk and now he interweaved his fingers. His face contorted into several expressions, first, as if in deep thought, then, as his lips pursed outwards like a duckbill, in apparent anticipation.

‘Of course, there are other considerations.’

‘Other...considerations?’ The distance between the words grew quickly inside Ron’s head as he contemplated what was to come.

‘Well, he did attack someone with a knife, Nurse Collins.’

At that moment, Ron realised two things. First, that Tim's past contained more of significance than he was aware, and second, that Metcalfe's formal tone was not a good sign. He wondered whether to press on. Before he did, Metcalfe was speaking again.

'And if we put that not inconsiderable matter aside, what does the patient think about your suggestion?'

'Er...' Ron was still thinking two sentences back, trying to clear his head. He coughed a nervous cough, knowing that he was unable to offer any convincing proof on the basis of a single conversation. 'Well, he er...he likes the idea.'

Ron sensed that both he and Metcalfe knew the statement was unconvincing. Then, as if attempting to underline his position, Metcalfe resumed the reference to Tim's past. 'And you need to be aware of the potential consequences of your suggested plan, Nurse Collins, and then perhaps we might talk again. I suggest that you familiarise yourself with the detail. Now, if you will permit me, we have ward round this morning.'

The moment was ill-judged. He could see that now.

Ron's cue to leave the office was emphasised when Metcalfe unscrewed the top to his pen and started scribbling on the notes in front of him. Ron knew that if he paused a second longer he would witness the wave of the back of Metcalfe's hand in the direction of the door. Or worse.

The meeting was swift, and as Ron left the room, he puffed out his cheeks. The nature of his rebuke was such that as he made his way back to the office, he failed to properly acknowledge the usual patient scrum as they left the ward. He focused on the narrow windows in the day room, looking at the crumbling surrounds, the dusty corners of the smoke stained paintwork. He decided that the best thing to emerge from the

meeting was the knowledge that if his one-man-crusade was to have any chance success, he needed to research his patient.

Not long after, he found himself in the Blue Room waiting for another ward round. Ron never knew exactly who would appear at the meeting; only that Sam was a permanent fixture. Today had been full of the usual preparation of lengthy, handwritten notes, case notes in alphabetical order, and the half dozen or so red or green vinyl armchairs in a semi-circular pattern.

‘Hi Dave.’ Ron was pleased when he saw Dave’s casually dressed figure appear. Dave delighted in highlighting the limitations of the old guard. He once characterised Metcalfe as normative and reductionist. Dave talked about victim culture, social construct theory and phenomenology. Ron didn’t understand most of it, but he was starting to share in the vibe, although he did wonder whether Dave’s therapeutic warfare was unfounded. After all, Metcalfe was saddled with generations of psychiatry, impervious to change, naturally dismissive and subconsciously suspicious of impending threat to his entrenched hegemony.

Dave sat down. Ron leant over and whispered to the psychologist. ‘There was a time when I used to enjoy ward rounds.’

‘And now?’

‘Now dull and repetitive,’ said Ron, as Sam read out a meaningless report from Williams, the head of IT, sprouting about how many boxes a particular patient had achieved. He rubbed his eyes and yawned.

‘Things will get interesting when we get to Tim, I’ll make sure of it.’ Today, despite the lamentable failure of his efforts with Metcalfe, Ron was determined that Tim was going to be more than a passing reference.

When the time came, Ron heard his voice become louder as all eyes switched to him. ‘Can I ask something please?’ He wasn’t sure how long to leave the pause. After last time, it was probably best not to leave too long. ‘Well, as some of you know, I have been thinking about Tim. Could we throw it open and discuss whether that might be considered for the new rehabilitation unit?’

From a corner of the room there was a snigger of surprise, as if Ron were joking, but not from Metcalfe. Sam interjected. He started to tell Metcalfe that this was a conversation that he had already had with Ron, and ‘in his opinion...’

Metcalfe held up his hand and stopped Sam mid-sentence.

‘The assembled group may not be aware that Nurse Collins has approached me on this matter already, and that I have advised him as to a course of information gathering.’ Ron heard a choke from Sam’s throat. Metcalfe’s tone was deliberate but suitably emotionless. ‘Assuming that we were to promote such a thing, we must first get around the fact that this patient is psychotic.’

‘Yes, but what does that even mean now?’ said Ron, thinking of Laing but conscious that he was losing the theoretical ground. He cast about for possible sources of support. ‘And,’ said Ron, sensing a temporary lift in his bravado. ‘I have this.’ He withdrew his copy of *Asylums*.

Metcalfe asked, ‘And what is that?’

‘It’s Goffman. It’s about how places like Springhill create their own problems. Goffman talks about “total institutions”.’

‘Ah, Goffman. The American sociologist.’ Metcalfe’s eyes widened as he sank into his chair.

Sam was quick to speak, as if to come to Metcalfe’s rescue. ‘Ron, you have to stop reading all those books.’ He turned to Metcalfe, ‘he’s trying to start a revolution, doctor.’

‘Yes, I see that. Well, whatever these total institutions are, I suspect dogma the like of which you are pedaling, Nurse Collins, will do more harm than good.’

Then a new voice joined the discussion, as Dave sprung to Ron’s defence. ‘I think he may have a point.’

Metcalfe was unwavering, his words delivered in a monotone timbre. ‘People like Tim are in Springhill for the safety of all.’

Heard this all before, thought Ron. It was a tired argument, but it was one that Ron knew was formed, at least in part, on a reality of past events.

‘We can’t just let the patients wander about,’ added Sam, whose position on the project was now suddenly more clearly defined. ‘You can’t just decide to change the system we have in place all by yourself, Ron. Anyway, what’s the rush?’

Ron flinched at the tone. There was no way anyone else knew it, but, actually, the rush was an attempt to prevent his world collapsing in on itself. He sensed a sting behind his eyes. The sobering effect of Sam's triumphal tone, mixed as it was with condescension, was matched by one or two expressions of pity.

It was left to Dave to break the silence. 'That's not what Ron is suggesting. I really think that this matter should be given some consideration.' Dave was about to conclude but Ron interjected.

'It's social policy. Look at Lark House, it means the hospital is facing the inevitable. If these are not going to be anything more than lip service, then people like Tim should have a shot at rehabilitation.'

Ron felt a warm swell in his centre, his face flushed with a healthy glow. He was uplifted. Sam wasn't, and his face showed it. Another source of support was signified by Valda, a social worker dressed in a CND tee shirt, who was nodding vigorously.

Conscious of the earlier meeting, Ron wondered how his efforts might have impacted on Metcalfe. It wasn't so much that Metcalfe conceded the point, because after he reminded Ron of his suggestion to learn more about the patient, he suggested tests, looking directly at Dave, who now seemed to realise that he had created work for himself.

'Most important,' said Metcalfe, 'is the matter of rationality, as the psychotic brain lacks insight.' It felt more like a sidestep when the testing was agreed upon, but Metcalfe had not finished. 'I will interview the patient to assess his thoughts on the matter.'

Minor victory or delay tactic? Doesn't really matter either way as it's out there now.

Metcalfe wound up proceedings and departed without another word. Sam stubbed out his cigarette and scuttled off behind him, pausing temporarily to scowl at Ron.

After the meeting, Dave remained behind in his chair, scribbling some notes. Ron was also still sitting down, and was reflecting on the meeting. He looked over at Dave, and although he didn't want to disturb him, he asked him what he thought.

'Well, I'll do the assessment and see. Warned you about the establishment though, didn't I?'

Back in the office, Ron found that Sam was already more relaxed. He started tapping a rhythm.

'Paradiddle.'

'Huh?'

He finished the percussions with a flourish. 'Oh, nothing. Anyway, what did I tell you?' he said. 'You could have saved yourself a lot of bother and embarrassment, and you seem to forget that I'm still the charge nurse here, my boy. That's going to come back at me.'

He was clearly straining to stifle a grin, but his voice was uneven with irritation. Ron knew Sam was not the most intelligent of men, but he surely had a heart somewhere deep down. He knew he was capable of being as generous as he was himself, only in a different way. That was the thing that intrigued Ron, the covert empathy, the covert softness that lay in the midst of the thorny reality of mental hospital practicality.

Perhaps it's Sam's task to unshackle himself from the yoke of history, to live beyond the legacy. He just doesn't realise it.

Chapter 10

‘Penny for them.’

The familiar words drew Ron from his reverie once more. Jan was smiling at him, her arms full of fresh sheets. The sight reminded him of his mum. She would carry a pile of towels like a forklift, the top towel resting under her chin. At other times she carried great sacks of laundry: socks, pants, white shirts for school, his favourite bedspread with the satin lining.

‘Hi, Jan. Was thinking about my bike, actually.’

‘You don’t have a bike.’

‘Not yet, I was building one from parts of several that I picked up. It’s about 75% done.’

‘Interesting. Why don’t you finish it off?’

Ron considered that his bike was another project where he had started and stumbled, but for good reason. He wasn’t about to tell Jan that, though.

‘Oh, I’ll get round to it.’

‘You men,’ she said, which didn’t actually sound like what she had told him of her husband Stan. Ron always thought they sounded like a comedy double act ‘Jan and Stan’.

‘Doing beds?’

‘Yes, I’m going to get the student to help.’

‘I don’t see why they don’t make their own beds,’ said Ron, referring to the patients. ‘It’s all good practice for rehabilitation.’

Jan dumped the laundry on a table and sat down in the adjacent chair. 'So that's why you're been so glum.'

Ron made a quizzical noise.

'Your pet project,' she said. 'I heard about the ward round thing.'

'Oh,' said Ron. 'That.'

'Big setback?'

'Sort of,' said Ron.

'Sounds to me like you scored a small victory.'

'How do you mean?'

'It's in the open. Talk of tests...' Jan's encouragement was a comfort. Always. He should tell her about his situation. After all, he had admitted the news to Eric. He was on the verge of sharing the sadness about his mum to only the second person in Springhill when Martin appeared, asking for one of his cigarettes.

'Hold that thought,' said Jan, as she accompanied Martin to office. Ron waited until he saw Martin come back into the day room grinning and blowing plumes of smoke above his head. Jan followed the patient, rolling her eyes at Ron.

'And that's another thing,' said Ron, having become redirected.

'Huh?'

'Why do we have to confiscate patients' cigarettes?' He didn't wait for Jan to respond. 'So they burn things and spill ash all over the place. So what?'

Jan shrugged. 'Just our way?'

'That's what I mean, that's what we should be challenging.'

He explained to Jan about the project and she offered her tacit encouragement, even if she didn't seem to understand his motivation.

'It's not all that easy, you know,' said Jan.

'What isn't?'

'Patients on the outside.'

Ron didn't understand.

'I took a few patients on holiday once, with another nurse from Springhill. Disaster, it was.'

'How so?'

Jan smoothed a hand over the sheets. 'We took a group from one of the back wards, six long-term patients. We had not been long qualified and thought we could control the world. We went to a chalet complex in Hastings for a long weekend.' Jan huffed out a laugh. 'It sounds funny now, but it wasn't back then.'

'What happened?'

'Like I said, bloody disaster. We took all their medication with us, planned everything we could, the idea was to stay on the complex and join in a couple of the entertainment evenings. Trouble was we got cocky. On the Saturday, we piled into the hospital minibus and headed for Brighton. A nice day trip, we thought. Brian was the other nurse, I thought we'd be okay with a male nurse.'

'Brighton, eh? Sounds great.'

'Yes, does, doesn't it? It was all fine and dandy so long as we contained the buggers in the minibus, they could smoke till they were sick, Brian could hardly see out of the window.' She put her hand over her mouth to stifle the amusement. 'We got there and

headed for the pier. As soon as we were set loose, they scattered like pigeons. We had absolutely no control. We thought they would respect us, you know, as qualified nurses, but it was like letting fish back out into a stream. I swear it was that bloody Dianna Biggs, she was always a trouble-maker.'

'But you were on the pier,' said Ron. 'It couldn't have been that hard.'

'You'd think so, wouldn't you? But no, Dianna was telling them they could do whatever they wanted, she was demanding chips and candy floss and asking for the toilet. It was like sheep herding with a deaf and blind dog.'

Ron liked Jan's slant on one of his favourite expressions.

'Why didn't you just wait at the entrance until they came back out?'

Jan nodded and narrowed her eyes. 'Sounds easy now, but we panicked. All kinds of horrible things were going to happen.'

Ron agreed it didn't sound ideal.

'Never again.'

Ron looked at Jan's weathered exterior, seeing the years of ingesting the madness circulating in the Springhill air reflected in her furrows.

'I can't let stories like that stop me, though,' he said.

'No, of course. I'm just saying. You're bound to hit resistance, that's all.'

'That's what Dave said. I talked to Sam about it as well...'

'I can imagine how that went.' Jan laughed.

'I know; he gave me a lecture on not ruffling feathers.'

'And you saw Dr Metcalfe?'

'Yes. Also not all that encouraging.'

‘Well, he’s old school, that much you already know, following in his father’s footsteps and all that. But if you *want* to ruffle feathers, he might be a good place to start.’ Ron nodded. ‘Tell me something,’ asked Jan. ‘Why Tim?’

Ron inhaled from his cigarette as he pondered the question he had heard from Tim not so long back. ‘I feel an affinity towards him.’ The words came out of him. ‘I think it’s to do with problems he had with his dad. I don’t know the whole story, but I know that one of the reasons he’s here is because of that. And, me, I never really knew my own dad, so I guess it’s a connection of sorts.’

‘Interesting.’

‘And he loves music, of course.’

‘And he always comes and supports your group.’

‘That as well. He deserves a chance. Everybody deserves a chance.’

Jan chuckled. Then she asked Ron if he was ‘feeling better.’

‘That’s a strange thing to ask.’

‘Well,’ she said, ‘you were pretty fed up when we spoke recently, like the job had got on top of you.’

‘No, I’m fine.’

‘Okay, so why only him then? What about all the other patients?’

‘You have to start somewhere,’ Ron smiled at her. “‘The journey of a thousand miles starts with the first step’.”

‘Oh, clever.’

‘Not really, I heard it somewhere, one of the tutors in the Nursing School, I think. It’s a Chinese proverb. Anyway, in a way, Tim’s an ideal candidate. If I can succeed

with Tim, who has been here so long, I'll prove the system can be beaten and that psychiatry doesn't always have to be about status quo. Then I can move on to others.'

'You're a reformer then. Well,' she said, picking up the sheets, 'like I said, you've made that first step. Just make sure your efforts don't get in the way.'

She was gone, leaving Ron to contemplate the final statement. 'In the way', what did that mean? In the way of what? *I know things have changed, but should I be enthusiastic or apprehensive or both?* How he was now supposed to know what experiences were in store was a subject to which he devoted little attention when his mum was alive. He shrugged and stubbed out his cigarette in the ashtray.

When he got home, Ron bolted the last pieces of his bike together. The frame he had painted green looked great. After checking the alignment of the headset, he fitted the rims and the tyres, adjusted the brakes so that the rubber block fitted onto the steel of the wheel. He stuck on a sticker he had acquired from somewhere that said 'Mean' which made him feel practically like a Hell's Angel. Then went for a whizz down his street.

He laughed out loud. 'There you go, Jan.'

Chapter 11

‘I became so desperate to get better. I had to do something.’ The patient said she felt like she had been living in a black hole where nobody or nothing could reach her. ‘I dreaded waking up and feeling totally helpless.’

The story was not unfamiliar to Ron, for a number of reasons. He better understood about depression, and whether he cared to admit the fact or not, he himself was in danger of sliding down a hillside. He asked her about the treatment and she told him that this was her third visit to the clinic, although she wasn’t sure about improvement in her mood. ‘I was initially terrified of coming anywhere near Springhill and I still dislike coming to the clinic. Sorry.’

‘Don’t apologise.’ He felt that it was he that should have been apologising to her. ‘How are things going now?’

‘Pretty much the same. I rattle with the pills though.’

She was called Heather and in a curious way she reminded him of his mum. She added that although she felt slightly better, she was unsure whether this was the ECT or the tablets she was taking. Ron was unconvinced that it was either.

‘The blackness follows me around,’ she said. ‘The pills simply hide the cloud away for a while, kind of squash it up. Like a smelly sponge.’

He touched her arm in a gesture of support. He had taken advantage of a lull to sneak out and chat to a couple of the patients in the recovery room who had yet to leave. He wanted to hear how they felt and what the treatment had been like. Heather had been the first one he approached. A smart looking lady in her forties, she wore a printed scarf, as if she had dressed for the occasion. She told him she had a headache and didn’t

remember getting to the clinic, or being checked into the treatment room. Her brain was tingling, or jingling, she wasn't sure what. She felt numb and jumbled up. And when would the ringing in her ears stop?

Ron felt impotent.

'That's nothing,' she had said. 'I've been feeling bad for months, incapable of doing the normal things.' She said she felt worthless about herself and found it hard some days to even get out of bed. What made it worse was the shame of having to accept that she needed help. 'I was terrified of having to come here.'

Fear of Springhill was something Ron had heard many times. Heather said that at first she was ashamed and felt that she was inviting disgrace.

Earlier that morning, Sam had replaced the office phone and turned to Ron. 'Clinic is short-staffed.'

Ron knew the significance of the words and felt an inner weight.

'Must I?' He protested, hearing the whine in his voice. *God. I sound like a like a six-year-old objecting to going to bed.*

'Sorry,' said Sam, with a face that said otherwise. 'Sister Electra needs you.'

The thought of facing the clinic made Ron shiver. If there was one thing that troubled him about his chosen milieu, it was ECT. He didn't relish a morning of what he regarded as pretend therapy.

'Well, can you ask Dr Metcalfe about Tim?'

Ron wasn't certain, but he thought Sam flinched, after which, his face grew a forced smile. 'Of course. Now get along, Florence.' He punched Ron on the arm with apparent playfulness.

The jibe was left not fully appreciated, as Ron was already half out of the door with a head full of reluctance.

Of course, he knew how people talked, he knew about the mythology of the 'Hospital on the Hill'. Rumour and stigma are inevitable consequences of fear and secrecy. Given that Springhill was encased by a seven-foot wall, talk of what went on inside - where they used the electricity in the name of treatment, where they did experiments on the mad folk, where patients routinely ran amok with knives - all of that was part of the local narrative. As he walked, he recalled the time his mum reprimanded him for his remarks. To a ten-year-old, it was just school ground chatter, sharing in the mystique, oblivious to the meaning. She had asked him how school was, and Ron made a circular motion with his forefinger beside his temple. He said the teacher was a loony, and he should have electric shocks. Thinking about the incident even now, Ron stiffened at the suddenness of her rebuke, the unexpected emotion that was somehow elicited. She later apologised and attempted to explain herself, but it left him feeling confused.

The short cut took him through the rear of the main hospital building, and down another echoing corridor. Eventually, he walked across the uneven concrete in the car park and he could feel the knot in his stomach as he reached the entrance to the department.

'Ah, Nurse Collins, glad you are here. We have a full list this morning, better be ready.'

Ron sort of knew Bridget. Most people sort of knew Bridget as one who took her role as head of the clinic seriously. He knew she was proud to be acknowledged as efficient, and she knew her clinic inside out. People might say she was married to the job. She certainly wasn't married to anyone else. In Springhill, the community where people knew most other people, Bridget was an enigma. She remained cocooned, as if protecting herself from something. Ron had heard the rumour: 'She shares her single bed with her three cats'. Perversely, he felt empathy with her private existence.

Bridget was sitting behind her desk in the office facing the entrance. His mouth was dry and his ears were muffled. He did his best to look enthusiastic.

'Morning, sister.'

'Twenty booked to see Dr Stuart today.' As she said the words, Ron noticed the softness of her skin. 'Fifteen for ECT, and another dozen for meds. I need you to check the drugs in the treatment room, make sure there are enough sterile packs and syringes for bloods.' Without letting up she continued, 'and get these notes to Dr Stuart's desk before he gets in, you don't have long.'

He acknowledged the instructions and eased his way past Bridget towards the ECT room. On the way, he bumped into a familiar face with petite jawline, mousey blonde wavy hair and blue eyes. She smiled at him.

'Hi Ron, come to help us out?'

He had almost forgotten that Claire worked here. 'Yes, I'm here for the morning.' He lowered his voice to a whisper. 'I'll do my best but that woman makes me so nervous.'

As Claire laughed, he watched her nose scrunch up. Her cheekbones formed a mini dome under each eye. Seeing the short sleeves and neatly trimmed collar of her pale blue dress, Ron almost understood the fascination some people had with a nurses' uniforms. 'Don't worry about her, she'll be fine. If you have any questions, let me know.'

She skipped away, but he was still thinking about her when the thought of Bridget snapped him out of it. His focus turned to practicality, to do what was required of him and check the equipment in the ECT room. An insignificant room, at first sight, he looked at the single window with opaque glass to one side, a lone treatment couch. An unremarkable stage in all but its most dramatic role, thought Ron. He looked at the trolley laden with kidney dishes full of ampoules, the requisite medication: local anaesthesia, muscle relaxant, anti-emetic for potential sickness. And there were the blankets, swabs, tissues and towels. His eyes turned to the black box sitting inanimately on the table. The medics called it 'the magic box'. The ECT machine, spewing wires and a malevolent looking headset. *It's even got a sinister sounding name, like a creature from an episode of Dr. Who.* He wondered who had got away with using the word *Ectonus* as an amusing play on words. *I hope the inventors are happy with themselves.* Feeling sure the patients wouldn't see the funny side, Ron winced.

Given his reservations, working in the treatment room wasn't a prospect that enthralled him. The idea of inducing an artificial epileptic fit was perplexing. Patients appeared to improve after receiving a course of therapy, they said, but how was it measured, this improvement?

They'll all end up back here again.

A voice sounded from the other room.

‘The first patients are expected at nine-fifteen,’ Bridget informed him. ‘The anaesthetist and doctor will be here shortly.’

‘Yes, Sister. Of course.’

‘So are you ready for them?’

‘Yes, Sister.’

‘You have all the equipment ready?’

‘Yes, Sister.’

‘Doctor will need to double check the drugs with you when he arrives.’

‘Yes, Sister.’ The conversation was starting to acquire a circular dynamic.

He almost expected her to ask, ‘Can you say anything other than “Yes sister?”’ To which he intended to reply, ‘Yes sister’. Sadly, Bridget’s sense of humour failure meant that wasn’t likely.

Bridget’s head appeared around the door. ‘Good. Then you may carry on. Please call me if you have a problem.’

‘I should be okay, actually. But thank you.’ He didn’t really know why he said that, but it sounded better than another ‘Yes, Sister’.

‘Be sure you are then.’ Bridget needed to have the last word; it was in her nature. He felt it best left at that.

He peered outside the treatment room into a larger room with a number of beds. It said ‘Recovery’. The linoleum floor and bare walls were more suggestive of expediency and organisation than compassion.

Right on cue, the first patient had not only arrived but was being shown into the treatment room. There wasn't time to hang about, regardless of the anxious looking face staring up at him. Professional training intervened, and Ron asked him his name and invited him to lie on the couch. He briefly explained what was going to happen in the procedure and that he would wake up in the adjacent room feeling groggy. He had little time to check whether the patient was comfortable or even fully prepared because the doctor was waiting to administer the drugs.

Ron stood by. *This is shit*, he could hear Dave's words.

The treatment passed in a blur. Electrodes, buzzing, convulsing. *This is really shit*, he thought, as he wheeled the bed out into the recovery room. If there were to be a consolation for the patient, it would be waking up to see Claire.

Back when he was training, Ron and his cohorts gathered in the ECT room for instruction by a tutor. They all stood about, eager-faced and wide-eyed. He even recalled that the tutor, Mr Brownly, took photographs, quite why escaped Ron's memory. He had seen this treatment before, and where before he felt confusion, now he felt revulsion. There was little time to dwell on the thought as the next patient had already been wheeled into the treatment room by Bridget.

The process started afresh. There was barely time to make a mental record the patient's features before he or she was in and then back out. *Awful*. The recovery room soon started filling up with disorientated individuals. Ron caught sight of the varying stages of recovery as he wheeled out patients from the treatment room. Patients looked round as if they had been hit over the head with a plank of wood. They gradually came to, trying to clear their heads by shaking them side-to-side. Claire chatted to them,

attempting reassurance. Apart from a brief lull sometime in the middle of the morning caused by someone failing to turn up, the conveyor belt continued until the nine women and three men had been treated.

That's when he snuck out to chat to Heather. That's when she described her ordeal, for that's what it was. It was a situation with which Ron felt, particularly recently, a distinct empathy. And he didn't feel like an outsider trying to understand. Not like when he had worked on the alcohol dependency unit where the recovering alcoholics accused the staff of not being able to understand because they somehow didn't qualify. Not being alcoholics.

Another man in the recovery room reported a splitting headache. Ron still felt an urging, nagging necessity to apologise.

At twelve o'clock he walked back past the weighing scales and the filing cabinets and sat behind a desk. Bridget came out of her office to check on the remaining patients and to talk with the doctors before they left. She spotted Ron. 'Thanks for your help.' It sounded perfunctory.

I should tell her that the process is primitive. He wanted to tell her that he was dismayed at the shell-shocked patients lined up in the recovery room. Instead he offered a bland response, sensing she was not genuinely concerned about his opinion.

When he stepped out of the boggy atmosphere of the clinic, it seemed like moments ago that he was arriving. He breathed cleaner air, air that didn't smell of disinfectant or rubber. Chatting together with Claire and sharing a cigarette, he was still uncomfortable.

'How was it, Ron?' She asked, with genuine interest.

'Unpleasant.' The word came out before he knew it.

‘Unpleasant? How do you mean?’

He was surprised at the ease with which he made the confession, he decided not to go into detail and changed the subject. ‘Oh, don’t worry about it, it’s just me being stupid.’ He had been thinking about Claire most of the morning, it was the one thing that had helped him get through it. Now was a good time, he thought, to ask her out.

‘The good thing is that it was great to see you again.’ He paused. He felt his heart beat a little faster. He took a deep breath. ‘Look. Claire. Would you like to meet up for a drink tonight? I feel I could do with it after today.’

There was a brief pause. Her face contained surprise. *She’s going to say no, what was I thinking?* ‘Only if you want to, of course,’ he stuttered. ‘I understand if you...’

Claire’s face creased as she smiled. ‘I thought you’d never ask. Shall we say Red Lion at eight?’

He sensed a flashbulb inside his head and nodded, unable to form anything but an asphyxiated gargle in his throat as Claire waved goodbye. He had never really considered himself attractive, his thinning hair was not suggestive of youthful masculinity. His underlying timidity meant that his successes were few, and significantly outnumbered by the near misses, and Claire would normally lie outside the compass of his interpersonal realm. He was also wary of hospital relationships. His time with Alison had seen to that.

Chapter 12

Alison Berkeley had cheekbones set high in a plump face, googly eyes and a playful disposition. He remembers a raucous laugh, and that she was adventurous and carefree. Regular sex was a definite advantage of the association. In hindsight, Ron knew that she wasn't right for him, and he struggled to keep up. At first, the relationship was exciting, he was grateful that he had made a connection, quite by chance, in the hospital bar. Of course he already knew of her, she had trained at the hospital and her adaptability meant that she had made it round various wards as a staff nurse. It was the same adaptability that meant she made it round other circles as well. She had the habit of twirling her long hair into a knot, and her feet never seemed to be still, jiggling as she spoke. Alison had retained too much of her sixties spirit in the randomness of her reckless affections. He nevertheless enjoyed a sense of liberating masculinity when he was with her, a brief lightening of the spirit, as if carried along by a summer breeze.

The awkward nature of the brief relationship taught him how difficult it was to share similar work stories with a partner, and how complicated it was to coordinate shift work. At a certain point, he also learnt a valuable lesson about privacy, keeping his life to himself, and about the perils inherent in romantic relationships, personal space. That was almost two years ago, and although he had experienced other brief romantic attachments since then, none of them had been with anyone from Springhill.

'All that time and now I see you twice in one day,' Ron said, looking at Claire. 'Strange really, us being in the Springhill environment together.' The pub was dark enough to provide an atmosphere of intimacy. He placed her drink onto the place mat on the round wooden table.

‘I know, stupid isn’t it?’

‘*I’m* stupid,’ said Ron, ‘I should have asked you out ages ago, but I don’t see you much.’

‘Actually, Ron, I see you quite a lot.’

‘You do?’

‘Yes, but you don’t tend to notice me.’ Ron felt he could only apologise. He had no explanation. ‘It might be the helmet,’ added Claire.

‘Huh?’

Claire pointed at her head. ‘My moped, stupid.’

Then he remembered the yellow scooter parked at the clinic.

‘Oh,’ he said, ‘yes, the moped.’

After the initial exchanges, the conversation turned to work. More specifically, the working day they had just shared together. Ron was the first to raise the subject.

‘Strange day though.’ Claire raised her eyebrows that seemed to demand that he should elaborate. ‘Well, not used to ECT. Or Bridget.’

‘What did you think of it? I know you weren’t sure when we spoke after the shift.’

This was delicate. He didn’t want to ruin their date right from the start. He had to choose his words carefully, he didn’t know how much she liked it, or whether she would share his strong views on the treatment.

‘I know you work there Claire, but it was like I suddenly realised what we as clinicians are doing *to* the people we look after. Do you know what I mean?’

‘Not really, no. Sorry Ron.’

‘Well, you seem happy in your job so I don’t want to upset you, but the whole thing seemed a little shocking to me.’ He reflected momentarily at his unintended phraseology connecting to his earlier experience. He decided that, as she hadn’t noticed, he would ignore it. ‘Strange though, the way the mind plucks these things.’ *Dave would probably say it was Freudian.* ‘I wasn’t really thinking too much before I got there, it was just another shift. But it was like I hadn’t done that kind of thing before. I mean, I really looked at it like a new experience. Bridget didn’t help either.’

Claire looked concerned yet quizzical. ‘I told you not to worry about her, didn’t I? She scared me when I started. When you get to know her and how she works she really isn’t that bad.’

‘Hmm.’ Ron’s eyes narrowed. ‘I’ll take your word for it.’

‘Why didn’t you ask someone else to fill in?’

‘I don’t know. I wasn’t expecting to feel like I did, I suppose. It’s something that just really came to the forefront today.’ He lit a cigarette and continued, ‘I arrived at the clinic and looked around. It struck me, the austere nature of the surroundings, and the way that we treat the patients. I had the feeling that I had a deep distrust about the whole thing. It felt empty.’ He wasn’t even certain that the word was the correct one. He paused and added something heartfelt. ‘Can you imagine what the experience is like for one of those people having the ECT?’ He grimaced.

‘You know, Ron, I’ve never really thought about it too deeply. I go to work, I do my job and I get on with things. I chat with the patients when I can but there is not really time enough to...’ She halted before finishing her sentence. ‘You’re right though. It’s

bad that I never get the chance to properly interact and that's why I trained for this job in the first place.' She reflected for a moment. 'At least we don't strap them in anymore.'

Ron flinched as he recalled the shuddering bodies he had witnessed that morning.

'Not sure about the dubious advantage of having the patient loose on the bed, apart, perhaps, from avoiding the claustrophobic anxiety of being tied to the treatment bed with leather restraints.' Another plus occurred to him, that nobody was able to use 'Let's strap him in' as a euphemism for the treatment. 'Anyway, enough of me being morose,' said Ron, hearing words that he had not expected. 'At least there was something I enjoyed today.'

'And what was that?' asked a coy looking Claire, anticipating the response.

'Seeing you, of course.' He had a sudden urge to hug her, to be enveloped by her in return and feel the transfer of warmth spread between them.

'So, how come you took so long to ask me out then?'

'Oh, I don't know. I don't get the chance to talk, what with you being part-time and everything. Plus, you work more the regular hours. And you're tucked away in the clinic; I'm in the main block and doing shifts.' Of course he was eager not to mention Alison Berkley.

'Okay, that's a lot of reasons. I'll let you off.'

He thought about asking her about his project, but the timing seemed wrong. He didn't want another disappointment, the intensifying sense of urgency to achieve was starting to niggle. It had not surprised him earlier in the day when he returned to Ward 1 after ECT. He asked Sam how he got on discussing Tim with Metcalfe, and Sam had made an excuse about 'Almost forgetting' and there being no time in the end because

they were 'Both so busy'. Ron knew that Sam had no intention of helping his project along, he suspected as much when he asked him in the morning. Now though, he was starting to see a different motive, a more sinister and adversarial component, fuelled possibly by fear and resentment.

'Where do you live?'

A perfectly normal question to ask someone, but Ron sensed it trouble him. 'I live in Mum's house, but...'

'You live with your mum?'

'No, just in her house.'

Claire's brow knitted.

'She passed away recently.'

'Oh, I'm so sorry. How recently?'

He said: 'A couple of months ago,' as if he didn't know exactly when she had died.

Claire had a delicate intake of breath. 'That's terrible,' she said, 'I'm so sorry. I bet you miss her.'

It was an understatement. There were times when he thought about little else.

'Well, people have their own anxieties and issues.' He didn't care to admit to Claire that his mum called him 'My Little Soldier'. In any case, he never understood the expression, especially as a child, when she rubbed his head, ruffling his carefully tidied hair.

At school he was taken from the comfort of home. He eventually made a few friends, but the relationships were not deep, and he preferred spending time at home playing in the garden to visiting the houses of other children, with their funny smells and

different customs. He ran around in the playground, playing mostly war games with the other boys. The feeling of loneliness was one with which he grew comfortable.

‘Not many people know,’ said Ron, drifting back into the moment, and still surprised that he had confessed so readily to Claire. ‘In fact, nobody knows. The worst part was that I was so busy at work. I didn’t see her final moments. I feel bad about that.’

Claire bit her lip and tilted her head. Ron changed the subject and, feeling the emboldening effects of the alcohol, turned his attention to Claire. The process of mutual investigation was another thing Ron found cumbersome, and one that acted as a restraint when it came to new relationships. Having to explain yourself was usually irritating and awkward.

‘How’s Auntie Jan?’

Ron looked back at Claire, who seemed to be expecting him to understand. ‘Who?’

‘Jan. My auntie. You work with her, stupid.’

He ought to have remembered a connection, because that was what Springhill people did, after all. Only he wasn’t all that good at that type of thing.

Ron laughed, pretending that he knew. He sensed chemistry. Either that or he was blinded by the emotion of Dutch courage. His brain was saying go but his defences mobilised to urge caution. While he was still contemplating, Claire pushed some hair behind her ear as she looked back at him. As she smiled, he noticed the freckles on her cheek. He grabbed a scrap of paper and scribbled his phone number. ‘I’d love to see you again soon.’

Chapter 13

Almost two weeks later, Ron was starting to sense the expectation in others that he would raise the project at every opportunity. True to form, he had just mentioned it in the nursing handover. Having dismissed the other staff, Sam was scratching his head with a pen.

‘Why are you bothering, Ron?’

‘You already asked me that loads of times.’

‘Well, why are you?’

‘It’s the new way, Sam. Soon lots of patients will be rehabilitated. Don’t you read the hospital news? I always read the information they send round, keeps me up to date. I like that.’

Sam let a small belch escape. ‘Bollocks.’

Ron considered a response, and it was on the tip of his tongue to say to Sam that he wouldn’t do that if Metcalfe were in the office. It hadn’t escaped his thinking that Sam might react differently if Metcalfe engaged with the project. Instead, as much as he wanted to admit that he was carrying out his mum’s instructions about finding his place, he knew that would sound wrong. He thought he could give himself some credit, though, because he was being partially honest. Since reconnecting with Claire his project had acquired an additional impetus. Work was never a matter of ambition, or career trajectory. Ron had heard himself say to others: ‘Oh I could have been a charge nurse by now,’ although he did occasionally wonder whether having no relatives who worked in Springhill held him back. Other might say he had been left behind by the

likes of Eric and the others with whom he had trained. There was every chance he would barely be noticed at a staff party.

That made him think of Claire. When they talked about the project, he had said 'I'm fond of the patients.' It had sounded demeaning at the time and he corrected himself. 'Well, I tried to convince myself it's about something grand, like empowerment, but it isn't.' He stopped short of saying that now it was about proving himself to Claire as well as his mum.

He looked at Sam. Going on the offensive would normally be an alien situation, and uncomfortable, like standing outside in the rain, but now opposition felt more natural.

'It's all in the books, Sam.'

'What did I tell you about that rubbish? It's propaganda.' Sam mimed as if to screw up some paper and throw it into the waste bin.

'You say,' said Ron. 'I think it's the new wave.'

'But why now? Why all of a sudden?'

'Why not?' The persistence of Sam's questioning was irritating Ron, who was attempting to fill in the information he had not possessed in sufficient detail when he went to Metcalfe. He was aware that Sam's attitude to mental health issues in general and the hospital in particular bore the scars of a lifetime of service. Several lifetimes, considering the legacy passed to him by Percy.

I won't dwell on that Sam, it's connected to a new girlfriend and a deceased mother.

'I don't really know what you're getting at. Do you think we shouldn't bother?'

'We do bother, we give them pills and keep them safe, which is precisely what you are trying to undo. This is disorder and derangement we are talking about. You know the

mainstream works; they diagnose and prescribe, we administer. Drugs are a modern marvel.'

He chose not to mutter 'I hate the bloody pills,' and Ron inhaled a self-congratulatory deep breath at the notion that he was testing Sam. A temporary silence emerged as Sam placed an arm behind his head and reclined in his chair. He dragged on a cigarette and exhaled into the office air. Ron sensed that the moment was building to a climax. *Perhaps he's planning his next move.* He didn't have Sam down as a strategist, and in this matter, he was convinced that Sam's agenda was formed on little more than dogma reinforced by anxiety for his future. He watched as the older man's eyes searched to the ceiling.

Sam eventually spoke. 'Why don't you leave that crap to the social workers?' Ron formed an image of Valda and her CND tee shirt. 'Only, why you'd want to give them a chance to justify their position, I don't know.'

'We're nursing staff; front line,' said Ron.

'Well, you won't be able to get them all out, you know.' His grin seemed to suggest a forced levity.

Ron was in the mood for combat. 'Why not?'

'Well, think about it, can you imagine letting Neil out unsupervised? He would cause chaos. He'd be back here in half a day.'

Ron looked at the bushy jawline and corpulent hands of the older nurse. The words were not without merit. *Perhaps he has a point?* Ron thought about Jan's holiday disaster, and the idea of someone like Neil aimlessly wandering the streets of Holton was a worrying one.

‘Okay, I see there are concerns about certain patients,’ said Ron. ‘People like Neil are vulnerable.’

Sam laughed. ‘Well, whatever the problem is, the idea wouldn’t work, I’m telling you.’

‘Well, we have to start somewhere.’

‘Look, Ron, I do my job as well as I know how and things like this cause unwelcome diversions. What’s this all about, anyway?’

Ron thought about the question. His thoughts temporarily deserted him and he shrugged. This hiatus proved a welcome moment, a point at which a potentially damaging encounter could be declared an impasse. Ron returned to the notes and Sam opened his newspaper. The room experienced another temporary period of quiet until Ron, having finished flicking through Tim’s file, asked a question.

‘There’s one thing I was wondering...’

Sam looked up and sighed. ‘What now?’

‘How come Tim is on Ward One? I mean, why isn’t he on a long-stay if he’s been here so long? It must show he has a greater capability?’

Sam shrugged. Or at least, Ron thought he did, the newspaper moved in an approximation of the act. ‘Got stuck, maybe? It happens. Hospital administration isn’t exactly perfect, is it?’

‘And given he’s been here so long, where is all of his history?’

‘History?’

‘Yes, these notes are incomplete. They don’t go all the way back to Tim’s admission.’

‘Oh,’ said Sam, drawing again on a cigarette. ‘That’s easy. Anything more than ten years old is archived.’

‘Why didn’t you tell me that?’

‘I shouldn’t need to. You should know.’

‘I suppose I should, you’re right. It was certainly true that there were times when Ron wondered what he had been doing all the years he had been at Springhill. He scratched his sideburns and looked at some of the notices on the walls announcing training days and initiatives, exhortations to improve the service and build what was called a ‘Unified Mental Health Service’. *I’m not even sure what that is.* Returning to the moment, he almost didn’t care to ask Sam for any more information, for the risk of further exposing his ignorance was weighing against him. He tried to make the request seem jovial.

‘So, where would I find this secret information?’

Ron was relieved that there was no eye contact, the voice appeared from behind *The Daily Mirror*. ‘Archives. Main block, amongst admin. You need permission.’

‘Who from?’

There was a flutter of paper. ‘Lordy, Ron! Get a form from admin, fill it in, leave it with one of the paper chasers and they’ll let you know when you can pick up a key for your big investigation.’ He shook his newspaper to stiffen the edges. ‘Now bugger off.’

Later that evening, Ron returned to the topic while washing his dinner plates. He needed one for the following day.

“‘What’s this all about?’” that’s what Sam said.’

‘You wouldn’t expect him to understand, would you?’ Claire was drying.

‘I suppose there’s no reason he should, because, honestly, the motivation for the idea has evolved and the project isn’t altruistic. Even I have to admit that.’

‘Why does there have to be only one reason? Lots of people can benefit from the project.’

‘I hadn’t thought of it like that.’

He was so busy trying to address other areas of his life, his project now outstretched his mum’s death bed exhortations, extending to impressing a new girlfriend. And twisting Sam’s arm. And convincing the reluctant patient of the merits of moving, for Tim was no further to accepting his proposition.

‘I’m getting somewhere, though,’ suggested Ron. ‘Sam directed me to the archives to get more information.’

‘Not sure that qualifies as progress, Ron.’

‘Clutching at straws?’

‘Hmm.’

Claire had added a different dimension. If it were not for her, he would simply continue to suffer the endless repetition of his days. It suggested a superficial echo of the conformity endured by the patients, which made him think that if he himself sought change, then why should he not offer the same opportunity to them? It seemed a reasonable stick with which to beat Sam and the others. Although he was forced to admit that he agreed with Sam in one respect; he didn’t wish to see an uncared for wave of discharged patients feeling their way into a new and unfamiliar existence.

Chapter 14

Ron had cycled to work in the sub-zero temperature. His cheeks had felt like ice cubes and his watering eyes had practically frozen over. He had cussed Jan for encouraging him to finish building the bloody thing. Now, his thigh muscles ached. He made his way to the dormitory where he knew there were massive oversized radiators on full blast. He found Tim sitting on his bed staring at his locker.

‘Hi, Tim. Everything okay?’

‘Yeah, I suppose.’

The response didn’t possess the normal cheery tone and his dejection was all too evident.

‘What’s up?’ asked Ron.

‘My Elton John record got broken. It was on my locker. I think it must have fallen off.’

Ron had often found Tim in the Blue Room playing one of his records on the ward record player. ‘I’m sorry to hear that, Tim, is it bad?’

‘Yeah. It’s got a crack in it. It’s ruined.’ He sighed. ‘Bad news eh?’

Ron considered his response. Tim had few possessions but he didn’t seem to be blaming anyone, and he wasn’t angry. He was just upset. Ron decided that this was a good time to advance the project.

‘Listen, when I finish my shift and I’m going to town. Why don’t you come with me and we can pop into the shops and see if we can get something to replace it?’

‘No, it’s okay. I’ll be alright.’

Ron wasn't going to quit so soon. He sensed the reticence, perhaps a natural result of anxiety. He persevered, telling Tim that he would be safe with him and that if he felt the need to return at any time he would bring him straight back.

'No. I'd better not.' He lit a cigarette and pushed his hair out of his eyes. 'I'm supposed to go to IT this afternoon.'

The cleaners moved their buffer machines around in the background, making swirling patterns around the lino floor.

Ron urged once more. 'It'll be fine to miss one session,' he implored.

'I suppose. I don't like Mr Williams anyway.'

'The boss of IT, the little bloke who used to work on maintenance?'

'That's him.'

'He had an accident, I seem to remember.'

'He fell off a ladder. Now he has a limp, so they put him in IT about six months ago.'

'And you don't care for him?'

'No. He isn't as nice as the last boss.'

'What do you mean?'

'Well, he has a short temper. He's always shouting at the ladies. He won't be very pleased if I'm not there to do my work.'

'Well, I can have a word with him if you like.'

Tim shook his head. 'I don't want to make a fuss, but I suppose one missed session would be okay.'

As they walked up the hill towards the busy main road, Ron looked at Tim, who appeared apprehensive. They passed Barbara, whose shoes were squelching. 'Piss?' thought Ron, or coffee?

'Hello, Barbara,' said Tim.

'Fuck off.' Tim looked at Ron. Barbara wafted past. 'Bastards.'

The men ignored the comments and reached the bus stop. The bus ride into town was a short one, and Tim appeared to be watching the traffic outside the bus.

'You don't get to go to town much, do you Tim?'

'No, not really. For years they didn't used to let me out of the grounds. I used to work in the tailor's shop, helping out. Apart from that, I had to make do with the airing courts.'

'Yes, I remember them smashing the walls down. The end of the sixties, wasn't it?'

Tim wasn't able to recall the date. 'All I know is that it was strange when I was eventually taken out because the town had changed.'

They got off the bus and headed for the High Street.

'So where do you want to go then?'

'Well, I don't really know my way around too well any more. Is Bennetts still there?'

'The cake shop? Yes, still there.'

'Would it be okay to go there, then? I like iced buns.'

The two of them walked along the High Street, chatting about the different shops that had been there throughout the years. Tim remembered the milliners that used to sell hats of all shapes and sizes.

‘People don’t really wear hats any more, do they, Ron? I remember when I was a kid every man would wear a flat cap or a trilby. But, thinking about it, they all wore suits as well, with shirt and tie. My dad always had fresh shirts in the airing cupboard. My mum had to starch the collars and everything.’ He paused. ‘Dad was a bit mean sometimes. Well, when I say mean, I suppose he was strict. It was probably the war, it was difficult, Dad was not able to fight because of his back, he worked as a fire warden in the evenings, and I know he had a valuable job, the buses still needed to run, after all.’

Ron stood and considered the revelation. He had not been ready to hear Tim talking about his parents. For all the time that he had known him, Tim had never mentioned them. From what Ron knew about Tim’s history, he had always considered it was a subject that Tim had chosen to repress.

‘Now that you mention it, my dad wore a trilby too,’ said Ron as he held the door to Bennetts.

‘Is your dad still living in Holton, Ron?’

He wondered for a moment about self-disclosure. ‘Actually, we’ve lost contact, Tim.’

‘Oh,’ said Tim. ‘Shall we sit here?’

Ron nodded. ‘I’ll get the coffees.’

He left Tim sitting at the table and went to the counter. He dismissed the indistinct memory of a man with dark hair and a pipe and paid for the drinks and food.

He gathered his thoughts as he returned to the table.

‘You know what, Tim, I’m glad we came out together. I don’t know about you but sometimes the daily routine at Springhill is a bind.’ He heard himself and what he was

saying to someone who lived his daily life in Springhill. 'I'm sorry, that was a stupid thing to say and I didn't mean it to sound rude, Tim. I...'

He stopped when he heard Tim laughing.

'What?'

'I never think too much about my life at Springhill, but I don't blame you for feeling like that. I think I might feel the same if I had to come in and do the job you do.'

'It's not the job, Tim. I like what I do. It's more about the people and the system we have to operate with.'

Tim wiped his mouth and nodded his apparent agreement. He started laughing again, and the laugh turned into a cough, a cough that grew into a splutter. Tim excused himself and went outside. Ron watched him through the window, the coughing didn't stop, he went outside to help.

'Are you okay?'

Tim couldn't respond, he held a hand up. Eventually, the coughing subsided and the two men returned into the café for a cigarette.

They sat back down. Ron had some things he hoped to discuss with Tim.

'I found out a bit more about Lark House. I'd like to take you to look around. After all, you need to know what you might be getting yourself into.'

'Okay, Ron.'

'In fact,' said Ron, thinking that he could build on his plan, 'I'll arrange a visit for you if I can.'

This time Tim hesitated 'Oh...Okay, Ron.'

The expression interpreted as, 'I'm not really that keen, and I'm trying to tell you', but Ron chose to ignore what was most obvious.

They went to *Hot Vinyl* to replace the broken record.

'I love this place,' said Ron.

Tim looked about the store and nodded.

'Great selection of records,' continued Ron. 'I never feel rushed here.'

'It's nice.'

'You take your time, Tim. I'll have a smoke and read the Melody Maker.'

Ron retreated and allowed Tim some space. He watched the patient, who looked perfectly ordinary amongst the shoppers. What exactly was wrong with Tim, Ron could not say. Although Ron abhorred the thought, there was no ready diagnosis to hang about Tim's neck. Schizophrenic, thought Ron, that's what they say about practically everyone in Springhill. Handy when you have no idea what the problem actually is.

A short while later, they left the shop with Elton John, and after returning to Springhill, they parted ways. Tim went to the day room for a smoke, Ron went to the staff office. He found Jan, who had taken over from Sam. She saw him coming.

'Good trip?'

Ron talked her through the afternoon, and about his efforts to promote his project. But her question must have been rhetorical, she simply made approving noises until she finally broke her silence and raised her head from the paperwork. 'I can see you've been hanging out with Dave too long.'

'You have to try,' said Ron.

'You know what Sam's been calling you?'

‘I dread to think, but go on,’ urged Ron.

‘Florence Nightingale.’ Jan sniggered.

‘Oh that, I heard it the other day, So very funny. And very original.’

‘He’s only having a laugh though, Ron, you know he doesn’t mean any harm.’

‘No?’

‘You could always set my niece on to him.’

‘Claire wouldn’t hurt a fly.’

‘Don’t be so sure.’

‘I’m pretty sure.’

‘Hasn’t she told you she used to do karate when she was younger? Pretty good, she was, did competitions and everything. She’s probably got all her medals in a drawer somewhere.’

‘What? My Claire?’

‘Your Claire. She hasn’t told you, then?’

‘Er, no. Actually she hasn’t.’

‘Doesn’t pay to upset my niece.’

‘I’ll remember that, then.’

‘Anyway,’ said Jan, ‘this project stuff of yours, all a bit progressive, isn’t it?’

‘It’s better than doing nothing,’ said Ron.

When he heard her next statement, it sounded prophetic. ‘Look Ron, don’t get too wound up by it all, this place will be here way after you’ve gone. We have a job to do. I don’t want to sound like Sam, because I know you and he don’t share the same views,

but we're here to keep the hospital working. We have people who can't manage anywhere else, people who are sometimes dangerous.'

'But that's exactly what I'm trying to say. Don't you think part of our job is to help people develop? To be able to do more than they can just sit on the ward until they get transferred to geriatrics?' He muffled his shame at the falsehood.

'I admire your eagerness and your devotion to the cause, I've told you that before. Just make sure your sense of mission is not getting in the way.'

He acknowledged the point, and recognised inside that he was unused to identifying the lessons that life had to offer. Making a mental note of such things as they were thrust at him had become a feature of his life since his mum was gone.

Chapter 15

When the invite was extended to him, Ron had been feeling detached from his work group, so in defiance of his regular convention, he agreed to go to *The Raj Palace*.

Although he had good cause, he remembered that his refusal to attend the pre-Christmas meal had been received with disappointment. Perhaps he ought to have, but he didn't want to admit to the personal problems at the time. In any case, his regular strategy included careful avoidance lest he be dragged into the quicksand of personal interaction.

'One of my favourites,' Sam had said, confessing once again his fondness for hot curries.

Ron arrived early, the red flock wallpaper and dark lighting lent an unlikely feel of welcome. Sam was already sitting behind a pint at the table, dragging on a cigarette.

Ron breathed the warm smell of curry aroma and his mouth watered.

'How are you, Sam?'

'Good thanks, Ron,' I'll get you a drink.' He waved towards the bar at one of the waiters and patted the chair next to him for Ron to sit.

'Always strange to see colleagues out of the work setting.' Casual attire did something to people. Sam was one of them. He was wearing a denim shirt with his cuffs rolled halfway up his chunky arms. Sam took after his father, Percy. Burly, that was the best description of Sam's physique; a touch of the John Bull. A gold chain hung around his thick neck and another was wrapped around his wrist, yet at work he was a soberly dressed individual. Ron sat down next to him.

Sam ignored the previous comment. 'Still cold out, Ron?'

‘Freezing.’ He was happy when it appeared that there was to be no apparent animosity after their recent exchanges.

‘Just you and me and all the women tonight, Ron.’ He punched him on the arm. ‘They’ll be drunk before the main course, as usual. I’ve been looking forward to getting out. This is the first one since Christmas, isn’t it?’

Ron indicated his uncertainty with a shrug.

‘No, that’s right, you don’t often come along, do you?’

The question was ignored as the rest of the group filed in and got their drinks. The women were giggling even as they arrived. Ron watched as they flustered about, shaking their hands, making noises to indicate the chill outside, taking off their coats and scarves, muttering about the warmth of the restaurant. The group was soon assembled, installed on one side on the velvet banquette, individually seated on the other.

‘A nice chance to relax away from a stressful occupation,’ said Sam, whose cheeks were flushed.

‘Letting off steam,’ offered another participant.

‘Mutual experience,’ said another

‘Informal group therapy,’ said Ron, joining the theme.

Talk turned quickly to patients. Sam led the assorted group discussion about the hospital. He was sprouting loudly, a bass voice practically shaking the cutlery. about what he remembered, how things were, how great it was. He looked at a night nurse called Anne.

‘You must remember the size of some of the wards, Anne? You worked on twenty-two didn’t you?’

She nodded. ‘Fifteen years a night sister. I’ve seen everything that place has to offer.’

Ron knew they were referring to the time Springhill when was segregated according to sex. He had heard it before. *Twenty-five wards with male and female patients being kept on different sides of the hospital.* When he began his working life at Springhill, like almost every member of staff, Ron had been issued with a pair of keys which fitted one or other of the two different types of lock used for either male or female wards. Ron recalled Ward 22 was on the male part of the hospital.

Anne continued. ‘Yes, twenty-two had forty men on it at one time.’

‘There were some characters, weren’t there though?’

‘Oh, you bet. But there was some terrible stuff really. When you think about it, it would never happen today, would it.’

‘They were tough times for nurses back then. Tough times for tough blokes.’

‘Oi!’ The women raised various objections with claims of sexism and taunts of macho bravado.

He turned to Ron. ‘You don’t remember the seclusion cells, do you Ron?’

The alcohol had affected what subtlety and discretion Sam ordinarily had. It may have been normal to Sam, but all Ron heard was hospital history being rewritten and romanticised.

‘Um, no.’ His reticence was hard to disguise.

‘Things a bit difficult lately Ron?’

Ron shrugged as he raised his pint glass to swig some beer. He began to wonder whether keeping the news of his mum private had been such a good idea.

Sam continued, 'Ron's got this idea to let all the patients loose,' He leaned forward as he sprayed the statement across the table. The reaction to the stinging intent of the phrase was not what Sam had hoped for. Most of the women became immediately reflective, suggesting to Ron that support for the project might be stronger than he had recently experienced.

'Rehab,' said Jan, 'it's coming to us all, Sam.'

Ron held out an open palm. 'You see, Sam. We could be doing better.'

Sam was not giving in. He waved his hand dismissively. 'They don't know anything about it, Ron. The patients, I'm on about. Even if they did they wouldn't care. I mean, who sits on the toilet with the door open? I bet you don't,' the words continued spewing, 'and even if you did, I bet you don't walk out of the toilet with no trousers on, and shit spreading down your leg.'

A chorus of noises indicating disgust sounded from the other end of the table. Some of the women were fanning an imaginary smell from in front of their face.

One of the ladies rose unsteadily to her feet and headed for the toilet.

Sam was not finished. 'Our job is a hard one,' he said. His voice was hardening as he pointed directly at Ron. 'And we don't need the likes of you making it any harder. You should just drop it, my boy. Come back into the fold, keep your head down, do your time, whatever works to get you through.'

Ron had no desire for confrontation, but as he looked down at the tablecloth, his temper started to rise. As such as Claire represented a distraction, he wanted to talk

about his discomfort, he wanted to express the growing realization that the project was not what he had originally conceived. His apparent acquiescence simply seemed to encourage Sam. That and the beer.

‘You have no idea, you come along with your crusading spirit trying to change the things that are established and recognised practice without thinking through the consequences.’

Anne interjected. ‘Sam, leave him alone, we’re all allowed our opinions.’

‘Yes,’ said Ron, looking at Sam, ‘and you might have to start working differently.’

Sam snorted into his glass. ‘The way we do things, it’s the way we’ve always done things and it works. You have to remember that our routines provide order and regularity...’

Before Sam could finish his sentence, Ron jumped in. ‘But for who?’

‘Lordy, Ron. I’ve been doing this job a long time. Without the rules the place would be a madhouse.’ He looked around at the group, raised his eyebrows in mock surprise and started laughing. ‘You’ll just kick up a sandstorm for nothing.’ Ron felt Sam’s large hand as it clamped down on his shoulder. ‘It’s all about control, Ron. If we go letting patients roam around unmonitored, there’ll be chaos.’ He took another chug from his beer glass and slammed it down onto the table with a satisfied clonk. ‘Anyway, you’ll put us all out of a job if you don’t watch it.’

Ron wiped his mouth. As he stood up his glass wobbled. ‘Sod this.’ The glass tipped and beer spilled over Sam’s jeans. Sam threw his arms wide, as if to ask what the matter was. Ron shook his head. ‘To hell with it, I’m off.’

Ron awoke with the sun shining through the curtains. He stretched and rolled over, his head ached, his mouth was dry. His desire to groan was alleviated when he spotted Claire's back formed into a delicate curve, overlaid with her supple skin.

'Morning.' Claire's soft voice startled Ron.

'Sorry. Did I wake you?'

'No, I was just dozing.'

She turned over. She looked sleepy, he was yet to get fully accustomed to this. Alison Berkeley flashed briefly into his head. He sensed the need to normalise the moment.

'Did you sleep well?'

'Like a baby. And you?'

'Yeah.' Ron could feel a mild flush as he chatted to a naked Claire. Another redirection would work. 'Had some strange dreams, though.'

'Like?'

'Well, I had the one about running down the corridor,' said Ron, 'Remember?'

'The one where you are running but almost standing still?'

'That's the one. Only the difference was that this time my shirt was hanging out loose and I was only wearing pants. Any ideas?'

Claire laughed some more. Ron continued his disclosure.

'And I dreamt that I was stuck in a small hotel lift with loads of people in it. First I had been in it okay and it worked when I pressed the buttons, but it stopped at the wrong floor, like a floor that nobody knew about. Then I got back in and there were all these people and the lift got stuck. It was really hot and claustrophobic.'

‘You’re right, strange dreams. But isn’t it funny that you had that one about Springhill again?’

‘Yes, a recurring dream, never had those before.’

‘I once had a boyfriend who had this recurring dream about having committed a murder and having buried the body under his floorboards. He used to tell me about it. I didn’t know him long enough to find out if he really was a murderer.’

‘They say that recurring dreams mean something, perhaps I’ll go and see Dave about it.’ Ron pondered the idea and nodded to himself.

‘Anyway it’s probably the alcohol.’

Ron paused, then remembered his outburst. ‘Oh, bugger.’

‘What?’

‘Just remembered the staff meal. Now I know why I never go, they almost always end in controversy.’

‘Well, you were ranting a little when you got round here,’ she said.

He put his head in his hands and tutted.

‘Oh well,’ said Claire, she drew her knees up and covered herself with the bedsheet.

‘Sam probably had it coming, sounds like he was goading.’

‘I seem to be stirring things a bit.’

‘Well, it’s that project stuff, he won’t like it. You told me yourself that he likes the regularity of the job, the regulations, the routines. That’s part of mental hospital life. I’ll admit that I didn’t really ever think about it until I started seeing you. The way you describe the problems has made me look at my job with Sister Bridget in a different way as well.’

‘Sorry about that.’

‘And I was perfectly happy before you came along.’

‘Perhaps I should let it drop.’

‘You could. Or you could toughen up and face the challenge, realise that you are trying to do something new, and that people don’t like change, you said so yourself.’

Ron agreed with her analysis. Claire prodded him with her foot.

‘Now get downstairs and make me some breakfast.’

He performed a minor jig as he marched down the carpeted staircase.

Later that day, he heard the door slam. ‘Hello?’

‘Me.’ The grizzled note in Claire’s voice made Ron jump from the sofa. He shouted back through to the hall. ‘You’re early.’

‘Fucking idiot. So fucking arrogant!’

‘Who? What? What happened?’

Claire appeared into the lounge and almost bashed into Ron.

‘I’m so...so...’

‘Angry?’

‘What gave it away? The red face? The loud footsteps?’

‘Actually it was the front door almost breaking off the hinges.’

‘You won’t believe what a day I’ve had.’ Claire hurled her scooter helmet onto the sofa, took off her gloves and unwrapped her scarf. Ron could smell fresh air about her, but resisted commenting.

He took her chin in his hand, it was like the inside of a fridge. ‘You’re trembling with the cold.’

‘No, I’m trembling with rage.’

Ron was distracted by a blonde braid that circled the crown of Claire’s head. Her cheeks were reddened. He gestured her to the sofa. ‘Sit, I’ll stick the kettle on. Tell me what happened.’

‘Well, there was stand in doctor at the clinic today.’

‘And?’

‘And, when I was in the treatment room, he said something horrible.’

‘You don’t normally work in the treatment room. You’re normally in recovery.’

‘I know that, stupid. Let me tell you what he said.’

‘Okay. So what did he say?’

‘He said, “Everyone ready? Let’s plug her in”.’

‘No?’

‘Yes.’

‘What happened?’

‘I said: “Excuse me, but she’s not a vacuum cleaner”.’

‘That’s brilliant. Well done.’

‘Sadly, it’s not the first time I’ve heard electricity related so-called jokes. When I was a student I heard a consultant say: “Shall we wire him up”, and another time it was “Shall we shock start him”. Awful.’

‘They don’t learn, some of these fools. They forget there’s a person inside.’

‘I can stick most of their usual rubbish. I can even ignore their normal idiotic comments when they’re treating the unconscious patient, but this went too far.’

‘They *can* be a bit thick sometimes.’

‘That’s an understatement. Anyway, he said I was to shut my mouth, that it wasn’t my place to speak up, that I shouldn’t challenge him as a doctor and I should let him get on with his job. I said: “Well it happens to be my job to understand and care about people and their suffering, and if showing disrespect is what it means to be a doctor, then I’m glad I’m a nurse”.’

Ron started clapping.

‘The thing is, Bridget did her best to sort things. She was brilliant. She stepped in front of him and said to him “I think you had better leave her alone”, her voice was so clear and steady and it didn’t leave any room for doubt. She told me she’s going to report him.’

After a brief silence, Ron spoke. ‘Surprised you didn’t kung fu him.’

Claire’s swan-like neck swiveled. Her eyes narrowed. ‘Kung fu?’

‘Auntie Jan told me.’

‘Well I’m sure she didn’t tell you that. Kung fu is for morons, Ron. I did karate.’

‘Same thing.’

Claire launched herself at him, and within three seconds Ron was on the floor apologizing. Claire was laughing.

Chapter 16

On the way out of the ward to the pharmacy, Ron saw Sid in the day room fiddling with his fingers. He stopped to ask him about the next music group, but the conversation mutated into an unexpected disclosure.

‘I was a machine fitter in a car plant in Oxford.’

Ron wasn’t used to hearing Sid talk about his troubles. When he saw him in the music group he watched his sad eyes and his bowed head. He knew he was chronically depressed, but Sid didn’t often speak more than a few words.

‘I lost the top of my little finger in the machines.’

‘How long have you been in Springhill?’

‘Years,’ said Sid. ‘Everyone around me was confident and I was shy. I tried drugs. All types of drugs. Even LSD. I thought it might help but it didn’t. Things became weird after that. Then I ended up here.’

‘Ron wondered whether there was another potential candidate for his project. ‘Do you think you might have a future outside Springhill?’

‘I have no family. I have no life. I’m just waiting for death.’

Ron had heard the expression plenty of times before, usually muttered in passing in response to a greeting. ‘How are you, Sid?’ ‘I’m just waiting for death.’ Now though, it stopped his line of reasoning. Which, he realized, is probably what was intended.

‘Can I help?’

‘Nope.’ Sid was rummaging with some cigarette papers. ‘My life is pointless. Has been for a long time. And all the anti-depressants in the world are not gonna help.’

‘I’m sorry to hear that, Sid. I’d like to say I understand, but I can’t measure up with how you feel. We can talk again if you like.’

‘No. I’ll just wait for death.’

Sid lit a roll-up, and Ron retreated to leave him some space.

Ron left and made his way to the hospital pharmacy. The conversation with Sid reminded him of the suffering that surrounded him daily. It helped put his own troubles in some perspective. He understood his good fortune to have connected with Claire. He thought about her a lot now. More than he was thinking about his mum, he realized.

He could have sent a student to pick up the pills, but Sam was hanging about in the office looking like he would never leave. Also, the atmosphere between them ached. It was a well-known fact that working in a place like Springhill made you oblivious, but many of the staff considered themselves immune to the effect. That is, those staff who worried about such matters. Sam would not, thought Ron, belong in the latter group.

‘Thanks.’ Ron smiled at the pharmacist and picked up the medicines box. As he headed back to Ward 1, he saw the limping Williams and wondered how anyone could work in such a soul-destroying place as the IT department. He remembered going there once or twice as a student, and he didn’t suppose it was all that different now.

He came to Sam’s battered car, parked in its usual spot. The windscreen had a crack. He thought about Sam’s objection to the project. As a stumbling block, he was formidable. Ron wished he were not in the hands of others, pleading with the likes of Sam. When he had said, ‘Don’t you understand what I’m trying to do?’, Sam had responded with his own question, ‘But who for?’ Ron had said that he thought the

answer was obvious. But even he had to admit to himself that there were occasions when he wondered why he was bothering.

At least the sun was now out, as dim as it was. He heard a scream from a nearby window.

Arriving back in the office to see Sam still rooted to his chair, it was all Ron could do to suppress a groan. In what was an echo of an earlier conversation, Ron prompted the older man.

‘Hadn’t you better get going, Sam?’

Sam was hunched over the desk and appeared to be fiddling with an object while imparting dubious historical rhetoric about the hospital to a young student nurse. He didn't look up, though. Instead, he waved a hand in Ron’s direction.

Rather than get into another exchange that he would not win, Ron went into the day room. Wendy was cowered in a corner looking like Ron felt. During handover, Ron heard about how she had spent most of the morning trying to avoid the student nurse in a bathroom battle. Wendy was resolute, despite the pleadings of the student, who was only trying to do her job. The student looked deflated as she tried to explain her failure. ‘Thanks for the honesty,’ he had said. He had acknowledged her assessment, but encouraged her to think instead of the positive aspects of the situation. ‘What Wendy is experiencing is the expression of positive choice.’ He wasn’t certain about his sentiments, but he knew the feeling of despondency the student was describing well enough, and at least his exhortations might have an uplifting effect.

Curled around herself, the thin-framed Wendy made no sound. Ron sat next to her; there was barely a flicker of movement, he wasn’t sure if she had even registered his

arrival. He knew there was little chance of conversation. And he hoped that his presence alone might offer mutual succour. The retreat into a private world was something with which Ron seemed to empathize.

Having evidently finished with the student nurse, Sam strolled out of the office. He slung his satchel over his corduroy jacket and made his way for the exit. Ron felt the removal of a weight. He went back to the office, tidy apart from what appeared to be glue on the desk. Ron sensed an atmosphere of calm fall like the recent snow.

As it materialized, the afternoon on the ward was to be a busy one. When Ron first saw the two policemen, he figured that Martin had reported him as he was always threatening to do. Then he saw a young man being followed by a third policeman. The young man's scruffy hair curled around his face and onto his collar. His bearded chin was contorted. One of the policemen shoved him forwards into the room.

'Stop pushing me, man. Where do you get off brutalising people?'

The third policeman urged him to remain calm.

'Calm? When you're putting me in a loony bin. You've got it coming, man.'

His aggression involved threats to the police, and then the medical staff. He kicked the waste bin in the day room and refused to go into the office for the normal processing. He stood in the middle of the room, revolving, like a tourist taking in the sights. He had no shoes on and his dirty feet stuck out from under his flared jeans.

'What the hell, man...'

Ron offered a chair. The young man shook his head.

'What the hell am I here for?'

Ron wasn't exactly sure how to answer. 'Well, I had a phone call warning me of an arrival. Pretty standard in these parts. I was told the police found a man wandering the streets of Holton, apparently unaware.'

'Bloody pigs.'

'Yes, but there was a suggestion that you tried to stop the traffic on the main road. Did you try to stop the traffic on the main road?'

The man blew out his cheeks. 'I was trying to get a lift to Cornwall to see a girl. Stopping traffic is what hitchhikers do.'

'Hitchhiking? Why didn't you tell them that?'

Just then, the police came forward and muttered about a suspicion of drugs, which suggested more than a simple outstretched thumb. They thrust some paperwork into Ron's hand before retreating. As they did, he thought he heard one of them snigger.

'That's right,' yelled the new admission. 'Fuck off you bastards.'

Ron heard echoes of Martin's exchanges, but this was different. He asked the student nurse to keep an eye on the man as he went to fetch the admission paperwork. He assumed the ensuing moments would be okay.

When he heard the commotion from the office he knew he was wrong. He ran back into the day room to see the man launching another metal bin full of butt ends at the window. The student nurse stood rooted and put her hands up to her cheeks, her bitten fingernails set just below her eyes, making it look like she was screaming without sound. The man overturned a table, coffee cups slid off and smashed on the floor. Mike paused from strumming his guitar. Edward looked up from reading his book. Most patients just carried on smoking.

‘Fuck!’

The man was panting. He seemed to have expended what energy he had. Ron returned and offered a cigarette. The young man followed him to the office. Ron opened a case file and read what few notes had arrived with the man, who was grumbling between each puff of smoke.

‘Fuck!’ The new man thumped the desk. ‘Fuck. Fuck. Fuck.’

Ron moved his chair back in a subconscious effort to give him some space. The student jumped in her seat next to Ron. He turned and saw an oval shaped face set in concrete. He nodded almost imperceptibly at her. ‘Don’t fret.’ He knew what Sam would have done: strong-arm the young man into a side room and lock the door. *The Percy Brittan School of Psychiatry*. Worse still, assume he was ill, administer an injection to calm him down and then chuck him into the side room to cool off. There was always the option of calling in the heavies, one phone call and a team of overweight men resembling nightclub bouncers would appear. Ultimately they might forcibly remove the offending patient to the secure ward.

‘Look,’ said Ron, turning to the man, who was now breathing heavily and staring at the floor. ‘I don’t want this to become any worse. In fact, I don’t want it to get any worse for *you*.’ His voice lowered as he met the man’s gaze. ‘Would you like to tell me what happened?’

‘Those bastards.’

Ron waited. He watched the jaw muscles flex. He sat back, not wanting to rush things. ‘I have plenty of time,’ he said.

The man picked at the edge of the desk. Ron scrutinized him for signs of hallucinations, a dart of the head to the left or right, a whispering into the air. Perhaps even fiddling with his ear, or scratching his scalp. He had seen this many times. There was nothing obvious. Even to his deep understanding. He waited and did nothing, allowing the silence to act as a balm.

He looked at the clock. Several minutes had elapsed. Ron turned to the student nurse, who was biting her lip. 'Take yourself and get a brew, we'll be fine.' She nodded and melted out of the room. He called after her: 'And perhaps fetch one back for us when you've checked on the ward.' He felt that would allow her an excuse not to rush back.

They two of them sat for a moment. Ron recalled the expression his mum often used: 'Let a little laugh, let a little cry.' He often thought of that when he needed to remind himself of the need to allow people to express emotion. He heard the distant sound of a fire engine. It contrasted with the breathing rhythm of the man's breathing.

'Perhaps we should start again. He held out his hand. 'I'm Ron.'

The man sighed. 'Nathan.'

'Okay, Nathan. Smoke?'

Nathan took a cigarette from the packet Ron pushed his across the desk and reached into the breast pocket of his denim jacket. He sparked the lighter and lit the cigarette. Ron watched as Nathan sat back and exhaled deeply.

The student reappeared with two mugs of tea. 'Okay to come in?'

Ron ushered her into the room.

‘We’re okay here?’ He was looking at Nathan, who gave the merest acknowledgement. It was enough, though.

Ron started making some notes on an unused order form. Nathan watched him. Then he looked at the ashtray as he tapped his cigarette on the side.

‘Writing about me, I suppose.’

‘Actually,’ said Ron. ‘I’m not. I’m making a shopping list.’

Nathan cackled. Ron felt it was as if he had just sneezed as the tension released.

‘Look,’ said Ron. Nathan’s laughter was still subsiding. ‘I understand your frustration. Nobody likes to be manhandled. Unfortunately, I’ve seen a lot of that over the years. It’s never been my style, though. Makes me uncomfortable. You know what I mean?’ Ron tilted his head and raised his eyebrows. Nathan seemed to appreciate the gesture of solidarity.

Nathan snorted. ‘Fuck.’ He looked at Ron. ‘I’m sorry about the rumpus, man,’ he said, ‘it’s not like me, either.’

‘Now we know a little more about each other, then.’

Ron thought about Mr Brownly, his old tutor. He had a fondness for the nursing theory of Peplau. When Ron was training, they would have a set period of two weeks in the Nursing School at the end of every ward placement. Ron was always attentive when Mr Brownly spoke because he almost always made sense. always telling them about what he called ‘people skills’. He would urge them to think about ‘human needs’, and the steps in the ‘experiential process’. He also explained the many potentially different roles of the nurse.

Nathan broke Ron’s concentration. ‘No idea why the bobbies brought me here.’

‘No. Well, people can make judgements,’ said Ron. ‘Especially if they think someone is mad.’

‘I’m not mad.’

‘Yes, I can see that. Angry, not mad. Although you’ll forgive me, but lots of people who come here tell us they aren’t mad.’

The rasping laugh returned.

‘And we have to figure out which ones to believe.’

‘Mind if I walk about? Stretch my legs? Is it safe?’

‘No and yes. I’m pretty sure you can make it to that bench there without incident.’ He pointed out of the window to the seat under a sycamore tree. ‘Take another fag. I’ll be here when you come back.’

Nathan took the cigarette. He stood up, turned and walked off. Then he started to whistle.

Ron turned to the student. ‘The story on the paperwork suggested a struggle, but I think this is more likely to be the result of a misunderstanding.’ She nodded. ‘You okay?’ She allowed herself a tentative smile.

‘That was amazing. You were incredibly calm,’ she said, picking at her nails.

‘I have Mr Brownly to thank for that,’ he said, simultaneously looking outside to see Nathan engaged in conversation with Neil. Goodness only knows what Neil was telling the poor man. ‘Mr Brownly was one of my nurse tutors. Liked Peplau, he did. He used to have a funny word...what was it? *Interunderstanding*.’

‘Sounds like German.’

‘I know, not the best, but it was his way of telling us we interact to understand. Quite clever really, because it was such a silly word it stuck. They still teach you about Peplau?’

The student uttered a musical note of confirmation. ‘And Annie Altshul. And they talk a lot about “mirroring” and non-verbal communication as well.’

‘All also important,’ said Ron. ‘But you can do worse than read Peplau’s work.’

Nathan arrived back and sat back down. ‘Lovely out there. Some kind of rumpus going on further up the hill, though. Big place isn’t it.’

‘Certainly is.’ He was tempted to tell him some of the history that had been force-fed by Sam, but didn’t.

Martin wandered into the office, ignoring the new arrival. His expression suggested serious events.

‘My guts have exploded.’

Ron looked up. Martin didn’t look in pain, and there was a faint grin forming at the corners of his mouth. The expression on the face of the new patient was curiosity.

‘Martin, I don’t see any holes. Or blood. Where have your guts gone, exactly?’

It was only after he had uttered the words that Ron realised Martin might have meant something else entirely, something involving the toilet. His suspicions were confirmed when Martin said he didn’t need any supper. ‘But I can still have a smoke,’ he added.

Ron reached into his cigarette packet on the desk and handed one to the student nurse. ‘Can you sit with Martin in the day room?’

Martin chuckled and turned on his heels, disappearing into the day room. Nathan shook his head and grinned. His curls bounced off his collar.

‘This is some weird place, man.’ Ron chuckled. ‘Full of weird people, too.’

‘Well,’ said Ron, ‘that depends on your point of view.’

The man scratched the side of his face. ‘Yeah, man. Perhaps I fit in, after all.’

The internal phone rang. Ron reached over, picked up the receiver and answered.

‘Do you need to get the team in?’ It was the Nursing Officer. Did Ron need the addition of forty-odd stone of psychiatric enforcement? He didn’t, he rarely did. In fact, he couldn’t recall the last time he had.

‘No,’ said Ron, ‘he’ll be okay.’ He explained the misunderstanding.

Ron spent the next hour connecting with the pseudo patient, a man about whom assumptions had been made. Having calmed from his earlier frenzy, the man hinted at the involvement of certain illicit drug taking prior to him being deposited in the hospital. Ron eventually sent him away with a couple of cigarettes to sit in the day room.

‘I’ll make the necessary calls to resolve the situation, there’s no need to detain you further.’ He would call Justin Cooper, who could liaise with the consultant, the Nursing Office, the police, and the matter would be disentangled.

‘Sorry about all of this,’ said Ron, looking up from his notes.

Nathan raised his eyebrows seeking clarification.

‘Misunderstandings happen in life. We’ll get you back out of here as soon as we can sort out your details.’

‘Right on,’ said Nathan. ‘I just might stay, though. Now I’m here.’

Ron felt a wave of panic.

‘I’m kidding, man. But you guys don’t seem all that bad.’

Ron let out a sigh as if he had been holding his breath.

House Officer Dr Cooper arrived.

‘I have the personal information we need,’ said Ron.

Cooper agreed with Ron’s assessment. In Ron’s experience, these temporary medics were happy to be guided by the nursing staff. ‘You know more about this stuff than me,’ Cooper confirmed. ‘I admire the intuitive nature you guys seem to possess.’ Ron wanted to tell him that apparent intuition was about sensitivity developed through hours of listening and empathizing. He didn’t disabuse Cooper, though. It was strange to receive a compliment. He had grown fonder of the man recently, he seemed to be nodding more frequently whenever Ron mentioned his efforts at rehabilitation for Tim. Now that was progress.

A hospital driver arrived. Ron gave the man an address and instructions. Then he turned to Nathan. ‘The transport will take you home,’ said Ron, after which he handed out some advice about the perils of drugs. ‘And next time you want to see a friend down in the west, try and get a train ticket.’ Nathan nodded but Ron wasn’t sure how much of the information was recorded.

Nathan shook Ron’s hand again. ‘Thanks. It’s been interesting.’

Ron watched as Nathan sauntered off. He took a tin of tobacco from his jacket pocket and started whistling again.

Ron turned to some paperwork.

Things had just about calmed when Ron was faced with another Springhill moment. Only this one was different. The first thing he knew about the incident was when the police came back to the ward. This time, though, they didn’t have a patient. Ron figured

the mistake with the earlier admission could have been resolved with some hospital paperwork and a couple of phone calls to the police. It certainly didn't need them to come back to the hospital.

Two stern-faced individuals were accompanied by one of the Nursing Officers. They asked Ron to go with them to the office.

'This is about the young man brought in earlier, I assume,' said Ron.

The Nursing Officer shook his head.

'Well, I've cleared it with Dr Cooper, he confirmed there was no need for the man to be here.'

There was a short pause, then the Nursing Officer spoke. 'It's not about the young man.'

Ron felt an icy stream run through his upper arms as one of the policemen withdrew a notepad.

Nobody realised that she had gone, that solitary figure in the corner. Noise was never her favourite thing. 'Didn't stand a chance once she stepped off the kerb,' the policeman was saying. 'It would probably have been unfamiliar territory for her, the main road beside the hospital.'

Ron had heard the sirens in the distance and remembered what Nathan had said, but in the clamour of the afternoon he thought little of it. Now, the police were in the office asking questions about her 'last whereabouts' and 'state of mind'. He heard words like 'paperwork, official matters, an enquiry.'

‘Wendy? I can’t actually pinpoint a time when I last saw her.’ He said that she was always *there*. If it had been on hospital grounds, they said, well, that was another matter. But this was outside, and brought a different set of issues.

Ron felt as if a wave of hot tar had been tipped down his throat and now it was setting in his abdomen. The thought of a patient dying was not unusual; he had seen plenty end their days in the hospital. One thing he could never understand was the lack of emotion, on such occasions the atmosphere was always filled with apathy. He often considered whether it was due to uncaring dispassion, or depersonalisation. Perhaps it was a defence mechanism?

These men in front of him were right, though, this was different. His stomach was now heavy, and anchored him in the office chair. He looked at the men and looked away, preferring to stare at the floor. A cigarette butt was ground into the floorboard, a stray paperclip rested at the edge of the skirting.

‘Don’t feel guilty, we know the afternoon has been a distraction.’ There was that pause again from the Nursing Officer. ‘We will need to have the facts, though.’

Why he had chosen to use the word ‘guilty’, Ron couldn’t be sure, but he did his best to get the required information.

The Nursing Officer asked questions about the staffing situation and what people had been doing. Ron had asked the student to check on the ward, but he wasn’t about to admit that. *No reason for her to be in trouble.*

‘We had one of those days. Wendy wouldn’t normally go off the ward like that’

‘Listen, Nurse Collins. Ron. This is difficult for any nurse. It’s getting late now, so take a few days off after the shift.’

With that, the Nursing Officer departed from the ward, leaving Ron numb. The detachment caused by the job he had once been warned about was not so easy to achieve, he invested in people. He didn't know what to do. He rose from the chair and decided to have a quiet moment.

The reflection was brief. A face appeared in the Blue Room.

'Where's Wendy?'

Ron was as sensitive as possible when he informed the patient. 'I'm afraid Wendy won't be back, she had an accident. She died.'

'Oh.' There was a moment's silence. Ron figured it was a respectful reflection. He was wrong. 'Can I have her ciggies then?'

Ron didn't answer, he walked back to the office and steadied himself on the medicine trolley. A spasm of grief welled inside him. He should have been full of optimism about the future, his future with Claire, and the future of the project. He ought to have been off to find Wendy's nightclothes. Instead he felt like crying.

Chapter 17

Try as he may, the following day Ron could not shake thoughts of the lost patient. He kept seeing images of his mum. *So much for recent progress.* Things were not improved when he received a phone call from the Nursing Office. The matter was a serious one, they said. The potential charge one of lack of care and failure to manage the ward. Just as Ron was digesting this information, the voice spoke again. ‘And there appears to be a discrepancy with medication we are also looking into. Consider yourself on suspension until the matter has been fully investigated’.

‘Fully investigated? I was told to take some time off.’

‘Well, this is different, Nurse Collins.’

There it was again, that formal tone.

‘What’s the issue with medication?’

‘We will be in touch shortly.’

‘There’s been a mistake,’ said Ron.

‘Yes, that’s what we think.’

Ron didn’t quite hear the Nursing Office ring off, as he was busy asking himself how the situation had gone from one place to another so rapidly. He stared at the telephone, feeling like a discarded tea towel.

This isn’t about Wendy leaving the ward. Everyone knows Ward 1 operates an open-door policy. He had wanted to say ‘I he might have spotted her leaving if I was lucky, that way I could have sent a student out to comfort her.’ But Wendy rarely left the ward anyway, and in all the confusion it would have been easy to miss her departure.

This isn't about her. And what's that rubbish about an issue with medication? When he had tried to suggest that there had been a mistake, the way they agreed made him realise it was not in the way that he had meant. The matter was clearly not one the person on the telephone wished to discuss further.

Hypocrites. He recalled the story Jan said about the recent past when some of the senior nurses used to put the drugs into the giant teapots on the wards. 'Chlorpromazine for all', it was like a Communist slogan. *What was the expression?* 'A quiet ward is a happy ward.'

And that was how he found himself sitting at home, tapping his foot and digging his fingernails into his palms.

There was a motivating force or forces at work. Was it Metcalfe? Or perhaps even Sam? Or both? Both men could have perceived the threat to their position.

Sam. He's made no secret of his opposition to the project. Ron could not recall a time when Sam even paid lip service to the idea. He must have felt that he had little choice, needing to escalate his action from all the sniping insults, which were proving ineffectual. Of course there was also the reputation of a hospital uneasy with its own existential infamy. It was well known that hospital scandals were hard to manage at the best of times. But in a mental hospital the matter is of a more virulent strain.

It all makes sense, a perfect cover to deal with my interference.

Ron loped from room to room like an animal at the zoo. Whatever progression he had made since meeting Claire now seemed to vanish. He boiled the kettle and then let it go cold, he made a cup of tea and left it on the side with the teabag still in the cup.

If only he could speak to Claire, things might not have seemed so bad. But she was busy, doing her ECT thing with Bridget, and so the day dragged by. He sat in his lounge in the gloom talking to his feet like one of his patients. The only other person who might have been able to console him was no longer available. His mum had left him too soon that was sure. Prematurely alone in an oversized house.

‘There are always stumbles and setbacks’, that’s what Claire would probably say. This was the latest in a succession of them he had been forced to endure through the past months.

It was not until late afternoon that the implications started to dawn on him and that he could lose his job. A wave of cold passed from his feet to his groin when he considered that worse might befall him. He recalled the recent scandals associated with certain mental hospitals. But those problems were about damp wards, mistreatment and embezzlement. The accusation about him was that he had mishandled medicine. He felt as if he had somehow let his mum down.

Chapter 18

He had managed to catch Claire on the phone when she got back from work.

‘I heard about what happened, Ron. Are you alright?’

‘Not really.’

She offered to come round, but when he looked at his watch, he thought it was probably too late. ‘No, I’ll be okay. Let’s catch up tomorrow.’

‘Sure you’ll be okay?’

Ron nodded, even though she couldn’t see him.

After she rang off, he breathed out through gritted teeth at his apparent martyrdom. So on the first night of his enforced absence, Ron lay awake in his childhood bedroom. He stared at his alarm clock and saw every hour pass by. He even heard the dawn creep up on him. The birds started to sing; he heard a clank of glass bottles and a lively whistle. There followed the buzz of the electric milk float as it made its way along the street. For the umpteenth time he mentally examined his predicament

When he thought about his career, he first imagined a china cup, but the image reminded him of Wendy. Wendy’s death was sad, but had a greater significance. At first he couldn’t or wouldn’t admit why the event had affected him so much. In truth, her death reinforced the transience of existence. The thought led him back to his mum. He sensed the darkness returning.

He decided to get up. Hauling himself out of the warmth, he stumbled along to the bathroom. He was thinking about what the day would bring. The window was covered in ice. As he splashed his face, he realised that, without work, the day was shapeless.

Now I know how the patients feel. The hours stretched ahead like a blank page. He toyed

with the notion that even the Box Shop would be preferable to nothing at all. He dismissed the thought.

He stared into the mirror on his wardrobe. “‘The New Pinel’”, what a joke! What a folly.’ He studied his reflection. ‘Just how were you expecting to win?’

First there was a surge of weariness, then the low mood. *A good job I’m not at work, because they would be force-feeding me pills for depression.* It was possible they would even section him and compel him to attend for ECT. Inflicting neurological damage was what they were good at. He had exposed his interior world to judgement and scrutiny, to the scrutiny of people who could determine his future.

He made his way downstairs, across the tiled hallway floor and into his kitchen. He looked at the flowery wallpaper. There was a picture of his mum on the side. Her favourite brass duck was sitting on the windowsill. He picked up the picture frame.

‘What would you think, Mum? You always said I would do well. Look at the bloody mess I’m in.’

He sensed the wave of loss and although he tried hard to forget the moment, he couldn’t shake the sense of shame. *Is this how they repay years of diligent service?* He felt his mood shift from bewilderment to anger.

‘Bastards.’ The word spilled out. He kicked the coffee table and hurt his toe, causing him to curse again. He then cursed himself for his failure. Then he cursed again at the thought of being too hard on himself. The recent script dictated that the next action should be to turn over the table. He resisted the urge. Instead, he started to wish that things were back to how they were before, before he acquired his critical approach to his job, when he came to work and handed out pills and engaged in friendly exchanges with

patients. *Before the project things were simple.* But things weren't simple any more. He now knew the effects of Springhill on patients and staff. He understood now that his virtue didn't save him from his job, any more than it protected him from his grief, and his loss didn't confer any special privileges.

The kettle whistled in the background, and as he went to make his coffee, he looked again at the picture of his mum. A clawing came from within. He poured the water, took his mug to the lounge and sank into his armchair. As he blew on the coffee, he recalled the way she coped. She cleaned the house, she cooked the tea, disguised the pain. She didn't complain. Not being there was inexcusable, but he had his reasons. At least, that's what he told himself.

His world became a jumble with his comfortable regularity removed. The situation transported him back to another time. Back then, as it was now, his life changed. It reminded him that the ordinary rules of existence are brittle. A moment is all that it takes to break connections, to disrupt the natural flow.

I need to get out. It was either that or succumb to the enveloping blackness. He threw on a coat and as he left the house, he peered back at that loose tile above the doorway. He trudged to the newsagent, almost not noticing the camera shop, the library, the local church.

The tinkle of the bell rang in his ears as he walked in.

'Morning.'

'Hello,' said Ron, knowing that the two men had no idea what each other's names were. He proffered the newspaper. 'Only this, please.'

The man took his money and smiled. A small noise of approval sounded from below his Adam's apple.

Ron left the shop, holding the paper open in front of him as he walked. There was a story about strike action in a factory in Middlesbrough, a sex scandal in Westminster and a plane crash in the Soviet Union. Along with the other rubbish, it couldn't prevent his mind drifting to work. He wondered how much this was representative of his work at Springhill in general.

Have I become detached and clinical like Sister Bridget? Surely not. Still part of that system, though.

Like a circling shark, that system had taken a bite. As a precaution, he flicked to the 'Jobs' section to scan for suitable careers.

'People become contaminated by experience,' he could hear Dave's voice. 'They get made into something they are not.' Ron thought of Sam, doing a job he drifted into via paternal patronage. Not nepotism, exactly, but something close. Ron knew that Sam was disparaging about patients, and about other staff. But the irony was that Sam would not be in the job if it were not for human suffering.

He might have passed the whole day ruminating, but the phone was ringing in the hallway as he opened his front door. He put down the paper and paused, not really wanting to have another interchange. Various people had telephoned to offer their support. They said it was unfair, wrong, or unjust. And every other word that signified that they thought the action was too harsh.

The ringing stopped. Then it rang again. Ron couldn't resist, so prepared himself to listen to what he predicted would be another message of sympathy.

This was the last person he wanted to hear. Sam's voice bellowed down the line. His abrupt advice focused not on the suspension, but the incident. 'Don't get all Florence on us, Ron. It's not like she was a friend of yours. She was a patient.'

'But I was fond of Wendy.'

'I know you're understanding and compassionate. Whether you could have done anything is debatable.'

Ron might have agreed with Sam but mumbled words into the phone something about letting her down.

'It's a tough world, Ron, bad things happen. Things don't always go smoothly; tragedy is part of the game.' He could sense Sam pulling at his collar. 'Perhaps she's better off out of it.'

If he could have seen Sam down the phone line, Ron might have nodded, understanding the inference. In spite of the blunt delivery.

'You know that suspension could lead to dismissal?'

The words lodged in a crevice in his brain. 'I know; I've thought about that.'

'I'm Charge Nurse, I can lead them through this.' Sam made it sound like an offer of help.

As tempted as he was to say, *I'll bet you will*, he asked Sam why he wanted to intervene.

'You're part of the family,' he said. 'Nurses get kicked about, you know that now. We suck up to the doctors because that's what we do.'

'It's what they expect,' said Ron, warming to the theme.

'Something like that, yeah. Anyway, sometimes we have to stick together.'

Ron thanked Sam for calling, he replaced the handset and puffed. 'That was odd.'

Things now felt more than the mixture of the death and the suspension. He remembered back to nursing school when he was training. He recalled a lecture about getting too close to the patients. It was a vague recollection, but he was sure they gave advice about 'professional distance'. 'Don't let emotion lead the relationship,' Mr Brownly had said. He remembered that there were also words about death being an inevitable part of hospital life. They would see people come and go, and that this might sometimes be difficult. Ron wasn't convinced that this was the same sentiment that Sam had been referring to. And he knew that Sam didn't understand the connection of Wendy's death and his personal loss. *But why the support?*

He picked up his metal jug and filled it with water, which he poured into the plant pot by the window. The geraniums would feel better now.

After lunch, he needed a sense of perspective. He had to be practical. He blew the dust of his stylus, put on a Pink Floyd record and decided that it was time for him to do some proper tidying. There were clothes everywhere. There were dirty plates in the sink, stray coffee mugs and full ashtrays all about the place. His mum would not have approved. It reminded him that sooner or later he ought to deal with his mum's clothes.

Tidiness at home hadn't mattered until he met Claire. Not since Matt anyway. And even then, they weren't the most orderly housemates. But they were close. The lack of siblings meant that there was no one with whom he could share the confusion of childhood. He always thought Matt would have made a good brother. He was probably the closest Ron got to the experience.

The two of them trained at Springhill, and Matt had lodged in a flat with Ron for several years. He used to sing Rolling Stones tunes in the bathroom. Ron wondered if he still did. Ron couldn't recall the last time he had thought of Matt. They had been good friends; nights out with beers and fun. He remembered the Christmas of 1970 and that party on the party held in the hospital ballroom by some nurses on another ward. After a belly full of beer and some dubious dancing, they left the party with a couple of the nurses 'to get a bit of fresh air'. Matt found some wheelchairs and swiftly had a plan.

'Come on girls,' he said, 'get in, we're having a race!'

Ron wasn't slow in joining the entertainment.

'Right. Twice around the IT block, last one back buys the next drinks.'

Ron sniggered like the drunk he was. They set off at a pace, the shrieking mixed with squeals from the tyres. Round the first corner, Matt was marginally in the lead. The back straight saw Ron increase his effort, legs pumping like manic typewriter as he strove to make some ground and draw level with Matt's carriage. The girls' laughter was becoming more hysterical as the race went on. They were neck and neck at the start of the second lap. Matt and Ron were now side by side and barging the wheelchairs together like a scene from *Ben Hur*. Both men started to tire, panting heavily as their strides weakened. Two corners from the end, Ron was edging into the lead. Matt wasn't going to have that, so he reached across and put on the brake of Ron's chair. Unfortunately, this catapulted the occupant from her seat. Ron recalls watching the flight in slow motion. The poor girl landed on her side with a jarring thud.

Ron watched on. 'Oops.'

'Shit!' Matt was panting.

To Ron's surprise, the nurse continued to laugh after hitting the floor, despite a concrete burn rash to her forearm and a grazed knee.

'Come on,' said Matt, 'I know one of the night nurses on Ward 16. She'll get some dressings. She won't ask too many questions.'

Between them, they manhandled the poor girl all the way there for some treatment to her injuries.

When Matt left to work in a mental health clinic in Australia, he had tried several times to persuade Ron to go out there with him. Ron had rarely given the matter a thought, but now, returning to his absence from work, he wished he had been braver.

The sense of unease was irritating but not so bad as the anxiety. He didn't know how long it would take to resolve the matter. *How long is an investigation, anyway?* He had no prior experience of such a thing.

Hearing the final track on side one of *Dark Side of the Moon*, he now decided, if reinstated, he would renew his efforts. He could still make a success of the project, because now he had a point to prove. Several, in fact. Now it was more than proving something to his mum. It was showing Claire that he could get things done, and defying the system. Especially Sam. And, of course, there was the small matter of self-pride.

He carried three coffee mugs into the kitchen. A look inside the fridge showed there was little of interest inside; he needed to get some food if he was going to impress Claire. The thought caused him to start washing up, better that the place was tidy in case she paid him a visit. When his phone rang, he heard the exasperation in Claire's voice. 'You said you were going to call.'

‘I know, sorry.’ He tried to explain that he had been stuck inside his own head, but didn’t know how to express the notion.

‘Come over to mine, we can talk it over.’

Chapter 19

It was drizzling when he arrived at her flat; they planned to go to The Red Lion, the pub at the end of her street. She welcomed him with a hug and ushered him in. Her flat was warm, the light was soft and welcoming, like Claire. She grinned, her eyes beaming back at him. She was wearing a long dress, her hair was flowing past her shoulders, and Ron noted a small chain around her head, right below her hairline.

‘You carrying a flag for the hippies?’

She placed her hand up to the chain. ‘You don’t like it?’

‘I love it. It suits you.’

‘I’m not really a hippy. But I know someone who is.’

‘Who’s that?’

‘My sister. She’s stuck in 1967.’ Ron laughed. ‘No, I’m serious. She weaves her own rugs and makes cheese. She uses sage to purify her house.’

‘How does that work?’

‘No idea. She lived in a caravan once.’

‘I think I should meet her.’ Ron embraced Claire. He noted that her lips were soft.

‘How was your day?’

‘Same. Clinic, depots, filing, Bridget. Things don’t look quite so bad after what’s happened to you. Tell me about what’s going on.’

‘That’s not so good.’

‘I bet. I also bet you were alone all day. You should have called me.’

‘I heard that on the phone.’

‘Well, Ron?’

‘I’m not good at this stuff. Sharing the problems, I mean.’

‘I’ve noticed. Well, you have me now.’

‘It’s only that I sense I keep letting people down.’

‘Like who?’

Ron paused. ‘Wendy, for example. I ought to have known all the shouting of that new bloke would have upset her. She always hated shouting.’

‘You can’t have eyes in the back of your head, Ron.’

‘I wasn’t about when I ought to have been.’ He heaved a sigh. ‘If I was, there’s a chance I could have prevented...’

Claire moved towards him. She put an arm around his shoulder. ‘Ron, you can’t persecute yourself.’

He nodded.

‘Come on through, I’ll get the kettle on.’ Claire grasped his hand and led him through the hallway and into the kitchen. He was about to sit down on one of her wooden chairs but had another thought.

‘I’ll make it; you’ve been working all day.’ Ron took the milk out of the fridge and paused.

‘What now?’

‘Actually, let’s share this.’

Ron replaced the milk and withdrew a bottle of white wine. He held it up and raised his eyebrows at Claire.

‘Can we do that later? I need to nip to the chemist before they shut and pick up a prescription for my mum. She’s lying on her deathbed.’ Claire’s expression altered. She gasped and bit her bottom lip. ‘Oh, Ron, I’m so sorry. She isn’t really.’

‘It’s fine. It’s a thing people say.’

‘Heck that was insensitive. I’m so sorry.’

‘Forget it. What is wrong with her? Nothing serious I hope.’

‘No, some bronchial business. She’s coughing and wheezing, tells me she needs my help. She seems to think I’m an expert in medical matters, doesn’t get the whole mental health thing.’

‘Thinks you’re a “real” nurse?’

Claire nodded.

‘Only...’

‘Always a but, Ron?’

‘Sorry, but I forgot to tell you earlier. Sam called.’

‘Oh?’

‘Said something about teamwork and supporting me.’

‘That was kind,’ said Claire.

‘Kind?’ As he pulled out a chair, Ron exaggerated his expression. ‘I don’t see it like that.’

‘How so?’

He had rerun the conversation. ‘Sam was probably bluffing. I bet this is all his work,’ said Ron. ‘He would have pushed my name, changed the details, cast suspicion on my ability. He’ll make something up. He’ll say my project was distracting my

attention. He'll say it was taking me away from the importance of patient safety. I bet he knew all this when he called all sympathy and tears.'

'Tears?' Now it was Claire's turn to make a funny face.

'Well, not exactly tears. But the whole thing has fallen perfectly into his hands.'

'At least he made the effort.'

'Yes, but why?' Ron paused. 'At first I figured he was being thoughtful. He even intimated he would help out.'

'And now you think something else?'

'Yes. When he said he would intervene as Charge Nurse it sounded odd. When I reflected on it, he probably means to stoke things up. He can do that. I'm pretty sure that this was his doing. He fixed it. He doesn't like my project, I don't know why, it could be jealousy, or fear. Probably fear, because he could see I was making potential progress. Or he may think I'm trying to beat him. But Sam doesn't like change, everyone knows that. He wants things to stay the same. But they won't stay the same, they'll move on, they have to. Don't you think things have to change?'

Claire looked at him, did she know what he meant? She hesitated and tucked some hair behind her ear. A faint smile appeared, it looked to Ron like an apology, either that or she didn't get the thrust of his polemic.

'He fixed it. You know I'm right, Claire. I bet they're having a laugh right now. Especially Sam, he'll be laughing at the thought of getting me out of the way for a while. Forever, even.'

Her smile withered. The glow from the lights caught her cheekbones so that a gentle shadow appeared on her face. 'I don't think he's like that, Ron.'

‘You don’t? Well, how do you explain the mess I’m in?’

She reached forward and brushed his arm.

‘You sound paranoid, Ron.’

‘Paranoid?’ Ron laughed out loud. ‘Is that the diagnosis? I will get labelled like all the inmates at Springhill? Cart me off,’ he said, ‘Put the jacket on me, inject me with the poison’

‘Ron, stop it, you’re being melodramatic. You sound like a character from a Jane Austen novel or something.’

‘You think that’s melodramatic. The Nursing Office phoned today, said the police might want to interview me.’

‘Not so good. Scapegoat?’

‘That’s it. Looks bad for Springhill, all this. They don’t want a scandal, you know that. All that stuff about medication. It’s fabricated nonsense.’

Claire was aware of irregularities with drug administration. ‘You’re right, they don’t like that.’

‘There’s not much they do like.’

‘Remember the story of the staff nurse who got disciplined last year for stealing sleeping pills?’

‘Vaguely. Didn’t she get dismissed?’

‘Selling them on, I suspect. She was a dubious character, anyway, lots of alcohol issues, by all accounts. Anyway, ‘I’ve known cases with problems far worse than anything alleged about you,’ said Claire.

‘Actually...’

‘What, “actually”?’

‘I’ve been making fuss about medication rounds. I’ve been pissed off about the useless pills. I’m just thinking, I wonder if they’ll try and link that to Wendy’s death?’

‘It’s that psychologist, filling you up with weird ideas.’

‘Can’t blame Dave.’

‘Aren’t you both going to a pharmaceutical conference?’

‘Yes, but I’ve been complaining about the drugs for a long time.’

‘Ron!’

‘Can’t blame a bloke for taking a stance.’

‘No, but they can suspend you and make you stew.’ Claire must have seen his expression, because her tone moderated. ‘It’ll blow over; these things invariably do. You have a good reputation, never had any trouble before, have you?’

He shifted in the chair and felt a tingle run down his arms, the hint of guilt at being too self-concerned. Uncertain of how to respond, picked at the skin on his thumb. Was it fanciful to expect that Sam had concocted a scheme to entrap him? The evidence seemed to suggest that he might do anything to prevent the success of the project. He might be creating a scheme where Ron, the architect of the rebellion, could get trapped. Tripped up by the very system he was fighting against. *What beautiful symmetry.*

‘I’ve even been doing mental maths in the ward rounds.’

‘Funny, but not good.’

‘I suppose it *could* be the project,’ said Ron. ‘I may have got carried away.’

‘In that case, I’m a bit to blame,’ said Claire. ‘I mean, I encouraged you with the project thing. I felt it would help you with your feelings about your mum. That’s what we do isn’t it? Offer hope? Mental health nursing, that is.’

‘It should be, but I wonder sometimes.’

‘Anyway, the suspension is a mistake, you know it is. I don’t know anyone less likely to make an error in the whole of Springhill.’

‘I have to carry on, though, or it will look like they’ve won.’ He huffed. ‘And Sam calls me Florence,’ he admitted. Claire giggled. ‘You know, even at the very start I got the impression that he never accepted the idea.’

His characterisation of the situation was something of an understatement. He knew that Sam’s apathy was exactly what he ought to have predicted. Dave had warned him, hadn’t he?

‘You sure you’re not approaching this from the wrong angle?’

‘Proper channels?’

‘Something like that,’ said Claire. ‘You can’t do it on your own.’

‘That’s what Sam says. Or words to that effect.’ Ron paused. ‘Actually it’s more like, “Why bother?” and, “What’s it about, anyway?”’ As Sam’s words echoed in Ron’s ears, Claire asked Ron who he was doing it for.

It was a good question, it was a question that Ron had already considered, early on in the life of the project. He would like to think he was doing it for the patients, but there was another agenda and he knew it.

‘So go direct to the Nursing Office, demand that they take notice.’

‘You and I both know that won’t get me anywhere, especially given my current status. My options are slim. They were like that even before the suspension, that’s the position they apply to us. Nursing gets squeezed from all sides and thanked by none.’

‘You’re not wrong. Anyhow, I have to get to the chemist.’

Chapter 20

‘Fixed the loose tile today.’

Claire was shaking her head, and her face had a look of levity. ‘Well done, you could get a job as a tiler when they chuck you out of Springhill.’

‘Not funny,’ said Ron. ‘They have to let me back; I have unfinished business.’

‘Your project?’

Ron nodded.

Claire went to her fridge. She appeared thoughtful. ‘I got you some pickled onions. I know you like pickled onions.’

‘That’s kind of you.’

‘What happened to your face.’

‘My face?’ Ron instinctively placed his hand to his chin.

‘It’s got a red splodge.’

‘Oh that. Cut myself shaving. It was freezing in the bathroom so I was rushing. I was so cold last night I slept with my socks on’

‘You should have come round here. You wouldn’t have needed them then.’

‘Can’t seem to do anything right at the moment.’

‘So this project, is it more about you?’

‘A lasting legacy? Proving myself? It’s all those things, if I’m honest.’

‘What does it matter? Like I said before, why does there have to be only one reason?’

‘You have a point. As always. Before, all I focused on was my personal goals, but perhaps also things from my past.’ He paused and let out a deep breath. ‘These are things I never used to tell anyone, you know.’

‘Why not?’

‘Self-honesty is something I find hard. My psyche locks things away and focuses on the external. Dave suggested the same thing once.’

‘Why do you do that?’

‘It’s deep-rooted.’

‘I have time.’ She put her chin on her hands and smiled at him. It made him feel comfortable, even in his vulnerable condition. Once the recollections began, he found himself trawling the recesses of his mind. Pouring out the discoveries.

‘Lately I’ve been focused on Mum’s death, and I’ve been trying to get this project going to prove myself to her.’

‘And now?’

‘Now it seems almost as much to do with Dad. Before he left I remember a lot of shouting,’ said Ron. ‘I can’t see images of the two of them. I can only see the way I imagined at the time, hearing them in another room as I read a book in the lounge.’ He lit a cigarette and inhaled some smoke. ‘I remember humming, something I learned from Mum, trying to blot out the noise. There were times when I covered my ears.’

Claire looked on; he could see her concern reflected back to him.

‘There were other times when I climbed the stairs to investigate, only to stand in the hallway, listening in. I also remember Mum crying a lot.’

‘That’s sad,’ said Claire, her cheeks flushed.

‘She got very skinny and I recall my gran telling her something to that effect. Mum was cutting some carrots, Gran said, “You have to eat, love”. I didn’t know what was going on.’

‘Was that why you moved, to be nearer to your gran and granddad?’

‘Yes, I suppose so. We only went to the other side of town, but when you are eight, it might as well be another continent.’ Ron stared at his drink. ‘I’m unclear about the chronology, but I remember things like Mum sitting in the lounge in the dark. It scared me and I started to worry about what had happened. When your dad leaves, without you knowing a good cause, the shock is hard to describe. It was like someone taking away the stabilisers from my bike without warning me.’

‘Were you close to your dad?’ asked Claire.

‘Not really. He was never very interested in what I was doing as far as I know. He used to tell me that life was tough, that people are unforgiving.’

‘That must be hard for an eight-year-old to hear,’ said Claire.

‘I suppose it impacts. I don’t think I heard from him after he left...’

As he said the phrase, he was back to his eight-year-old self. He was right about the effect of the sudden departure. It affected them both in different ways. He used to wake up and look for his dad. His mum appeared different; she didn’t shine and sparkle like he expected her to.

‘First I noticed that she didn’t twirl me round, dancing a waltz or a quickstep. Then she stopped humming. She no longer sang in the kitchen when she was doing the dishes. She loved music. I think that’s where I get it from. And she cried a lot. She cried so much I worried that she might drown in her own tears.’

He knew he was not the only child to experience such loss, there had been plenty of young children who lost fathers in the previous decade. But that was a normality of sorts, a former wartime reality that was almost expected. This was painful in a different way.

‘Mum wandered about the house, at times hardly noticing me. I tried to talk about school, thinking that it would cheer her. Although she nodded, she didn't smile. I knew that things weren't right. I brought the artwork back, as usual, and as usual, mum pinned it on the wall. But the joyful outburst had become to a laboured sigh. She was not the same person I knew or expected.’

He could see her, gaunt and dressed in drab clothing, the cardigan hanging from her shoulders. He remembered that she carried a piece of white tissue in her hand that she kept in her fist like a lucky mascot. His eight-year-old self didn't understand why her eyes were always red. She used to tell him she had been peeling onions.

‘When I asked when dad was coming back, she said she hoped it would be soon. Her tone comforted me for a while. I remember looking outside through the lounge window. Any moment, Dad would come walking up the path, closing the gate behind him. He would have his briefcase in his right hand, his pipe in the other. I can still smell the clouds of sweet smelling smoke. He used to make a greeting noise to Mum, then take off his trilby and his mac. He would hang them both on the coat stand inside the front door. Mum would arrive through the hall to greet him. She would be rubbing her hands on a tea towel, the smell of cooking following behind her. She would ask him how his day had been, he would ignore the question and ask what was for supper.’

‘But he didn't come back?’

‘No. In the end, I realised that his return wasn’t going to happen.’

Claire rubbed his thigh.

‘The situation confused me. I wondered if I had done something wrong.’

It was true, he knew that Dad was not there with them in the house, and he began to embellish the moments when he was. Dad was no longer someone who hid behind a newspaper, sitting with one leg crossed over the other in the lounge. He was not the man who berated his young child to ‘do his bit’ around the house. He was not the one telling him that he should tidy up to help his mother. And that he would be thought of as idle if he shirked his responsibilities. At least mealtimes were not the knife-edge drama of old, where elbows on the table were roughly pushed off.

Back in his young self, they went to the common to fly a kite. They wandered to the river to fish all day long. They watched football matches in the park and talked about comic books. They did jigsaw puzzles with pictures of Scottish castles and thatched cottages.

But really he knew that wasn’t true and those things never happened.

‘Life changed. There are reasons for this stuff that grown-ups know, and then not fully even to them. For a time, as a young kiddie, things stretched into eternity. I didn’t know what I had done and thought I would pay for it somehow. In fact, all I knew then was that my failure had caused the loss of both my parents.’

‘I suppose I’m lucky,’ said Claire. ‘My mum and dad are still together.’

‘Long?’

‘Long enough. But they get fed up with each other, I know they do. They aren’t always happy, but at least I don’t have the childhood memories you do.’

‘I suppose we all have our problems.’

‘You must know better how to deal with them, though, Ron? You’re a professional.’

‘I don’t though. Despite what it looks like, I’m more inclined to listen instead of talk about problems. And I seem to fuck everything up. Look at this mess. I don’t know what I’ll do if they sack me.’

‘They’re not going to do that, Ron. Let them have their investigation and conclude that this drug thing was a fuss over nothing. It happens all the time.’

‘I know, at least they don’t seem to be suggesting that I was responsible for Wendy.’

‘Anyway, you have to carry on, so that Tim can get out.’

Ron let out a fake scream. ‘Not more guilt.’

‘Sorry.’

‘It’s fine. And you’re right, I had almost forgotten about Tim in all of this.’

He stared at the wall of Claire’s flat. Beside the anatomical pictures was a poster of Eric Clapton. Ron wondered whether she had put that there for his benefit. She had once declared a fondness for David Essex. He focused on her pretty face, allowing him the space to regroup.

Chapter 21

So, what to do today? Wandering about the flat the following morning after Claire had left for work, Ron had nothing else to do except contemplate how he was going to fill the void of his workless condition. He considered taking a bus trip, like he had done shortly after his mum died. Back then, he got on a local bus with a couple of books and rode it all the way in a loop through three neighbouring towns and back without getting off. For a couple of hours, his problems had seemed a long way away.

This was different, though. The sense of injustice remained strong, the attitude taken towards him had been meted out with unthinking rationale and was undeserved, they all knew that. The irritation was like a gigantic itch inside his head. The thought that his career record could be kicked about like an upturned dog bowl was still disconcerting him. He considered for a moment what life would be like without his commitment to Springhill. His daily labours had never seemed onerous before, and one of the advantages of the job was the lack of a regular working week. But now he thought that starting Monday and knocking off early on a Friday may have some appeal.

He thought again of Claire. Without her there, the flat was muted. But it was orderly. Even her kitchen was neat. There were spices lined up in the cupboards, all the pans were washed and stacked, the surfaces clear. He spied half a dozen cookbooks stacked in a corner. Nothing like back in his house. He decided to go to the town and get some laundry done. Looking up at a clear sky, he found himself thinking back to the summer he spent with his grandparents. They told him that it was a holiday, saying that it was for the best, that his mum could have some time to herself, and although it was a phrase he didn't understand at the time, it pleased him, because he felt guilty about leaving his

mum, especially as his dad had left her as well. When she told him that he was having a stay with his grandparents, his initial reaction was mixed. He knew that endless ice cream and comic books and a series of fun encounters with childhood excitement awaited him, but he didn't want to leave his mum alone in the dark house. He had taken to the role of protector. He quietly watched over her, feeling certain that with his vigilance, no further problems could befall them.

Looking back, Ron was surprised how quickly his eight-year-old self adapted to the time with his grandparents, forgetting any anxiety about being away from his mum. Now that the period was re-engaged, the memory of the food, Gran's cooking, was still a strong one. He recalled evenings listening to the radio, hunched over in the warm, a glow from the fire that was crackling in the background. The music reminded him of his mum, though.

And Granddad's car! He wasn't sure where they were going at the time, what eight-year-old knows about things like that? It was just another place that wasn't home, but it was exciting nevertheless. Granddad checked the oil and the water before leaving. Gran packed blankets and sandwiches. Her round face was shiny that day, and Granddad looked as excited as Ron felt. As if to prove it, on the way, he described the car as 'cheerful'. Looking out of the rear window at the passing countryside, Ron knew what he meant, the whole experience was a happy one.

The dunes and the practically empty beach provided endless days of play. Ron made friends with a local boy; they shot pretend guns, they built dens and chased seagulls. It was a new experience for him, and one that he barely ever managed to replicate.

Norfolk, as he now knows the place to have been, was a haven, a safe period where normality was restored to his mixed-up existence.

When they returned home, once a week they took him to visit the park. He wandered the grounds and played in and out of the bushes. He would climb a willow tree every time they went. That tree was his den. Eventually, he went back home to mum, trying to help out where he could, subconsciously making amends for his behaviour, for having driven his father away.

The cold air scraped at his eyeballs as he cycled down Thomas Street to Holton and momentarily diverted his attention from his introspection. At least his thighs didn't burn from the effort of pushing the pedals to get uphill like when he went to work. In the process of buying her a present, it wasn't long before he had refocused onto his relationship with Claire. All the family talk made him wonder about the connections he made with the fairer sex. He had previously found it hard for attachments to become anything more than fleeting or superficial. All he now knew was that Claire made him feel different.

He greeted the lady in the launderette. 'Can I leave this?' He took the washing from the bag attached to his bike and dumped it in the machine. She nodded. 'Thanks. I won't be too long.' He didn't want to wait and left the launderette to go and buy Claire a present. First, though, he went to his favourite place in Holton, *Hot Vinyl*.

Chapter 22

Ron's voice had an exasperated tone. 'Not only is your kitchen tidier, but your bedroom is neater than mine.'

'Shh! You'll disturb the other diners.'

'Sorry,' said Ron, watching at Claire through the light from the candle in the empty Chianti bottle. He looked round the restaurant and pointed to the only other four people. 'That's one of the reasons I suggested coming here.'

'Like your privacy, don't you?'

He couldn't deny it. The smell of garlic drifted through from the kitchen.

'Anyway, it's not hard to keep things tidy when you live alone,' said Claire.

Ron thought about when he lived with Matt. Things were not exactly tidy then.

'But you sort of don't live alone now,' said Ron. 'and your place is still tidy.'

'Maybe being an untidy individual at home is a reaction to the conformity of Springhill? A silent protest.'

'Maybe it is.'

Claire cracked her spoon into a crème brûlée. It reminded Ron of his custard that day in the canteen with Dave.

Gentle Italian music played in the background.

'Bridget offered me a cat.'

'What?'

'A cat. She has some kittens.'

'Bridget? Giving something away. I knew she had some cats – well, the rumours, you know...'

‘That really she’s a mad woman who lives a different life at home with her cats?’

‘Yeah. That.’

‘Don’t believe everything you hear. She can be quite a laugh at work.’

‘Now I know you’re joking.’

‘Anyway, I think I might have one. They’re so cute.’

Ron couldn’t think of a good reason to object. Unless it was that he had a cat when he was smaller and his dad was mean to it so it ran away. *No. Better kept private.* ‘Okay. Now can stop talking about her, it might put me off my trifle?’

She was wearing the locket he had bought for her. She had told him the previous evening that it was a great choice. ‘Not so impressed by the tie,’ she had said when he returned from town. ‘Why did you get a tie? You might not even have a job in a minute.’ He knew it was meant as a joke, but he couldn’t help suffering a fresh wave of anxious nausea at the thought of dismissal. But a sense of satisfaction filled him in spite of the suspension. ‘I was thinking of getting a bow tie. Like Edward.’ Claire had laughed at him. ‘Ron. You’re twenty-nine, not fifty-nine.’

The ease with which he had slipped into the relationship came as something of a surprise to him.

‘What are you thinking?’

He told her a lie saying that he had been thinking about work, when he had been thinking about what his father would really have been like, and how their relationship might have developed. But there was no way of knowing.

The lie caused a stone chip of guilt to flick at him.

‘Actually, I was thinking about all that parental stuff,’ he said, caving in to the inevitable admission. ‘I think the revelations about my parents help. It was a weird time, that’s for sure.’

‘It must have been difficult,’ said Claire.

‘It was hard on Mum,’ said Ron. ‘It sounds strange, but she was not afforded the dignity that a death would have allowed.’

Claire looked on. She didn’t say anything, but frowned at him.

‘Well, look at it this way,’ said Ron, swirling his red wine in the glass, ‘if Dad had died, Mum would have been properly consoled. There would have been a funeral, it would have established closure. She would have a grave to visit, somewhere to leave flowers, to remember him on his birthday, or their anniversary. That would have been acceptable.’

Ron paused. He looked at the sad eyes staring back at him. He looked at the gold earrings dangling from Claire’s ears, the way she played with her new locket, and he continued his reflections.

‘Instead, her memories were private, closeted, masked.’

‘That must have had a real effect on you,’ said Claire.

Ron made a noise of agreement. He realised now that his mum tried not to let it show, that she carried on, just like she had before she died, trying to remain strong. Suddenly the situation resonated with his current predicament. Like his mum, he needed to carry on, that was the thing to do, to bear up to the moment and be strong.

He also realised that he had never shared this information before. Why he felt able to open up to Claire, he wasn't exactly sure. He only knew that there was a nurturing feel about her.

'That must have made you feel terrible.' There she was again, probing in her sensitive manner.

'There was nobody to share the experience with,' said Ron. 'Only Mum. I used to ask her about dying.'

'That's pretty deep for an eight-year-old.'

'I know, but I was worried that she might leave me as well and I would be alone.'

'So you formed a pact of solidarity.'

'Something like that. As I said, at first I felt that the situation was my doing.' He tried to picture his dad, but found the years had corrupted the memory. 'Later, when I understood more about how Dad had treated Mum, we shared the vacuum.'

'Did she ever find anyone else?'

Ron paused and took a swig of tea before shaking his head. 'No, not really.'

'Not really?'

'Well, there was a burly bloke that visited once or twice to bring her flowers.'

'What happened to him?'

'No idea. All I remember was that he called me "Tinker".'

'Strange.'

'Yes. I also remember that despite what happened with Dad, Mum was never bitter. She had the holiday and when she came back she hardly ever mentioned Dad. She probably thought the subject would be too painful for us both.'

Claire tilted her head him to one side. Her mere presence lifted his spirits, but she also caused the sadness to ooze out of him.

‘It was a relief it was when Mum started to behave more like before. Things fell into a regular pattern. I used to walk to school, and mum went to her job at the local cinema. I would get free entry and sweets as a perk.’

A protection pact? Perhaps she’s right, perhaps we do that over the years. As he matured, Ron understood that his mum was not as fragile as she had appeared when his dad left. She would encourage him, telling him, ‘You have your whole life ahead of you’.

The musical influence that permeated his early life also gradually returned. She started singing when she hung out the washing; she hummed when she laid the table and when she was reading. He grew up familiarising himself through his mum’s humming to the likes of Billy Fury and Eddie Cochran.

Claire broke his thinking. ‘I get your concern, Ron, but you have to look ahead.’

‘I know, you’re right.’

‘You can’t let the past drag on you. Can’t you see that?’

Ron nodded.

‘I’ll be here for you, Ron. I’ll listen and help you find your way forward. We can do this. I believe in you, Ron, whatever.’ Ron felt the need for a deep breath. ‘Anyway, I got you this.’

He redirected his gaze from the red and white tablecloth to see Claire extending a gift.

‘What’s this?’

‘Just something for you. Cheer you up, maybe.’

Ron unwrapped the gift. He turned over the book and the front cover said, ‘*Love is...*’ He flicked through the pages. Then he took hold of the delicate hand across the table.

Chapter 23

Such was the strength of betrayal he felt towards him from his once secure place of work that throughout his suspension, Ron toyed with the idea of resigning. He even went as far as drafting a letter. His first effort started: *To whom it may concern, in view of the way in which I have been treated...* That was too pompous. The next: *To Sister Simmonds, Nursing Officer, Springhill. Dear Sister, I have decided that mental health nursing is no longer a career I wish to...* But that sentiment was not strictly true. His third and fourth efforts were destined to be just like the first and second, and the fifth and sixth. They all ended up in the bin.

‘I might as well go before they have the chance to sack me,’ he said to Claire, not at that moment caring whether they did or didn’t.

Claire countered, ‘Ron, you’re being melodramatic again. Look at the opportunities and not the things that might never happen.’ He had paused and stared at her. ‘Why can’t you see it, Ron?’

Ron heard Jan’s clear thinking in Claire’s words and considered it must be a family trait, because she was right. Although it was a possible scenario, she had tried to convince him that dismissal was not uppermost, even if he still thought it was. She had said: ‘What’s the worst that could happen?’ He wanted to answer that if they did sack him he would have let mum down. But now he knew that wasn’t true.

The information from the hospital about his situation was sparse, limited only to that which he could extract through third parties.

A period of eight days had passed, Ron had asked what was going on, they told him, 'We'll let you know'. He found it nice to be able to spend time with Claire, but he was more aware of the time he was spending in his unwelcome isolation. The days were starting to drag like a wheelchair on a sandy beach. In moments of frustration and irritation, he saw Sam's rolled up sleeves. He saw Metcalfe's gold watch and a flurry of ashtrays in a kaleidoscopic vision.

The phone rang in his hallway. Ron lifted his eyebrows and gave a wide-eyed stare at Claire. She looked on as Ron nodded and agreed with the caller. He replaced the handset.

'They've asked me to go in.'

Claire initially clapped. But perhaps sensing misplaced enthusiasm, she asked Ron what they said.

'Nothing else.' He started laughing.

'What?'

'They asked if I was "free" tomorrow afternoon. What do they think I've been doing all this time?'

'That's good,' she said, although her tone implied uncertainty.

"For a chat", they said. What's to chat about? I didn't do anything wrong and they know it. They have nothing on me, it's a stupid charade.'

'Just go and see what they say,' said Claire. Ron studied her cheeks; they were rosy, he thought that appealing.

'They haven't even properly specified what the problem was supposed to be. All this nonsense about failing to be in charge, and that stuff with medication. It's laughable.'

The interview was brief and ridiculous. They had invited him to the Nursing Office, he had no idea what outcome to expect. In spite of his undoubted innocence, he was either going to be dismissed or expected to explain himself. As it materialised, he was welcomed back without any such discussion unfolding. The nature of the re-admission sat uncomfortably with his perception, though. He sensed a surge of indignation, feeling the heat rise up his neck. He stared at the Nursing Officer, a middle-aged woman dressed in a grey suit, the pearls around her neck contrasted with her sagging jowls. Her neutral body language annoyed Ron.

‘What about the medication?’

‘Oh, that was quickly established as a misunderstanding.’

‘A misunderstanding?’ Hearing the phrase was, to Ron, scarcely conceivable. His voice reflected his astonishment.

‘Yes, someone read the wrong line on the chart.’ The woman smiled with a forced expression. ‘Easily done. It’s all forgotten about now. Sorry for the inconvenience.’

Easily done? He couldn’t help but feel the memory of his protest about medication. He would never know the true reason.

He left the office mumbling into the Springhill air, unsure of whether to feel grateful or angry. The manner of his reinstatement concerned him. Of course he was pleased to have been ‘exonerated’, as the woman put it. *But they shouldn’t have done it in the first place.* Whether it was the lack of ability to adequately defend his reputation, or the casual manner of the conclusion, he couldn’t be certain. The episode was a strange one. His personal conviction about the whole affair being orchestrated by Sam remained.

He left the Nursing Office and saw Metcalfe and a group of self-important hospital dignitaries. He could hear the distant waffle as he traipsed to the ward. When he arrived, he found that the sadness of Wendy's death was transient, as if it hadn't happened. The impersonal nature of hospital relationships meant that she was merely another tortured soul. How swiftly things had reverted to their previous state. How rapidly the gritty reality of the institution reasserted itself.

Uncertain what his reception would be, he went into the office to receive a handover from Jan.

Her face told him all he needed to know. She practically screeched.

'Ron.'

'It's me,' he said.

'How are you? How are things? So glad to see you back. What a load of nonsense that all was. Wasn't it?'

'Er, yes. That's what I thought.'

'We missed you. We all missed you.'

That was nice to hear.

'How have things been?'

'Quiet,' she said. 'One new lady this week.' She told Ron about the new admission.

'It was very entertaining,' said Jan.

'How do you know?'

'I sat in, in case Metcalfe needed help. You know what he's like sometimes.'

Ron nodded.

‘Metcalf was behind his desk scanning a referral letter. He looked through his little half-moon glasses. Occasionally he even looked up at the Mary.’ Ron made a noise of encouragement. ‘Metcalf was reading the notes. Mary was squirming, she seemed to be waiting for Metcalf to speak. He dipped the end of an arm of his glasses into his mouth and started quizzing Mary.’

Ron adopted an accent, ‘Have we been finding life a bit difficult lately?’

‘Exactly! She spurted stuff about her neighbour working for the Russians,’ said Jan. ‘Sending radio waves through the walls and pumping gas through the vents.’

‘Let me guess,’ said Ron. ‘Chlorpromazine?’

‘Need you ask?’

By now, the other staff had assembled, so Jan provided a potted description of the shift, highlighting any key events. A bust up at breakfast and other incidents barely worthy of note. Someone else refused to go to occupational therapy because he didn’t like Mrs Hammond, the lady in charge. There was a collective groan from the staff when her name was mentioned. Ron was reminded of some issue Tim had hinted about in the IT department.

The murmuring died down. Jan reached the end of her news.

‘Okay, have a good shift; I’m off to walk the dog.’ She grabbed her coat and bag and headed home.

Ron shouted after her: ‘At least you’re not off to see a lady.’

Ron stayed in the office and read through some notes. He turned first to Tim. He scanned the writing for any evidence that might have maintained his project. There was

not much to see apart from the usual 'Usual' comments. One entry was scrawled in handwriting that he recognised. It was by Sam. He had written, 'Patient irritable and not keen to attend his therapy.' If it were required, this was surely further evidence for Ron that Sam was actively attempting to sabotage his project.

The irritation returned. How was he going to prove himself? Should he choose to ignore the fact that the driving force had now morphed into a personal battle with the likes of Sam? He now knew, deep in his psyche, that his project was now as much a battle with himself as with anyone else.

He closed the files and stubbed his cigarette. In the day room nothing had changed, but then, why should it? It was just him that felt different.

He was greeted by Tim and Mike, both of whom were distinctively cheered by his return. Mike was smoking a cigar and wearing sunglasses.

'Did you enjoy your holiday, Ron?'

Ron hesitated, not immediately understanding the inference.

'Er, yes. Thanks Tim.'

'Sam told us you were away,' said Mike. 'Did you go anywhere nice?'

Having recently resurrected the childhood memory, Ron said the first place that entered his mind. 'Norfolk.' Then he wondered why Sam would have provided a cover story. Both patients nodded as if they understood, but Ron suspected they had no idea where Norfolk was or what it was like.

'Howdy, folks. Today is Rod Stewart.'

It wasn't long before the soft notes of *Sailing* drifted from the loudspeakers as Barbara arrived to the group. She was late for her fag money. She sat down with a

thwump on the plastic covered chair two along from Ron. She turned and eyed him malevolently. Her tongue was resting on her lower lip, which was also supporting a few stray strands of rolling tobacco. Ron smiled at her and sat back in his chair so as to not agitate her further. It failed. Barbara began her customary round of emotional blackmail.

‘Ron.’

‘Yes, Barbara. You want a fag and ten pence.’

Nicotine coloured fingers were thrust forward. ‘Fifty.’

It was an error on Ron’s part to try and make smart moves on his clients. He had clearly capitulated far too early, and she raised the stakes. He was sunk and he knew it.

‘Here you are then.’

He spoke as if to communicate a reluctant resignation, like a parent to a cheeky seven-year-old. Barbara didn’t care how they were delivered. She had achieved her goal and with a fleeting smile she was once more out of the room.

Ron looked at the seat. ‘Haha. Hot vinyl.’

Tim was impassive throughout this session. Ron noticed that he would never say much. He assumed that this was because Tim respected the unwritten rules and chose not to speak up until after the music had ended. Perhaps he was thinking about the proposal, working through the pros and cons?

When it was over, most hurried out of the room. Those that remained exchanged a few words. As he normally did, Edward then thanked Ron for the group.

‘Sorry about the interruptions, Edward, I did try and minimize them.’

‘I know, Ron,’ he answered, a note of sympathy in his voice. ‘It’s hard sometimes, I appreciate that.’

Chapter 24

When Sam arrived, he gave Ron the usual punch on the arm.

‘Here’s the crusader,’ he said. Another variation on a theme, thought Ron. Highly amusing. ‘What the hell happened, my boy?’

‘A mess Sam, that’s what. Just the type of thing that I hate and that’s why I want this place to change.’

‘You handle these things badly, Ron. I told you before, you take things too seriously. Perhaps you should keep your head down, lie low. It’s good advice.’ His voice lowered. ‘Like I said before, recognise when someone is trying to help.’

As the words were uttered, Ron scrutinised the lines on older man’s face. *Too much elation? Self-satisfaction? An attempt at camaraderie?* He wasn’t certain whether he had overstressed the analysis, but he sensed that he was swimming in a pool of Sam’s hubris. He imagined that their personal interaction might from now on assume a harder edge.

‘Well, I can’t just do nothing.’

‘You don’t see it.’

He wasn’t sure, but he thought he heard echoes of Claire’s words.

‘By the way,’ said Sam, ‘you’re not making yourself very popular around the place, my boy.’ He folded his arms and sunk back into the office chair. ‘The Nursing Officers will probably have their eye on you.’

‘Nursing Officers,’ said Ron, his voice advertising contempt. ‘Managers, that’s all they are. Everyone cowers because they have this stern reputation. Since the cock-up with my suspension, I have lost any concern I might have had about them.’

‘They’re still pretty powerful,’ said Sam.

‘They don’t scare me anymore. Anyway,’ said Ron. ‘I got distracted by the aggressive tone that day, but I don’t believe it made any difference.’

‘Don’t like the aggression, do you?’

‘It’s doesn’t achieve much.’

Sam retreated behind his newspaper. He placed one leg on the other knee and revealed a pair of bright red socks.

Martin appeared at the office door, asking for a lighter. Ron rummaged in the office desk and handed one over.

‘By the way, Sam. Did I ever get that permission slip back for the archives?’

Sam shrugged. ‘Not seen anything.’

‘I think I’ll get over to admin and ask what’s going on.’

‘You sure about that? Look what happened to you when you stirred the air. Are you sure you want to bother?’

‘Some things need to be followed up, Sam.’

‘Be a good chap, Ronald,’ said Sam, who, having sighed heavily, was now immersed in his paper. He left a few seconds for the command to arrive. ‘Get the wage slips while you’re there. I have to pick a decent nag at Kempton Park.’

Ron stood and looked back at the head nurse, as if seeing him through a long-distance lens, gradually receding into the distance.

‘On holiday,’ that’s what the lady in admin told him about the person who authorised archive visits.

‘Perhaps he’s been suspended,’ said Ron.

‘Pardon?’

‘Oh, nothing. Just having a little joke.’

The lady returned to her typing, making no further comment.

‘Why can’t I get the key from another member of staff?’

‘Because he’s the one in charge of the keys.’

Ron trudged off after his rejection, muttering to himself. ‘No wonder the government can’t wait to close these places.’

Now he was standing in line in the admin department waiting for his pay slip, He amused himself at the thought that the payroll window was their medicine trolley. He immediately sensed a pang of mild guilt at the comparison. *Rather pay than pills, though.*

Another ritual: the monthly pilgrimage, regardless of weather, to wait patiently in the line behind the glass window. He looked out at the laundry chimney, coughing out the white smoke of its industry. His first pay slip had been a moment of some jubilation, justifying his mum’s decision to point him to the job. He had not expected to get in, not after his interview. Turning up late and knocking on the wrong door was not likely to create a good impression. He once thought Springhill would be bound to him forever, just as with Tim and Sam, neither of whom, it seemed, wanted to leave. How long he himself would remain here after the recent trials, he wasn’t sure.

Chapter 25

Before he left for work, Claire wished him luck. He asked her: 'How should I feel?' She smiled and told him not to worry.

'Morning, Chairman Mao.' The words came at him as soon as he crossed the threshold. At least Sam's greeting was showing increasing variety. He had been Florence for so long, he thought the name was going to stick. 'How are you today?'

Sarcasm?

'Don't look so glum,' said Sam. 'Just enquiring as to the welfare of my staff.'

Ron thought back to the phone call while he was suspended. He decided to ignore the fake bonhomie.

As if to show evidence of his efficiency, Sam patted a stack of case notes neatly placed on the edge of the desk. 'All ready for Dr Metcalfe.'

'That reminds me,' said Ron, 'how is Tim feeling about Lark House?'

His recent chat with Tim had yielded little more than a superficial interest from the patient. In truth, Tim had demonstrated nothing more than benign diffidence. Although he didn't care to admit it, Ron also felt that there might have been a semblance of anxiety creeping into Tim's conversation.

'You have to stop the hand wringing, Ron, leave that to the social workers. If he gets out of here, he'll probably be faced with a whole new set of problems.' Sam pulled at his collar and turned to his paper. 'I worry about how you will manage when your pet is gone.'

'It's not about only one patient, Sam,' said Ron. 'Once he's gone, I'll move onto another and then another. That's how it works.'

‘Why don’t you take time to get back into the rhythm? Pace yourself. Let your project go for a few weeks? It won’t matter to Tim whether he gets out today or in six months, but it might help you if you allowed yourself some breathing space.’

‘You’d love that,’ said Ron. He hadn’t meant to be so blunt, but the wave of anger overtook him.

‘Only trying to help, Ron.’ Sam shook his head, then turned to what appeared to be a plastic kit on the desk. ‘Just think about yourself, Ron, that’s all I’m saying.’

Where this new nurturing spirit had arrived from, Ron had no idea. It was weird. At that moment, he decided he preferred the old Sam better.

‘What are you doing, anyway?’

‘Airfix.’

‘Airfix?’

‘Yes, Airfix kit. Lancaster bomber, actually. Bit of a hobby of mine lately. May need your help when it gets to the decals. I can never keep my podgy hands still enough to get them in the right place. And as for all those piddly, tiny pots of enamel paint...’

‘Why are you doing that at work?’

‘Oh, it’s official Springhill business.’

‘I’ll bet.’

‘No, really. Actually it’s for Martin, he watched a film about the Dambusters and we were chatting about it the other day. I make these things at home and so I promised to build him a Lancaster to put on his locker.’

‘Really?’

‘Don’t sound so surprised, young Ron. Now run along, you must have something to be getting on with.

He didn’t have a response, so he went into the day room where a student nurse approached him and asked if she could have a word when he was free. Ron gestured towards the Blue Room and they both went in.

‘What’s on your mind,’ said Ron, feeling incongruously avuncular.

‘I had to go to IT to pick up a patient who had an appointment.’

She fiddled with her fob watch, staring at the floor. Ron could see reticence. He motioned for her to sit.

‘Well,’ she continued, ‘as I was getting the patient’s coat, Mr Williams must have forgotten about me, I think I must have blended in, because he began prowling around. The next thing I knew he was shouting at Sid for dropping some of the products. He looked at Sid and said, “You moron. Can’t you do anything right?”’

‘Really?’

‘Yes. Then Sid cowered as if expecting a slap to his head.’

Ron nodded faster as the story unfolded. ‘I recall Tim saying something about not liking Williams. Anything else?’

‘Yes. Mr Williams said, “You’re useless”, his put his face right in front of Sid’s. He said, “I ought to kick your arse”.’

‘What did Sid say?’

‘Sorry.’

‘Sorry? Is that all?’

‘Yes, I’m not sure how else he could have handled it. He called him fucking useless. He said, “I don’t know why they send you here, must be because you’re good for fucking nothing”. Sorry about the swearing.’ The young nurse bit her lip and looked down at her lap.

Now Ron shook his head. ‘This isn’t good.’

‘That was when Mr Williams looked up and noticed me. He tried to make a joke out of it, as if he was playing. He stood up and wagged his finger over the rest of the room, saying, “And that goes for the rest of you”. But it was pretty obvious that he wasn’t joking.’

‘What happened then?’

‘Well,’ said the little figure, her eyes had been welling as she described the scene and now tears threatened to overwhelm her eyelids. ‘Most of the patients weren’t looking, but I saw Tim looking at Sid. It was such a sad look.’

‘Can I ask a favour?’ said Ron without waiting for a response. ‘I know it’s not very nice, but I’d like to get to the bottom of this.’ The student nurse looked on. ‘I’d like you to pay another visit to IT, I’ll arrange it.’

‘But if he knows I’m coming, he won’t be so nasty,’ said the girl.

Ron considered the evident wisdom, stroking his chin as if to match the tone.

‘This is tricky. I didn’t know about his antics. As I say, I’ve heard rumours. I think it’s time I did something about this bloke.’

The student raised her brown eyes, bright and clear, and met his gaze. ‘So I won’t have to go back?’

‘No. I’ll try and get to the bottom of it myself.’

Her shoulders relaxed, her expression communicated relief. Ron walked the student back to the office, reassuring her along the way. By the time he returned, the various disciplines had started to gather in the Blue Room for ward round. This was the third time of trying, and Ron knew that it was another chance to press his case for Tim.

Chapter 26

Ron looked at the room. *Ah! The regular seating positions, according to the dictates of habit and comfort.*

The meeting began. Metcalfe turned to Sam. ‘Could you outline a couple of the regulars?’

In other words, let’s fire through them because they’re not all that interesting.

The discussion turned to a patient who Metcalfe said he had ‘given her a jolly good dose of chlorpromazine.’

Ron thought again to himself about the hundreds of patients to whom he had dispensed many thousands of little white chlorpromazine pills. He remembered the upcoming conference he had agreed to attend with Dave, something about anti-psychotic medication, sponsored by a drug company. Ron suspected Dave would spend his time criticizing, so it was going to be entertaining, if nothing else. He already had his own thoughts on the matter, of the blanket prescription of this drug he dispensed. Ron’s thinking moved on to how he could further disengage from the process of dispensing pills. He hated doing the injections. Always had. He remembered a conversation with one of his fellow students when they were training and saying: ‘Every time he aimed a needle at a fleshy buttock, I worry about hitting an artery.’ And now, the thought of the gloopy crap they inject made him squirm.

‘Perhaps,’ said Metcalfe, ‘we may have to look at something in addition to the medication.’ He was now considering the way forward. He turned to Cooper, the junior, and asked him what he considered to be the possible treatment options.

He thought about this for a minute, trying to look knowledgeable. ‘Well, erm, a sticky wicket...’ The weeks that Cooper had been on Ward 1 had not signified significant improvement in his knowledge of psychiatry. He floundered under the pressure from Metcalfe to respond. ‘Yes. Understood, ball in my court. Well, er, well we don’t want to clutch at straws.’ Then his face lit up as if he’d had a brainwave. ‘Do you mean Lark House?’ A silence invaded the room. Cooper looked around and cleared his throat. ‘You know, rehabilitation.’

‘Justin, well done.’ Ron heard his own voice before he knew it. ‘Anything but more chlorpromazine.’ Sam looked over towards Ron and scowled. ‘What I mean is,’ said Ron, fearing that Sam may at any stage lunge at him and garrote him with his own tie. ‘she’s been very sleepy and drooling a lot.’

Metcalfe huffed. ‘Rehabilitation, Dr Cooper, is for those rare patients who are not floridly psychotic.’

Ron looked at Dave, who was shaking his head.

As for Sam, his expression moved from incredulity to scorn, he pushed his sleeves up above his elbows.

Cooper the young medic started to try and explain himself. ‘Er, um, I...what I meant was, at the end of the day, I mean, I just felt that...’

Metcalfe had started thrumming his fingers on his notepad. ‘I think we ought to consider every avenue for this poor lady, but she is really quite delusional. I will, however, reduce her chlorpromazine in the light on those comments. We will then monitor her progress on the current regime and discuss her again in a week or two.’

Cooper retained a sheepish demeanour for the remainder of the meeting.

‘Is that it?’ Metcalfe looked at Sam for confirmation.

‘Erm, just Tim, Dr Metcalfe.’

‘Aha. Yes, the untreatable Tim. No change?’

Sam raised his eyebrows and nodded with a half grin. His defences were down.

‘In view of Dr Cooper’s comments, can I raise the topic of Tim again?’ said Ron, hoping to spear the side of the older man.

Sam winced, he then made a point of noting that Dave’s test results were not back yet. Metcalfe, however, turned to face Ron. He didn’t say anything, but the silence he left was surely an invitation.

‘I’ve been in contact with the rehabilitation ward and they’re happy to consider the idea.’

‘Well, it’s not up to them, is it?’ Sam ruffled some papers. He grabbed at his shirt collar to let out a rush of hot air.

Stung by what felt like a rebuke, Ron redoubled his resolve. ‘I hope to achieve something with Tim, doctor.’ Ron was looking at the consultant; the insistence was bordering on pleading.

‘We’ll need an OT assessment, of course,’ said Sam.

He’s throwing as many spanners as he can muster.

Ron countered. ‘How about considering some work on the ward? And he could start to do some laundry for himself, I’m pretty sure he wouldn’t mind.’

‘Wouldn’t mind? You’d better have something better than that for Lark House, Ron, they don’t want deadwood,’ said Sam. ‘They want active participants who have something to offer.’

Ron doubted that Sam knew what went on there, but considered that he might have been checking up in his absence, familiarising himself with the enemy, so to speak, attempting to stay one step ahead.

Metcalf suggested an OT assessment, whilst also noting that Dave's test results were yet to materialise.

Ron backed off, aware that he had not yet been able to access the archives and fill in the missing details from Tim's files.

'Well, maybe an overnight stay might be a good first step.' Sam was looking at Metcalfe. Ron stared at the two men, trying to discern if the suggestion was sarcasm. 'You know,' said Sam, 'Perhaps give it a go?'

Ron's heart leapt. Then he realised it was a test. A new tactic from Sam. When Tim fails, the matter will be dropped.

Metcalf shrugged and raised his eyebrows. 'Interesting.'

Then he replaced his pen top; the meeting was finished.

Ron returned to the office.

Sam was stacking the case notes. 'You were a bit reckless, Ron.' Ron shrugged. 'I mean, going on about medication in such a blatant way. We all know what you were driving at. Rather than sounding off, why don't you take it gentle and ease your way back in?'

'My concern was also for the patient, Sam. We over-medicate at times.'

'I just hope Dr Metcalfe doesn't get too mad at you.'

Jan joined the conversation. 'Actually, Ron, I think it was the right thing to do. I agree with you; she does look a bit dopey.'

‘Thank you Jan. It is our job, after all.’

Jan turned to Ron. ‘But did you notice how Dr Cooper referred to Lark House?’

‘I did.’

‘Word’s getting about, Sam,’ she said.

‘Lordy, Florence,’ said Sam, apparently keen to assert the fact that his preferred allusion was firmly re-established. ‘Not happy with putting our careers at risk with your rehabilitation nonsense, you now have to question the doctors as well.’

Oddly, Sam’s expression was less harsh than previously, almost cajoling.

‘Well, we have to speak up for the patients. If we don’t, who will? I’m off to the pharmacy to pick up some meds, does anyone need anything?’

He closed the ward door behind him and he saw Metcalfe striding ominously towards him down the corridor. He braced himself for an onslaught.

‘Forgot my raincoat,’ said Metcalfe. ‘Starting to rain out.’

Okay, not what Ron had expected, he smiled awkwardly at the psychiatrist.

Metcalfe halted. ‘Listen, Ron,’ Metcalfe called him Ron, but the fact took a moment to register. ‘Between the two of us, I have spoken with Cooper.’

Here it is.

‘The truth is, I’m glad you raised the matter of the medication. We rely on the nurses as an essential cog in the system.’ He then excused himself, on the grounds that he had a clinic to attend.

Metcalfe was off back down the corridor, his heels clacking on the tiles and echoing into the distance.

‘Nurses a cog in the system?’ It sounded to Ron like a band-handed compliment. *But did he call me Ron?* He stared at his feet. He puffed his cheeks and shook his head, then muttered to himself in disbelief.

He continued on his way to the pharmacy and spotted Sam approaching in his beaten up Vauxhall. Sam wound the window down and waved. ‘Off to see a lady, won’t be long.’ Whoever she was she was maintaining Sam’s interest like little else. *Perhaps he’s lost interest in the Airfix models.*

Chapter 27

At the door of the ward, Neil was clearly in a hurry to get out into the corridor. He seemed to be wearing Mike's sunglasses. His carrier bag bashed against his leg, and cold coffee slopped out of his mug. Ron greeted him nonetheless.

'Afternoon, Neil.'

'Fuckoffpissofffuckoff.'

Neil barged past, performing a loping semi-run down the length of the corridor looking. He looked a drunk giraffe with a neck ache.

'Fuckoffpissofffuckoff.'

The mumbling and grumbling echoed off the corridor walls, and Ron watched him disappear down the hallway past another couple of disinterested onlookers and off towards the main exit.

Going to be one of those days.

When it came to it, Ron ducked the drug round, delegating it to another nurse and a student. He sat in the office as Jan prepared to leave for home.

'No Sam,' he said, looking at Jan with a grin.

'No Sam.' She raised her arms in mock celebration.

Whether by accident or design, the suspension had changed his world. The fact that he still thought Sam was at the root of things had not helped their relationship, but before his absence, Sam's tone had altered.

'What I don't understand,' said Ron, sitting in Sam's chair, rubbing the arms as if sizing it up, 'is why Sam seems to be backing off.'

'How so?'

‘Well, before my suspension, he was always jibing about my plan. Now, he seems to be warning me, almost worried about what might happen.’

‘Change of tactic?’

‘You might be right, but it’s still a mystery.’

‘One of the mysteries of life,’ said Jan.

‘A bit like why it feels weird sitting in Sam’s chair,’ said Ron, running his hands over the arms.

Jan laughed.

‘Sam’s domain,’ said Ron. ‘His cosy corner, his place of safety. Part lair, part retreat.’

‘That’s what the old charge nurses do,’ said Jan. ‘They make a nest.’

‘Know anything about this woman of Sam’s?’

‘What woman?’

‘He has someone on the go,’ said Ron. ‘Seems keen on her. I’ve even seen him sneak off in the middle of a shift. She must be worth it if he’s risking being caught.’

‘I don’t know anything about that,’ said Jan.

‘Well, all I know is he keeps saying “I’m off to see a lady”. It’s irritating.’

‘Oh, that.’

‘What do you mean, “Oh, that”?’

‘He’s talking about his mum.’

‘His mum?’

‘Yes. His mum.’

‘I thought his parents were both dead.’

‘God, Ron. Percy died, but his mum is still about. She hasn’t been well recently, forgetting things. Also has a problem with diabetes. You really don’t know what goes on around here, do you?’

Ron stood open-mouthed. ‘Well, why is it my fault if nobody tells me?’

‘You’re a one to talk! Never mind, you know now.’

‘Let’s hope for his sake that she doesn’t end up of a geriatric ward in Springhill.’

‘You shouldn’t wish that on people, Ron.’

‘No, you’re right. Not even Sam’s mum. Sorry.’

‘Don’t forget, she used to work here once.’

Jan said goodbye and Ron tried not to think about the information as he headed for the Blue Room. There was no reason for him to take his recent problems out on his patients, and he had resolved to continue with the music group.

‘Howdy folks! Today is *The Dean Martin Collection*.’ It was a middle-of-the-road selection, but one that Ron felt was suggestive of cheery times. ‘The perfect antidote to the weather outside,’ he said, staring at the grey beyond the smeared glass panes. ‘At least it’s hot in here.’ It was, almost as if to spite the winter weather, the Blue Room was unbearably hot. Ron opened some of the windows to assist the airflow. It didn’t do much good.

The session was a low-key one, and Barbara left early after extorting her usual bribe from Ron. She lasted almost two tracks and left in the middle of *I Will*.

Ron settled back into his chair. The next minute he was running down the main hospital corridor. He was in a desperate rush; he didn’t know why. The faster he ran, the longer the corridor seemed to get. The sound of his footsteps made an echoing din. The

corridor was lit by bright sunshine; he could see the end in the distance. He tried to increase his pace but something was pulling him back, a magnetic restraint. The faster he tried to run, the longer the corridor grew. There were none of the usual doorways leading to the various wards and departments. He saw the shiny blue and white wall tiles, the bright sunshine, the cold tiled floor. The clanking footsteps gave way to his breathing and then the incessant whooshing as the blood pounded violently around his head. His breathing became heavier and his body drained of energy. Still no doors. He heard muffled laughing and clanking keys being inserted into invisible locks. The noise increased still further until it was a deafening row that blunted his senses.

He woke up with a start. The thunderous noise had been replaced by the sweet tuneful tones of a little robin that was sitting on the window sill outside. There was also the repetitive clacking of the stylus hitting the edge of the vinyl. He looked around the room to find he was almost alone. The music had stopped and there was a solitary figure sat in the opposite corner of the room. Neil had stayed behind after the others had left. He had heard the LP finish, he had watched the group amble out, and he had remained sat in his chair, still holding his cup of cold coffee, staring at Ron.

‘Where is everyone?’ Ron was disorientated; dazed and confused. He rubbed his eyes and shook his head in an attempt to regain something resembling alertness. It had to happen eventually. Ron knew that sooner or later during one of his music sessions, this would happen. Ron had nothing against Dean Martin. He would even say that he was partial smooth crooning. But smooth crooning had been a perfect tranquilliser.

Neil looked serious. All he said was, ‘Gone.’

‘Oh. Oh dear. What happened?’

The summary was succinct. 'You fell asleep.'

'Oh dear,' repeated Ron. He felt a reddening of his cheeks. What a thing to happen, he almost expected it of his clients; he even regarded it as an endearing quality in some of them. But not for the group leader.

Neil was unbothered by the fact that Ron dozed off. Without saying another word, he got up, traipsed across the room and left. His carrier bag rustled and banged against his legs as he went. Ron remained in his chair, trying to come to terms with his *faux pas*. As he did, he heard a familiar noise, a gruff *neigh*. He recognised Neil laughing one of his distinctive laughs as he walked away from the room.

He got out of his chair to take the record off the turntable. He looked at the sleeve of the album and snorted a snigger through his nose. The final track was '*Dream a Little Dream of Me*'. The sentiment was not wasted, even though he was napping contentedly at the time.

'Ha! That's ironic.' He said, thinking he was alone.

'What's ironic?' A voice sounded from over his shoulder.

Ron turned to see Bill, the maintenance engineer.

'How long have you been in here?'

'Long enough to see you get woken up by a patient and then start talking to yourself.'

Chapter 28

When it arrived, the day of the conference was as grey as most of the fusty looking psychiatrists there. They swarmed around the echoing hall. The venue itself was a dour concrete edifice with a stark interior. Ron looked at the wooden stage and lonely lectern and felt out of place. Dave had been joyous since their arrival. Ron asked him why he was so happy.

‘Opposition, Ron.’ Ron saw Dave’s eyes glinting. ‘We are here to oppose. Care is on a new course. This lot,’ he waved an outstretched arm, ‘this lot are the old guard, the past, the smug, self-satisfied elite who need to move aside. They had their go and they fucked it up. Their dominance, the comfort of their cosy offices and their reliance on questionable diagnostics and their feeble protestations about curing the mad, it’s all got to go.’

‘Their repeated shovelling of the pills, the risible use of electricity to do something they don’t even know but venerate without reason. All the past. I’d love to imagine a future where we work in a different way. And that’s why we’re here, Ron, to help that happen. A revolution starts from within. The point is to change the world. Marx, I think.’

The words from Dave’s polemic rained onto the scratchy conference hall carpet.

‘Good job we’re not at Springhill,’ said Ron.

‘How’s that?’

‘They’d have you in a headlock feeding you pills.’

Dave’s laughter made several of the delegates turn around.

They sat and listened to papers being presented, like: *The New Dimension: On the Efficacy of Anti-Psychotic Pharmacology*. Ron heard the delegates talking, making

assertions about the new hope these products offered: ‘One hundred years ago, we barely understood the mind. Twenty years ago, we still relied on seclusion, on padded rooms and restraint, but new freedom arrived with the advent of these new and effective preparations’.

Dave turned to Ron and whispered. ‘What cobblers.’

The man continued. ‘...will enable the relocation of thousands of patients - easily controlled safely enjoying a better peace of life.....All due to these wonder drugs...’ and so it went on.

‘They’re simply strengthening their power base,’ said Dave. ‘It’s not about the patients, they are no more empowered now than they were when we started throwing them into the loony bins in the last century.’ The words were shocking to Ron’s ear, but it didn’t stop Dave. ‘These drugs are just taking the place of cells and straightjackets, helping to control those they deem abnormal.’

‘You know,’ started Ron, ‘when I think about Sam’s views on medication, sitting here, I can see where he gets it. It’s a common enough assumption that these drugs wipe out the effect of psychosis. And if all else fails, they keep patients quiet.’

‘Now you’re talking my language, Ron.’

‘Of course some would say they stop the aggressive ones from battering each other stupid. “A peaceful ward is a happy ward.” But that’s not really the point, is it?’

‘I like that expression. Where did you get it?’

‘One of Sam’s.’

‘I know you have a point. I mean, anything that makes the patients passive and renders them disempowered is potentially bad.’ Ron’s mind again whizzed back to the drugs put in the giant steel teapots.

‘I’m sensing a “but”,’ said Dave.

‘But they do *some* good.’ Dave stared at him. ‘I mean, they help reduce the intensity of some symptoms, you must admit that.’

‘I admit nothing,’ said Dave.

He had not wanted to admit a minor skepticism creeping into his thoughts about Dave’s rhetoric, and rather than press the point, with which, if he were honest, Ron had managed to surprise himself, he adopted his usual trick of diversion. ‘Surely an alliance between a powerful professional discipline and a powerful industrial entity isn’t altogether healthy?’

Dave turned and shook his hand, like a fellow believer at a Catholic Mass. ‘Now you’re getting it, my friend.’

Lunchtime rolled around. Ron looked at the psychologist, who was lighting an extended cigarette that he had spent some time constructing. Dave inhaled and passed the item to Ron, who considered it impolite to refuse. Dave nodded and exhaled a stream of smoke.

‘Yeah.’

The space made for free conversation, and Ron could feel enough of a bond with Dave by now.

‘Mind if I share some personal information?’

There followed fifteen minutes of sharing what, thanks to Claire, was clear in his head. Dave didn't say a word. He made intermittent sounds of encouragement.

When he had finished, Ron sat back.

'That's a powerful admission, Ron.'

'Well, if there's a good person to share it with.'

Dave paused.

““They fuck you up, your mum and dad. They don't mean to but they do”.”

'Huh?'

'Philip Larkin,' clarified Dave. 'You have existential shit, my friend.'

'That's bad?'

'Yes and no.'

'Not helpful, Dave.'

'Well, there are a number of things I'd say about your situation, Ron, my friend.

From what you've told me about your dad, you have repressed memories and anxieties that have formed over the years. The fact that you're talking about them is great, it'll flush them out.'

'So I'm on the right path?'

'It's a start.'

'So where do I go from here?'

'Although my sympathies lie somewhat in the psychoanalytic tradition, I don't come from a strictly Freudian perspective, you get me? If I did, I'd suggest something of an Oedipal position had been created in the background you've described.'

'Sounds nasty.'

‘Not really, and there is a position you can get into, according to the Freudians, where the mother gratifies the desires of the son. You see, for Freud, a fundamental element is the passage from childhood to adulthood. He would suggest that the Oedipal Complex causes a potential problem if now resolved correctly.’

‘The Oedipal Complex?’

‘Yes. You see, the resolution of the Oedipal Complex allows for development of mature sexual role and identity. Something about the Phallic Stage, I don’t remember rightly.’

On hearing this, Ron started to feel worse, not better.

‘Don’t worry, though,’ added Dave, ‘it’s not necessarily weird.’

‘Sounds it.’

‘I know, but that’s the Freudians for you. Now let’s follow the logic.’ Dave inhaled another long drag. ‘You, you had a problem because your dad left. That might have created the feeling of guilt, because, at that age, you would have been jealous of your father. This is the Freudians, don’t forget.’

‘So...’

‘So, maybe in your kiddie brain you thought it was your fault, that you had won over your mum and metaphorically killed your dad.’

Whether the road Dave was travelling with his analysis was the right one, Ron had no idea, but he did hear echoes of his previous conversations with Claire in what was being said.

‘It could also account for a stronger than normal bond with your mum, which is why her death has produced such a powerful reaction. That and the fact that you didn’t tell anyone. That’s not cool, Ron.’

‘I realise that now. I’m learning about sharing feelings.’

‘Claire?’

‘Yes, she’s a great sounding board.’ He thought about the sentence. ‘That sounds terrible, I don’t mean...’

‘I know what you mean, Ron. Me, of all people. Remember, it’s what I do all day every day, listen to people and try to make sense of their world. And yes, Claire is a nice girl, she’s good for you.’

‘Dave,’ said Ron.

‘Yes my friend.’

‘You already gave me that stuff about psychiatry, there’s only so much my brain can take. I have no idea what that Foucault is on about.’

Dave snorted and his body shook with mirth. ‘I don’t think even Foucault knows what he’s on about some of the time.’

‘It gives me a headache just reading it.’

‘Sorry about that.’

‘So I have an unhealthy and unresolved problem with my mum which I now can’t resolve because she died. Is that it?’

‘We *could* look at other interpretations, like Jung, or Klein, and the other schools of psychoanalysis such as ego psychology or object-relations. That Frenchie Lacan, he

talked about a pre-Oedipal stage and I think a Law of the Father, but I'm not sure that's all that helpful.'

'It isn't.'

'I'm only *supposing*, that's all. You may have had blocks to female relationships or other difficulties as a result of these odd dynamics. There could have been an internalized morality, any number of defence mechanisms such as guilt, denial and repression.'

It was sounding ominously close to home for Ron. It went some way to explaining his desire for privacy, his reticence with intimacy, his sensitivity. He wondered fleetingly if the problem had blocked his ability to form mature relationships in general. He started to worry about Claire. Did his first meaningful sexual relationship following his mum's passing mean that Claire had become a replacement? Was she simply a conduit for his angst? Or was she a catalyst? Or was it all of that? Just as he was starting to get into knots, Dave continued.

'But it's only a guide. If we were in therapy together I wouldn't be so crass about all this stuff. I can do subtle as well, you know.'

'Of course.'

'They might carp on about Ego and Id and all that, but really, if turning the microscope on emotional difficulties makes some sense, then it could help. It's all about dealing with the crisis in your life. I don't suppose that palaver with the suspension helped much, as well.'

'It didn't. So, where do I go from here?'

‘Well, it sounds like you have identified the need to grieve properly, and you have Claire to help. And don’t worry, she can be a sounding board, if she loves you she’ll be happy to help you out of the mess.’

Love? Ron had not considered love. Deep affection, yes, but love? His first thought was the cartoon strip book she had presented him, the importance of which he seemed now to have missed.

‘So my project could be a way of coping?’ He already knew this, but felt the need for confirmation.

‘Could be. Displacement, they’d call it. You feel the need to prove yourself, or satisfy dad, because of his criticisms. Or your mum. I think you’ve got past the denial of her death, though, which is good. What you really need to concentrate on is yourself.’

‘And Sam?’

Dave replaced his coffee cup on the table and laughed again. ‘Sam, the giant squidgy spanner in the works.’

Ron liked the description.

‘He’s not all bad. Selfish, perhaps, but not evil.’

‘I thought I knew him. Then I didn’t. Now I’m not sure.’

‘Let’s look at this another way. You have created what the Transactional Analysts would call a “Triangle Dynamic”.’

‘Oh God!’

‘You Ron, you are the Rescuer, Sam is the Persecutor and Tim is the Victim. The problem will maintain itself until there is a shift in the pattern.’

This was interesting, Ron considered the dynamic to which Dave was referring and again, there was a logic. His admiration but also his envy for Dave's clear-mindedness resurfaced.

‘And I won't say that perhaps you are being driven by the Thanatos, what psychoanalysts call the Death Drive, as that might suggest that you are unconsciously attempting to destroy your position and your self by undertaking a project doomed to failure and antagonising the authorities...’

‘Oh, shit!’

‘I'm messing with you, Ron. You do what you have to do. If you want to continue to fight him, that's all well and good. If it offers freedom, an escape from past mistakes, from expectations of your dad, that's also good. And don't forget there's a patient at the bottom of this pile and he should be nearer the top.’

‘I know, that's another source of guilt. I genuinely want to help, though.’

‘Like I said, TA Rescuer.’

Ron nodded.

‘These things will work out, you have what the TA people call a good life script, I'm pretty sure of that.’

‘Thanks.’

‘And your reality consists of your own interpretations of the situation as much as any others. There's a sense-making process that the existentialists talk about.’

‘Okay, most that *does* make some sense.’

Dave looked over at the delegates filing back into the hall. He rubbed his hands together. 'Here we go.' He started to get up and placed a hand on Ron's arm. 'We can talk again. You have to set the agenda for your growth.'

That was a word with which Ron felt a deep affinity.

'And when you're done, come and work with me. I think I've offered that one before.'

Ron reflected on the offer.

When the conference restarted, neither of them commented on the fact that they hadn't eaten anything.

The afternoon session was less entertaining, with lots of presentations seeking to justify the usefulness of the various drug preparations they were marketing. Ron looked about, most of the attendees were nodding and making notes. No doubt these products they were describing would find their way into the Springhill medicine trolleys in due time.

It had been a long day and finally there was a lull, during which many delegates shifted in their seats. A balding man tapped the microphone and invited questions. A female delegate thrust her hand up and started asking a question about beta receptors and the effect of some drug with a silly name. The chair seemed to be doing his best to explain, then another question was directed at the statistical methodology of the studies. Was there a significant something and how many of the studies had robust control group analysis. There were more words that he heard like deviation and significance, psychological cognates and comparative something. It was a relief when Dave whispered in Ron's direction.

‘Listen to this bloke,’ he said, ‘classic deterministic logic.’

Ron wasn’t sure what that was, but it sounded impressive.

Dave nudged him in the ribs and jerked his head towards the door. They slunk away from the stuffy hall and went to the bar.

Chapter 29

Ron's conversations with Jan often revolved around hospital life, but she occasionally interjected personal detail. 'My Stan, he's unusual round here, doesn't work in Springhill Works in Millers.' Ron clarified: 'The timber mill.' She nodded. 'Comes home with dusty hair. I make him shake it off outside the back door before letting him in the house.' They had no kids, but her sister's children would stay with them at the weekend. 'Stan takes them fishing.' The idea sounded appealing to Ron, who might, one day, get round to having kids of his own. It was after all the thing that people eventually did. It was also something his mum had often asked about. He didn't share the thought with Jan at the time.

Now, he was telling Jan about Claire's recent trip away with her sister. While Ron was away at the conference, Claire had decided to go out. She said that her sister had 'coaxed her' to a going to the music gathering. 'Hippies,' said Ron. Claire countered: 'You could have come, but you're going to that boring conference.' 'Not boring,' Ron had said. 'You love music,' said Claire. 'Next time, perhaps,' answered Ron.

Now, as he explained the episode to Jan in the office at work, he sounded regretful.

'I wish I *had* gone.'

Jan looked up from the tangle of red and orange wool on her lap. 'Why so?'

'Sounded like the two of them had fun. Claire came back at god knows what hour bashing her way up the stairs in an attempt to keep quiet. I was in bed. She was like an excitable hyena. She tottered around the flat eating what she could find in her fridge. She offered me some pickled onions. Pickled onions at three in the morning! Then she

put on a disc and played some music. Asked me to dance but my head was full of chlorpromazine.'

'What?'

'Figuratively speaking, of course,' explained Ron. 'After the conference chatter.'

'I see.'

'Anyway, then she did some dancing on her own with a big floppy hat on and I went back to bed.'

'Sounds like my other niece had a hand to play.'

'How do you mean?'

'Well, her sister is a free-spirit, that's for sure.'

'Yes, Claire told me about the caravan and the sage. At least they enjoyed themselves.'

'And instead you went to that conference.'

'I did. It was good, though.'

'Doesn't sound that great.'

'Well, it was, different. And I enjoy spending time with Dave. It's just that he can be a little too political for me.'

Jan laughed as she pulled on the ball of wool to start another row of her knitting.

'I like Dave, but he gets things a little – how should I describe it?'

'Out of perspective?' Her knitting needles made a soft clack as she completed another row.

'That's it,' said Ron. 'It sometimes feels like I have Metcalfe and his lot on one side, and Dave's ardent philosophy on another.'

‘And you’re in the middle.’

‘Something like that.’

‘Welcome to the wedge. The world of the mental health nurse.’

The topic moved on. It was now centred around Sam’s temporary absence, the two of them noting the calm in the atmosphere.

Then Jan remembered something. ‘By the way, have you seen this?’ Jan was indicating the noticeboard behind her.

‘What’s that all about?’

‘Take a look.’

He moved closer to the wall and started reading the notice, headlines: *Rehabilitation Officers*. He ran a child-like finger across the lines, reading aloud to himself.

‘Every ward in the hospital...nominated Rehabilitation Officer...responsible for selecting potential patients who might be deemed suitable for the soon to be instituted rehabilitation programmes at Springhill.’ He turned to Jan. ‘This is great’ The news sent Ron’s heart thumping, ‘This is validation,’ he said.

He sensed a reversal of fortune to wash away the dirty sandcastles shaped by the memory of his recent trials. ‘I can almost smell the roses. I knew this was coming. I knew the hospital would catch up with the move to community care. All those Health Board directives must have finally weighed the desks of the hospital management. At last, twenty years too late, but you know what they say, “Better late than never”.’

‘You mean the Mental Health Act? That stuff that suggested the change, Enoch Powell, all that?’

‘That’s’ it.’

‘Surprised you know about that, Ron, you’re too young.’

‘Reading up,’ he said, almost skipping about the room. ‘Finally, action. I wonder whether Sam knows about it? Of course, he’ll sidestep the issue, there’s no place in Sam’s philosophy for such things. Sam thinks that Springhill will be standing forever. He even said the same thing to me one. Something about the hospital being a hundred years old, and it would last another hundred.’

Ron’s cheery inflection was lightening with each word.

‘That means you haven’t got to the bad part,’ she said.

Jan’s words synchronised with the time Ron’s eyes fell on the part spelling out the name of the Ward 1 individual. It was, of course, Sam Brittan.

There was silence as Ron ingested the notion that his project was to be torn from his grasp. But this was not all, the effort required an understanding as to how a situation had occurred where his current nemesis was appointed to something so dear to him.

‘What the hell...’

‘I know. I’m sorry, Ron.’

‘Why him. He’s the stereotypical mental health nurse. He’s a parody. I don’t know what the expression is. Whatever it is, he’s what people expect: loud, burly, arrogant, authoritarian.’

She lowered her hands. Her fingers remained entwined in the wool. ‘I’ve told you before, he’s not *all* bad, Ron.’

Ron didn’t acknowledge the comment. ‘I can’t believe he’s taken the project from me.’

‘I didn’t want to say, but you would soon know,’ said Jan, adding, ‘I’m sorry for you, Ron. Good things don’t always happen to good people.’

‘I didn’t expect this.’

‘Sorry, Ron.’

Chapter 30

As soon as his shift finished, Ron cycled over to his new place of safety. It was snowing and his wheels slithered along creating a swirling pattern in the snow behind him. He looked like a duck landing on a frozen pond. When he finally arrived he repeated the words he had used to Jan. 'I can't believe he's taken the project from me.'

'I'm sure it's not like that.'

'You're always so trusting,' said Ron.

Claire's voice made a noise that sounded like an acknowledgement.

'And he was being so nice. Now I know why, he was softening me up for the sucker punch. It's the perfect scenario for him, and now he's buggered off on holiday to avoid the flak.'

'Ron, if the thing gives you so much hassle, why don't you just drop it.'

Ron was oblivious. He was pacing the front room in Claire's flat, grinding his teeth and pulverising his palm with the fist of his other hand.

'Sam doesn't want the job; he wants to control. And he wants to deprive me of the project.' Although he suddenly had a new reason to feel angry with Sam, it was not a position he had sought. He must have liked Sam once. The thought buzzed through his brain. He liked Jan, he knew that without thinking. He felt indifferent to Sister Bridget, perhaps even sorry for her. He liked Claire, of course. But had he liked Sam?

'This is old Sam,' said Ron.

'You don't have to take it personally,' said Claire. 'Think of it as proof that you were on the right track.' Claire chose to refer to the notice, saying that the new wave that Ron

had talked about was here. 'Even Sam won't be able to stop the momentum now,' she said. 'Once the initiative gets going, he won't have any choice.'

Ron looked at her. The tentative smile on her lips started to resemble a caterpillar.

'He will just ignore it. You know how lazy he is. Now he is the one in charge he can stall it.'

'At least you will have started something.'

It was scant consolation.

'What do I do now?'

'You could give him a hard time.'

That was precisely what Ron had been intending, and, if he cared to own up to it, why he was angry. The proverbial rug was pulled. Although how Sam might have reacted to an escalation in hostilities he wasn't exactly certain. It was likely that Sam would simply carry on regardless and think nothing of it in his one-dimensional manner.

With the arrival of a glass of wine, Ron had calmed.

'It's a bit strange though,' said Ron. 'I mean, recently, he's been more accommodating. He still calls me silly nicknames, but his tone seems to be more understanding and I have no idea where it's coming from.'

'Perhaps he knows he's won?'

'Perhaps. The trouble is,' said Ron, 'apart from the issue with Sam, this is another example of my personal failure.'

Claire sipped from her wine glass, simultaneously giving him a curious look.

'Well, if I had been any good, they would have made me the one in charge.'

'You can't say that. Sam got the position because he's the Charge Nurse.'

Ron muttered something about it being more the result of his early experiences. He knew by the sound of his own voice that he was whining, but he had to share the problems.

‘It’s my lack of success that bothers me,’ said Ron. ‘I don’t seem to be able to get anywhere.’

‘What do you mean?’

‘Well, look at it,’ he said picking at his fingers. ‘I haven’t managed to get the information on Tim, I’ve effectively lost my project, I can’t convince anyone of the merits of rehabilitation...’

‘Not exactly true now, is it?’

‘Well,’ he continued, ‘that’s what it feels like.’

‘Ron.’ Her eyes were glassy as she looked at him. ‘You have to stop persecuting yourself. These things happen, people have problems at work, they’re faced with problem colleagues and crises. They’re not all necessarily related to your childhood.’

Although he was aware of the rising tension, the words made Ron feel like wishing once again that everything was back to how it was before, before the project, the time when he came to work and gave out the pills and enjoyed friendly exchanges with patient who he understood to be happy enough with their daily life. But that was before, and now he couldn’t go back. Before he had a chance to think, his face had flushed, he sensed a tremble in his core and he found himself shouting.

‘Okay, you stick to your little world of zapping people with so-called treatment that you know nothing about.’

Claire’s face had a look of hurt as she gasped. ‘Ron!’

‘Stay with that awful woman bossing you about. To hell with Sam and Springhill, to hell with all the sycophants and the cruelty and the lack of progress.’

‘Ron, you’re upset.’

‘Oh, you see that?’ He stood up. ‘I think I need some time...’

With that, Ron grabbed his coat and stormed to the door. ‘I’ll see you later.’ As he said the words, he didn’t make further eye contact, he pulled the door to and the force of the effort caused it to slam shut. As it slammed, he flinched. The noise interrupted his emotional state. It had not been his intention to make such a display of petulance, let alone start shouting at the one person who had provided stability through his recent trials. He considered an immediate return, an explanation of his unintended actions, but the possibility that his excuses would not achieve the desired effect prevented him doing so.

As he cycled home, regret overtook rage. He remembered the same rage in Claire that time, and how she had dealt with it so much more effectively. He now sensed guilt. It was the first time he could remember being apprehensive about a relationship problem. He didn’t count Alison Berkeley, she was a unique experience.

As soon as he got home, he picked up the phone to call Claire, his motivation simply to correct that which he had artificially created.

Chapter 31

Jan was staring at Ron over the top of her reading glasses. Her first words to him when she spotted him concerned recalled the evening of his temper.

‘I hear you had your troubles recently.’

He had half expected Claire to chat to her aunt about his outburst.

‘I think I smoothed it out.’

‘Hmm...’

‘Well, unravelling the tantrum wasn’t as simple as I had hoped. When I got back home, I was going to write a letter, but I thought about my previous efforts at letter writing and decided it wasn’t my thing. When I rang her number, she didn’t answer, so I went back to her flat.’ In fact, when he had pressed the doorbell, she opened the door and her eyes were puffy and reddened. She was sniffing into a tissue. He employed all of his comforting nursing skills, mixed with a large portion of contrition, but he eventually managed to impress on her his profound regret.

‘Lucky for you she didn’t get you in a head lock.’

‘Head lock?’

‘The karate, Ron.’

‘Oh, that.’

‘Anyway, she wouldn’t do that to you, she like you too much.’

‘That’s good to know.’

‘And I know you have a lot to worry about,’ said Jan, piercing his worried expression. ‘Claire told me about your mum.’ Ron eyed her quickly. She held up her hands. ‘Don’t take it out on her. I know this is a private thing, but *you* know, we all know, that grief is

difficult. I had no idea and insisted that she share her concerns. Then she told me about your mum passing. I'm truly sorry, Ron. I could say that you should have said, but you're not like that. If you need me to help with anything, let me know.'

'Thanks, Jan. I guess I haven't been coping well. The suspension didn't help. Claire's been brilliant, though, I've learnt so much about myself through talking to her.'

Jan grabbed his hand. 'I'm glad. She would hate to think she had upset you.'

'Okay, enough of that,' said Ron, shrugging the likelihood of more revelation. 'Tell me what else has been going on.'

'Well, we had a right commotion yesterday. Neil was ranting around deliberately slamming doors, saying that people were talking about him. Martin was telling the staff off for not doing their job. He said he was going to call the police and report us for cruelty. Then he decided to have the place closed down. Then there was a massive row between Martin and another patient over who would watch what on the telly, Martin retreated into his room and spent the rest of the shift fighting off his hallucinations. We had to give him a load of diazepam before he settled.'

'Glad I missed that, then.'

'You also missed Sam's relaxation class.'

Some tea that Ron had swigged but was yet to swallow made its way back out through his nose.

'Steady on, Ron.' Jan made a motion to wipe the floor with her foot.

'Relaxation class?!'

'He started it this week.'

'What's he up to?'

‘Perhaps he’s taking this rehab stuff seriously.’

‘No chance,’ said Ron. ‘More likely he’s had a bang to the head. He’ll be doing it for the same reason he ever does anything round here, because it looks good. Lip service.’

‘I think you might give him a chance, Ron. And yourself at the same time.’ Jan continued, ‘perhaps he’s a changed man.’

Ron shook his head; he hadn’t heard anything less likely for some while. The two of them sat in the office ignoring the absurdity of the idea when phone rang. Jan picked up the receiver, it was an internal hospital call.

‘Hello, Ward 1,’ said Jan. ‘Erm, yes, pretty quiet actually.’ Ron listened to the conversation, trying to make out what the call was about. ‘Yes, pretty good, we have a couple of students as well.’ Someone seemed to asking about the staff. ‘I’ll just check a moment, hang on...’

Jan held the phone at arm’s length and mouthed silently to Ron while pointing at the receiver, ‘Bridget, ECT.’ Ron shivered.

‘Er, yes, Ron probably. Yes, he knows the ropes. Okay, I’ll tell him. Okay, bye.’

‘I know the ropes?’

‘Yes. Bridget.’

An immediate sinking feeling dragged Ron underwater like a defenceless seal. ‘Please, don’t say it...’ Of course he knew what was coming.

‘She’s short today and asked if we could spare you to help out as you have been recently.’

‘Shit! That’s a dilemma,’ he mused.

‘Ron?’ Jan had obviously seen the look of dread on his face. ‘What’s up?’

‘It’s a tough one. I mean, it’s a chance to work with Claire, but I’ll probably see her later anyway.’ He blew out his cheeks. ‘No, I’m not going. I can’t do it. I know that’s not professional and all but I just can’t do it.’

Jan looked mystified. ‘What? Do you really feel *that* strongly?’

‘I’m afraid so, Jan, I do. Sorry. After the conference, I felt my objection grow much stronger.’

‘But Ron, that’s what we do. We’re mental health nurses.’

‘I know, Jan. I can’t do it. Not the way I feel now. Call it cognitive dissonance.’

‘What?’

‘Something Dave taught me about.’

‘Oh, that bloody psychologist! My God, she’ll spit nails!’

‘I know but I can’t. Make an excuse; tell her I have a cold.’

Jan paused for a second. ‘Tell you what, I’ll go. I don’t like her much either but I can do the work easy enough.’

Ron breathed a huge sigh of relief. ‘Jan, you’re a lifesaver!’

‘It’s no problem. Given how you feel; you might have walked out anyway.’

‘Tell Claire when you see her it’s nothing personal.’

Midway through the morning, Ron was alone in the office having a cigarette, from Sam’s office chair he could look out of the window at the trees. He imagined them still growing twenty years after Springhill had closed down, getting gradually unrulier and insidiously reclaiming the land. He dragged on the cigarette. It wasn’t his normal habit to spend so much time in the office. When contrasted to Sam’s inability to wrench his rear from the

office chair, Ron was almost a visitor. He thought back to his temporary absence, it had made little difference. The arrangements at Springhill remained in place. Between the imposed routines, the patients did what they could to make life bearable. It put Ron in mind of Sid.

He now spied a patient, standing obliquely to the flowerbed. She was touching her temple and mouthing something in a private conversation with the blooms. The moment was broken by the return of Jan from ECT. Ron turned around.

‘That was quick,’ he said.

‘Clinic was quiet. Not many today.’

‘How was the dragon lady? What was it Sam calls her? Electra?’

‘I haven’t heard that one. At least you’re not the only one with a nickname. Anyway, she wasn’t there most of the morning,’ said Jan. ‘Turns out that she was off to a clinical meeting somewhere the other side of Holton.’

Ron gritted his teeth and spluttered his words out. ‘Bloody typical. Oh well. You know I didn’t want to go to the clinic, so you did me a favour. It’s probably a bonus that she wasn’t there because then she won’t know that I refused to go.’

‘Don’t worry about that, I made up an excuse and said I wanted to go over. Claire said hi, by the way.’

‘How is she, your niece?’

‘Looking like someone in love. Makes me sick!’

‘That’s good, because she may be getting disillusioned over there.’

‘Oh?’

‘My fault, really. I’ve made her think about what they do there and I think it’s opened her eyes. She’s wasted there.’

‘She’s a carer, Ron.’

‘She could do better.’

‘Don’t be too glib or quick to judge, Ron. She’s sensitive and skillful and knows when to blend the mixture. Have you seen the way she connects with those poor people in recovery?’

Even if he had not been the personal recipient of Claire’s compassion, he had to admit he had witnessed the phenomenon at the clinic.

‘You know, she once talked a lady out of slashing another nurse’s throat.’

Ron raised his eyebrows.

‘True. It took her twenty- five minutes. I was a nursing assistant at the time. She was junior staff nurse. All started because a great big charge nurse had rubbed this patient up the wrong way. He had probably been winding her up. You know what some of them are like. The charge nurse went to make a cup of tea. I expect he didn’t have a student to run around for him on that day. The next minute, the two of them appeared out of the kitchen doorway, the Charge Nurse looking terrified, the woman’s black eyes daring anyone to approach. She was holding an opened pair of scissors over the Charge Nurse’s throat.’

‘I don’t remember that.’

‘Might have been before your time, Ron. Anyway, as the Charge Nurse was sweating and puffing like an old steam train, Claire went over to the woman and sat down. She spoke softly, offered a presence. The atmosphere was so calm with her there. I can see

every detail and hear every word. She was so brilliant. She really made a connection with the woman. She probably saved two lives that day. She's incredible when she needs to be.'

'Wow.'

'Exactly. The Charge Nurse practically ran out of the ward. Rubbing his neck as if he had escaped the gallows.'

'Which he sort of had done.'

'I suppose so. I will admit, though, perhaps showing a healthy skepticism like you suggest isn't such a bad thing. As long as it is healthy.'

He felt that it was good that even Jan was buying into the new ways.

'Shall we grab some leftovers from lunch.'

'Sausages with bread and ketchup? Perhaps a couple of pickled onions?'

'Let's go.'

They were soon sitting by the enormous hot cupboard in the kitchen munching the illicit scoff. A forbidden meal was all the tastier for the fact.

'How are you now?' Jan was waving a fork in the air. She was now looking directly at Ron. 'You know, after the suspension and all that.'

'Okay. It wasn't a good time though. The good news is me and Claire. She kind of keeps me sane at the moment, we see a lot of each other.'

'You must be doing something right. She was a little fuzzy ball of love this morning.'

'So no head lock?'

'No head lock.'

'I can't imagine her being violent. She's so sweet to me.'

‘Don’t say that to her, karate isn’t violence.’

‘I don’t mean to sound sloppy, but she is a fuzzball, you’re right.’

‘You two should be happy.’

‘We are.’

‘No, Ron. *You’re* not. You’re preoccupied with other things.’

He had to admit his frustrations. ‘I still have lingering anger that I was treated so badly.’

‘Only to be expected, Ron.’

‘But Claire helps, I feel more confidence to challenge the things I see that are wrong in what we do that perhaps I didn’t see before.’

‘And what do you see?’

‘More to the point, what do we really achieve? What I mean is, I see what our patients are capable of, but at the same time I find that frustrating because it just goes to prove to me how constrained we are. Our hands are tied. As soon as I tried to get anywhere with my plan, I was victimized.’

Jan took a huge bite of her sausage sandwich. She didn’t tell him that he sounded paranoid like Claire had done, but he felt like she might have.

‘It’s our lot, Ron,’ she said, talking through the chewing. ‘But we make a difference. If I didn’t think that I wouldn’t be here day after day.’

‘I get that, but achieving anything beyond our normal role seems hard. The fact that they don’t listen is one thing, but actively working against me is another. It wouldn’t be so bad if it was just the system, but I’m pretty sure there are other nurses plotting too.’

Jan ignored the inference.

‘You still want to do this, then? Even though you’re not in charge of the idea? I would have thought you would have walked away. I know I would.’

‘But someone has to keep it going,’ said Ron, ‘because we both know that Sam will stall it.’

‘What did I tell you about letting yourself get in the way?’ Asked Jan.

‘I know it’s wrong to want to make Sam suffer, but I can’t resist. I wish I could get more enthusiasm from Tim, though, he’s a bit flat about the idea.’

‘He is?’

The question provoked a short silence as Ron contemplated.

‘Well, he’s cool on the idea but I hope he might reconsider. When I have his history from the archives I may turn something useful up.’

Jan took another mouthful of sandwich and looked back at Ron with a sideways glance. ‘He’s obviously not the only one. Ron. Have you ever thought about moving outside this place yourself?’

After a short silence Ron registered the statement.

‘No, but Dave said the same thing. He suggested I go and work over at Westhouse.’

‘And will you?’

‘Who knows?’

‘Okay,’ said Jan, putting her now empty plate into the sink. ‘Now, chocolate sponge and mint custard? Or spotted dick?’

Chapter 32

Ron was sitting in the day room during a lull. He had been talking to Sid in one of the seeming one-way conversations they would have. Sid had excused himself and had gone to the dormitory for a lie down. Ron had a cigarette between his fingers and was not really listening to the radio in the background. Conversation drifted through from the office.

‘She’s not well, really. But she’s a geriatric.’

The voice was Sam’s.

‘Her diabetes is worse than it was. And she’s getting more confused, so I have to nip out to check up on her. We have a Home Help from the council. The whole thing can be a bit fraught, but there’s nothing like a familiar face, is there?’

Ron recognised the sound of one of the social workers. ‘I could get a colleague to look into a place for her somewhere.’

‘Thanks. I might have to eventually, but we’ll soldier on for now.’

Before he could hear any more, Ron heard the ward door open and he saw Tim come in on his way back from IT. He decided to engage him in a discussion about the stolen project.

‘All okay at IT?’

‘Nothing new,’ answered Tim. ‘It’s still boring and horrible.’

‘Well, I don’t know if I told you yet, but it looks like IT won’t be part of your programme if you move.’

‘Oh. I see. Well that’s good and bad in a way.’

‘Good because no IT? Bad because?’

‘Sort of right. Good no IT, bad no IT. I would hate to leave Mike and Sid to Mr Williams, it would seem like I’m deserting them. Plus...’

Ron watched the patient as he fiddled with the end of his tie.

‘What’s up, Tim? You can say.’

‘Well, it’s a little difficult.’ Tim paused. ‘I don’t know if I want to go to that place.’

‘Lark House?’

Tim nodded. Ron didn’t know whether he meant the overnight stay or the permanent move. He decided to assume the former. ‘You might be nervous,’ he said. ‘I understand that. But if you give it a go you’ll find they’re all really friendly there.’

‘I don’t know. Ron. It’s all been playing on my mind.’

Ron stepped back, trying not to look disappointed. ‘Anything in particular?’

‘Not really.’ He was avoiding looking directly at Ron, choosing to hide his gaze under his blond hair. ‘Anyway, I’m not all that well.’

Ron thought this an excuse, but it may have been something more genuine. He had known Tim long enough to know he was capable of making his mind up. He had to acknowledge that, despite his best efforts, efforts that had at times bordered on coercion, the patient innately knew what suited him best of all. And best of all was that it was his life, a life about which he had made a decision based on a full understanding of what was before him.

‘I’m sorry, Ron.’

‘It’s fine, Tim. I understand.’

And he did. Ron resisted telling Tim that Sam was now in charge of the matter. As puzzling as his declaration about wanting to stay at Springhill was, Ron understood the

subtext. He remembered what Tim had originally said that Springhill was his home. It was a consolation of sorts. For a while, Ron himself had considered the security, regularity, and familiarity of the institution, and it was through this understanding that he was able to empathise with Tim. He thought back to Goffman and he hoped that Tim might be the last generation that felt this way. Rather, he hoped Tim would belong to the last generation to be put in such a situation.

‘And at least I was able to make the offer,’ he said to Tim.

Ron took some small comfort that he had done what he could. There was a slim chance that Tim would change his mind, that whatever anxiety was driving Tim’s thoughts right now may dissipate. If he could get Tim to visit Lark House, he may think differently, but all that was a future possibility.

Privately, he had to admit to himself that the project had really been as much about himself as it had about his patients.

Chapter 33

Holton General Hospital made Ron edgy. When, during his training, he had completed his placement in general medicine, he gained an insight into how it was to be treated as different. The nurses from Springhill were regarded with mild derision and bemusement, and marginalized in the efficient coldness of 'proper' hospital life.

The previous day, Jan had taken the call from the Nursing Office, they wanted an escort for a patient and, of course, the people at the general felt uneasy about the volatile nature of the task.

'I bloody hated my general block,' she said.

Ron laughed. 'Fractured neck of femur, greenstick, somethingitis, it was mumbo jumbo.'

'The obsession they had with hospital corners.'

'Yeah, and all that changing drip-bottles scared me stiff. I was always worried I would kill the patient every time I changed one. I would stand and stare from a distance for five minutes after just to make sure they were still breathing. You know, one morning I was sent to wake some patients up, I approached the bed of an old man and told him to "Hop out". When I pulled back the covers I realised he only had one leg.'

'That's nothing. I was terrified of all the blood and guts,' added Jan. 'Did you go to theatre?'

Ron nodded. 'Saw a hip replacement and a mastectomy.'

'Well I passed out,' said Jan, waving her hand in front of her face.

Ron's hand temporarily slapped over his mouth. 'What happened?'

‘I was trying so hard, I put on the gowns and scrubbed up, feeling very nursesey,’ she mimed the actions, as if Ron didn’t quite know what she was talking about. ‘Then I went into the theatre to watch a hernia operation. I lasted five minutes until the patient was under and the scalpel sliced through his skin. The next thing I knew, I was on the floor with a gashed head.’

‘I bet you were popular.’

‘I guess it just confirmed their impression of the mad nurses. At least I was in the right place to get treated.’

Thoughts of this conversation were still passing through Ron’s mind, and he was trying to decide whether the story made him feel better or worse as he walked through the entrance of the hospital, with all the signs directing this way and that. They recalled the confusion of the acronyms so popular with his general nursing colleagues that had seemed like another language when he worked his three months at the place. The strong lighting and the diluted smell of bandages and disinfectant also put him in mind of his mum. He paused to look at the noticeboard in the main hallway. As he stared at the messages behind the glass, he suddenly had an image of her brushing her hair in the mirror, her small nose and pursed lips, frozen in concentration and she dragged the brush down in even strokes through her hair.

He passed starched uniforms and nurses in capes marching with intention to their destination. He watched the fob watches as they bounced on chests in time to the steps. Eventually, he found his way to the medical ward, where his patient was lying in bed in a side room. Ron remembered that it was not untypical for the mental patients to be secluded from the main ward dormitories, in recognition of an unknown and

unacknowledged fear of something different. The man greeted Ron with a smile; the scene failed to present anything remotely sinister.

‘Hello, Jack, I’m Ron.’

The patient extended a hand and gripped Ron as if he were a long-lost relative. ‘Are you taking me home?’

Ron sniffed out a smile. ‘Yes, Jack, I’m taking you home.’

A white hat appeared in the doorway. ‘Is he okay?’

Ron looked at the nervous face, the body language that suggested the nose didn’t want to enter the room unless there was a medical emergency.

‘He’ll be fine. I’ll get him dressed and packed up.’

An immediate look of relief flushed through her face. ‘I’ll get his discharge notes.’

The arrangement was going to suit them all equally: patient Jack was eager to get back to Springhill, the place he called ‘home’, Ron wanted out of the place that stirred painful memories, and the nurses at the general could breathe again knowing that the potentially homicidal danger would soon be ushered through the exit doors.

As he was wheeling Jack to the waiting ambulance to transport them back to Springhill, he thought about the idea of the hospital as home. He thought also about the time when a long-term patient called Colin had been ‘rediscovered’ by some family who then decided that they wanted to take him out of Springhill. Come the day of discharge, the family turned up but Colin didn’t want to leave. He refused to put on clothes and it took most of the day to coax him out.

Ron delivered Jack back to his home and couldn’t help musing as to whether his choice of subject for his project was unwise. He knew they would all have to move one

day; the problem was convincing people like Tim that they could live without the harness of the institution. He then smiled at the thought that Sam would likely be faced with the same dilemma.

Chapter 34

The previous day, the subject had been raised with Jan. She had asked Ron how he was getting on with the idea of Sam as Rehabilitation Officer.

‘Well, ever since he got back from his holiday, I’ve been finding it hard to interact with him, even more so than usual. I even thought about requesting a move to another ward.’

‘You can’t do that.’

‘Well,’ said Ron, ‘perhaps predictably, I didn’t. But my relationship with Sam feels like a torch with old batteries, or a circuit board with frazzled diodes.’

‘Ron, you do say some funny things. That’s a shame, though,’ offered Jan, ‘but I suppose I understand. I do think he would help if he could, though.’

‘I’m not convinced. Dave sort of gave me informal therapy at the conference, which was a help, and I’m more aware of the dynamics of the situation, I just don’t know how to resolve them.’

‘What about the rehab project? How do you feel about that?’

‘I’ve decided that, in spite of Tim’s reluctance, I want to keep the idea current. I still think of it as my idea, so there’s a personal element. But now he’s in charge of it, another part of me wants to see it fail, just to show Sam how he can’t control everything.’

Ron wasn’t sure whether the feeling would carry through to when he was with Sam, but it did, and so here they were now, the two of them, Ron and Sam, sitting in the office together sharing the awkwardness. Sam had been cracking jokes, almost as if he sensed the problem. What made the afternoon worse was the intimate nature of Sam’s chosen

conversation topic. When he first asked Ron if he remembered his dad, Ron cast about for a subject to which he could deflect the question. Nothing was forthcoming, and he was forced to confront the enquiry.

‘Why do you ask?’

‘Well,’ said Sam, pushing up his shirt sleeves a little higher, ‘I think about old Percy from time to time. I suppose it’s inevitable with all the memories I have of him here. I just wondered whether you had the same thoughts.’

The fraternal tone was disarming, and Ron found himself surprised at the readiness with which he seemed prepared to offer his personal disclosure.

‘Actually yes, but not until recently.’

‘Any reason?’

‘Discussions with Claire. Issues with my suspension.’ He paused, wondering whether he ought to expand further. Then he did: ‘Problems with my project. Problems with work.’

‘We all have our problems at work, Ron.’ Sam seemed to be back in a more familiar groove.

‘Anyway, I’m starting to think we can outgrow the legacy of our childhood,’ said Ron, feeling as if the phrase might apply to them both. ‘To get past the problems left to us by our parents.’

‘Fathers in particular, said Sam.’

For once, Sam seemed to understand. Perhaps it was his mum’s situation? For Ron, the consequences of his own father’s departure had weighed heavily for so long. The other day, Claire had said something that had lodged in his mind. She said, ‘Recently,

it's as if you've been living your life from within your dad's body.' The notion was a curious one, and it had forced Ron to think. Certainly, it was clear that something had been following him about. The shadow of his father was one that Sam now appeared to be confessing.

'It was hard for him, coming here as a refugee.'

'Refugee?'

'Yes, he was German.'

When he remembered their earlier conversation, Ron lifted his chin in acknowledgement. 'Name's not all that German.'

'Well of course he changed it, that's obvious. He chose a name he thought would blend in and sound patriotic, so he corrupted the name of this country. Good, eh?'

It was not something that Ron had ever considered, and he couldn't think why he should. The revelation was striking and placed Ron in an interesting dilemma, soliciting as it did some immediate sympathy for the younger Sam who was affected too, though in a different way, but affected nonetheless.

Ron wondered what Percy told Sam about working in Springhill, and how much this had shaped Sam's working career, his attitude to his patients, and to his colleagues. In the same way that Ron himself understood many of his own qualities had come from his mum. Ron wondered also whether Percy used to thump Sam on the arm and mock him in a playful way that bordered on criticism.

'You know,' said Ron, 'Tim said something to me once, and it stuck. It made me think, not only about him, but it seemed to match my situation too.'

'Oh?'

‘He said that if it had not been for his dad, he would probably have had a normal life.’

‘Not sure about that so much,’ said Sam.

Although at that moment Ron understood that he still wanted to uncover the detail to Tim’s background, the realisation that the three of them were together in one place, albeit in a different capacity, and that the fact was down to the influence of their fathers, was striking.

‘How’s you mum, by the way?’

Sam paused and scratched his beard. ‘Getting old, Ron, but thanks for asking.’ He stood and tucked a loose piece of his shirt back into his too-tight trousers.

‘Anyway, nice chat, I need the toilet.’

Chapter 35

Ward 6 didn't change, so Ron had not expected anything different when he got sent over to cover. He was anticipating another round of latent hostility, so he performed the same actions of sitting in the day room and reading a spare newspaper. He placed himself next to one of the old men and had just started to read about the latest football transfers when there was a gruff noise. He lowered the edge of the paper to see the old man seated next to him. A series of crisscrossed lines on a weathered face, a sagging eyelid, areas that had been missed by the morning shave. His lower lip protruded and his ears were too large for his head.

'Not the same.'

Ron adjusted his body position to face the man, he was struck by the sight of the man's eyes, which were a vivid blue. He had seen the man around the hospital, but he was one of those long-stay patients who lead a solitary existence, skulking around the corridors and avoiding human contact. To have him initiate a conversation seemed unusual.

'What's not the same?'

'The world. Not the same.'

Ron nodded. 'I'm Ron.'

The men shook hands. 'Jakub.'

The conversation started, with Ron learning that Jakub was Polish, hence the telegraphic nature of his accent. The man conversed in packets, breathing heavily between sentences. He coughed a few times, and Ron thought about Tim.

'In the war, I drive tank.'

‘Not what I expected,’ said Ron.

‘Through France, then later in Italy push back the Hun.’

Jakub scratched his head. Ron noticed the scarring at his temples. Quite what had motivated the old man to begin his recollections, Ron could not be sure. Perhaps he saw in Ron a likely audience, a good listener - which is certainly how Ron regarded himself, as a person ready to understand the problems of others. Ron dared to consider that he himself was fighting a type of modern warfare against the system and the likes of Sam. There was also a struggle with his personal situation. He didn’t share these thoughts with Jakub, but the confessions from a foreign soldier helped to locate Ron’s dilemma as having a more prosaic nature.

‘So you have been here ever since?’

Jakub snorted. ‘A safe place, okay. I come here after the war, after when everybody else happy and I am confused. My friends, a lot of them die, that is hard.’ He stroked a whiskered chin. ‘Here, same type of thing as war camp, just a different set of guards.’

Ron didn’t like to think of himself as a PoW camp guard, but he had read Goffman and all that stuff about institutions.

‘Here, we have IT man.’

‘IT man?’

‘Yes.’

‘Mr Williams?’

‘Yes, IT man. He is a bad man.’

Ron asked him to elaborate, so Jakub told him about the treatment in the IT department, words that echoed the confessions elicited from Tim and the student nurse.

Ron's guilt at having been sidetracked stung him. He promised to look into rectifying the situation.

'Bad people are everywhere,' said Jakub, who appeared to have decided the end of the interaction had been reached. He waved a hand in the air and heaved himself out of the chair. As Ron watched the old man shuffle off, he was tempted to thank him for the conversation, but the thought was redundant.

Chapter 36

When Tim had confessed his reluctance to continue as the subject of Ron's project, he mentioned the fact he felt unwell. Ron recalled not being entirely convinced by at the time, but this morning was different.

'Think I need a doctor,' Tim said.

Ron called the duty doctor who examined Tim in his dorm. Such was the pull of the daily routine, it had been necessary for Ron to prevent Tim from getting up, telling him instead to remain in bed. He looked pale and his breathing was even worse than normal, interspersed with bouts of coughing.

Feeling guilty for having ignored what were now obvious signs of Tim's ill-health, Ron sat with him until just before lunch, when the doctor arrived. Ron was hoping to see their new house officer, the replacement for Cooper who seemed like the breezy sort he would get along well with.

The door flew open and Ron was disappointed to see a man with short, greasy hair and a pimple on his neck. The man failed to provide a reason for his lateness, let alone an apology. Ron was starting to wish Cooper was back on the ward. The inspection was rapid and soulless. The man barely spoke to Tim, diverting his peremptory questioning through Ron.

'You done his BP?'

Ron directed the abrupt voice to the sphygmomanometer sitting on the top of the locker where he had replaced it. The snaking black tube wandered about the Formica top, the metal tower upright with its reservoir of dormant mercury.

The doctor murmured.

Ron looked at Tim and rolled his eyes.

The doctor asked Tim to breathe in and hold his breath. As soon as Tim breathed in, he started coughing. Then he winced. Ron flinched at the sight. The doctor recoiled, taking a step back and turning his head away.

‘My God.’

Much in the way in which he had halted Dr Cooper the time, Ron was about to admonish the medic for his undisguised rudeness when Tim spoke.

‘Sorry, doctor, bit of a cough.’ He tapped his chest and sucked the air in between his teeth.

The doctor restarted his examination. Ron noticed that he had now repositioned his head lower, leaning up to his stethoscope, almost as if he expected another volley of spittle. Ron thought that with a bit of luck, next time the doctor might get a glob of phlegm aimed at his white coat. He was still laughing internally at the idea when the doctor stood upright and slung his stethoscope about his neck.

‘Bronchitis,’ said the doctor. ‘Probably...’

Not exactly convincing, thought Ron, as the medic scribbled in Tim’s notes.

‘Better order transport for the General.’

‘He’s going to hospital?’

The doctor looked back at Ron as if he didn’t care to answer such a stupid question.

‘Can’t be too sure, he may require some more tests to confirm the diagnosis. He may also need more intensive nursing if it’s anything more.’

He snapped the file shut and marched off, his shoes squeaking on the polished floor.

Ron looked at Tim, who shrugged and started coughing. Ron went to fetch some more tissues. He was still shaking his head at the impersonal approach of the doctor when he returned.

‘Sorry about him,’ he said.

‘Don’t worry, Ron. Not your fault I’m not well. And you can’t control the medical staff. I just hope this doesn’t upset your plans.’

Ron shook his head. Tim’s words were thoughtful but unconvincing.

‘Just get yourself better, that’s the most important thing right now.’

Chapter 37

‘I still love doing the music group, but things are not the same. Not Springhill, not the job. Most of all not even myself. I’m not sure of how to act,’ he had told Claire, whilst forking pickled onions from a jar. ‘I mean, the way they questioned the foundations of my career, and in such a public fashion.’ He was later grateful that Claire had resisted the urge to call him on the pomposity of his statement. ‘My effort to force the scheme was naïve. I should have had more of a case, a reasoned proposition for the idea.’

Should I feel bitter? The resentment resulting from the suspension lingered. The paradoxical relief he felt at returning to his career was temporary. After his return, he found validation for his fears about lack of change. What was it Sam had said? He couldn’t recall exactly, but the words related to keeping a low profile and not offering himself as a sacrifice. *I could sink back into the grey morass of hospital life. I could be like my little roof tile, and hide amongst all the others.*

His lack of preparation for the meeting with Metcalfe seemed to make the information redundant, but Ron remained set on completing the unfulfilled knowledge of his patient.

Having already admitted the fact that the pursuit of the project had been founded on mixed ideals, the desire to force the agenda with Sam was starting to burn inside. There was the itch of completion, so when he finally received confirmation of permission, Ron laughed out loud.

‘A bit late now,’ he said to himself.

He heard sniggering. Martin stared at Ron from the office door, possibly working through the irony of a nurse talking to himself.

‘You okay, Martin?’

Martin laughed again, turned on what were previously white trainers and wandered off without reply.

Ron looked at the permission slip. He could have approached Tim and questioned him about his past, that might have yielded enough ammunition to push the project past Sam and Metcalfe. But he hadn’t, and with Tim now languishing in his bed at the General it would be less than thoughtful. In any case, if Springhill had seen fit to bury the history, then it was a safe to assume that Tim had done the same.

Well, now I’ve got the permission, I might as well take a look.

He made his excuses on the ward and headed for the main building entrance, taking in the white fence that separated the flower beds. The external doors were open, and he walked into the vestibule. He noted the its wood-panelled hall and table with fresh flowers. The fireplace was ornate, but he could not recall ever having seen a fire there. The gilt framed oil of the first Medical Superintendent Sir William Doyle stared down at him, serving to position Springhill amongst the Victorian great and good. The administrators and secretaries marched about in hushed silence. There was an odour of polish and sandalwood. The unwanted needed to be out of sight. Ron paused to consider this part of the hospital. It was if it had not ever known the wards, where lay the real Springhill.

He knocked on the door of the administration office.

‘Hello?’ The voice seemed to sing the response.

Ron walked into the room and the daylight. The smell of furniture polish was stronger here. The luxuriant thick pile carpet was a floor covering unfamiliar to the

Springhill Ron knew. The woman behind the desk had a face that lit up like the girl on the soap powder advert he had seen on the telly. She seemed pleased to have a visitor.

Ron introduced himself. 'I'm after the key to the archives, I understand that I can get it here.'

The woman made a noise that sounded like curiosity. 'That's not a request I get every day,' she said. 'In fact I can't recall the last person I sent there.'

Ron held out his hand. 'My permission slip.'

'Permission slip? Who ever heard of such a thing. You don't need that. This isn't junior school, you know.'

Ron stood there with his mouth open as the secretary began to leaf through a set of index cards on her desk. These were adjacent to her typewriter. She was humming as she performed the task, putting Ron in mind of his mum. 'Yes,' she said, as she pulled a card from the mass. 'Here it is, you need to see Mr Simpson in Room twenty-five upstairs.' She pointed to the ceiling. Ron supposed that he must have appeared blank, because she continued her explanation. 'He's the key holder,' she added.

'There's a key holder?'

'Oh, yes,' she said. 'Mr Simpson is in charge of locks and all locking security.'

'Oh,' said Ron. 'Okay. Thank you.'

He turned around to leave the room. As he was about grab the door handle, he heard the secretary again.

'I'm surprised you didn't meet him when you got your male and female keys for the wards.'

Ron thought about the bunch of keys that Sam strapped to his waistband. Of course he knew Mr Simpson. Well, he knew *of* him. ‘Oh, that Mr Simpson,’ said Ron. ‘The pass key man.’

The secretary smiled and nodded.

There were hundreds of doors within the Springhill estate. How stupid to forget the man that had issued him with the means of passing into and out of them. That was a while ago when he started his training, and Simpson was a distant memory. The staircase creaked into the silence as Ron went upstairs.

‘Make sure you lock it up again afterwards,’ Simpson said. The flaring nostrils matched the serious tone in his voice. As Ron was wondering what all the fuss was about, Simpson added, ‘we don’t want patients going down there and smoking.’ Now it made sense. Simpson wasn’t concerned that somebody would have access hundreds of pages of personal information, his chief anxiety was likelihood of careless actions by an inquisitive staff nurse.

‘And bring them straight back.’

Ron shut the door and looked at the key, weighing it in his hand. ‘It’s nothing special,’ he said, sounding disappointed. He walked back down the sweeping staircase and through the reception area. He turned the corner onto the main corridor, at the end of which he would, he was told, find the door to the archives. The sounds from the tiled floor in the long internal passageways of Springhill no longer provided a sense of belonging. In the corridor he saw several patients, some of whom were chatting to a window or the floor. Another was facing the wall. Ron passed the dentist and the old tailor’s. And the library, where he had known Edward to spend afternoons reading as the

only patient in the room. His mind was lacking focus, but he was not aware of having spotted the door to the archive room. He paused and withdrew the key from his pocket. The metal tool was not unlike the pass keys. When they were first issued, Simpson made a grave proclamation in the nursing school. If they were ever lost, a great penalty would befall the perpetrator. Despite his best efforts, Ron couldn't recall the exact nature of the punishment. Damnation and cast into Hades? Or, worse, lifelong incarceration in Springhill for feckless behaviour, there to remain as a lost cause.

Unease crept over him. There were times, in the darkness at night, when he felt a similar feeling, but never during the day. When he turned around, he expected to see someone, but there wasn't anyone there. He continued walking.

'So, where's this door?' He uttered the words out loud as he reached the end of the corridor. He turned and started to pass back through once more. This time he paid closer attention to the function of the rooms. He passed all the same ones, marked by their hospital uniformity, until he reached what looked like a panel. He had not noticed it before, but the panel had a keyhole and a sign with tiny script which announced itself as the archive.

He didn't bother wasting any more effort wondering why the entrance was so different. He inserted the key. The lock was stiff, he turned the key to the left and felt resistance. He wiggled the key again, and with an extra effort, the lock clunked across. He pushed the door, which initially caught on the ground. There was a dry, creaking sound and a scraping noise, and with a firm kick the door flew open. A musty smell greeted him, and some flaking masonry fluttered down onto his head.

He peered in and felt about for a light switch. The walls were rough, and he squinted in an attempt to make out some interior detail. Locating the switch, he clicked it and the light flickered into life, as if waking from a deep sleep. *Not exactly the busiest place in Springhill.*

As he made his way down the stone steps, dust seemed to hang in the air. Cobwebs draped themselves in the corners like brown veins. The effect was eerie. He coughed as he descended into what was an increasing warmth. Muffled noises from above dissipated. Ron wondered why he had not considered the journey before. Then he remembered that he had not known about the ten-year rule. He ought to have, as there were plenty of patients in Springhill resident for longer than that. Their histories now consigned to this hidden location. Forgotten; that was the word that sprung to his mind. Like so many of the patients, their records demoted to trivia. They were historical minutiae, items of lesser importance. The notion intensified his purpose. When combined with his desire to better inform himself, the investigation gathered a renewed sense of importance.

He thought back to the tales told by the older nurses, the ones who had been in Springhill for years. He never worked out whether their storytelling was done for effect, or distilled from genuine belief in their experiences. He could fill a book with ghost stories. The deeper he descended the more the thought alarmed him, and he suddenly wished he had borrowed a torch.

He knew the subterranean walls were part of the network of cellars in the hospital, and the ceiling was low, even for Ron. He was, for once, grateful for his stature. He paused to take in the scene: piles of yellowing papers wedged against the wall on the

right hand side, many were tied with string. On the left, a row of silver metal filing cabinets, like the one in Metcalfe's office, also labelled. Ron was happy to see that there was, after all, an orderliness, and this would assist his efforts.

Another light switch lit the room with the same ineffectual glimmer as its partner inside the doorway. A solitary wooden desk and a single wooden chair. On the table was an unusual item; an empty ashtray.

'Looks like I'm about to sit an exam.'

There was dust on the pile of faded brown files, which he knew instantly were past patient records. These were sitting on top of the first cabinet. Overflow, he thought, or a lazy attempt at filing. He pulled open the drawer marked 'A-C'.

'Coleman,' said Ron out loud as if to remind himself of Tim's name as he began to finger through the files. He found the appropriate folder and removed it from the cabinet. Back at the table, he placed the file down and started to read. He scanned the information

'That's interesting,' he commented, nodding to himself. *A series of arguments*, he read, 'then threatening his father. Was that really Tim's fault?' He couldn't help wondering whether these notes even told the truth about what happened. 'I bet they didn't even give you a chance to explain yourself, did they, Tim?'

It mattered little to Tim now, Ron knew that, but back then it was clearly enough for the authorities. A tipping point, a catalyst for his removal and subsequent detention. He flipped the pages, *Unwillingness to communicate*, the report stated. He recalled Sam's words about Springhill being 'the only option'. All those years ago, he supposed that it was the only decision. Influenced by a less informed approach to mental distress. How

tragic that the legacy for Tim was a lifetime in the hospital. Tim's idea that his life might have been normal were it not for his father resounded once again in Ron's head.

Ron considered the situation. He came to the conclusion that their lives were once not so very different. He wondered whether, if his own dad had remained in the family unit, he himself might have taken such action, resulting in a similar fate. *Could I have become another Tim?*

He worked through the pages, writing some notes and marking down key dates. There were spurious and outdated diagnoses, as well as any other background information. Anything he felt might have once lent support to his case.

He closed the cover and smoothed his hand over the front of the file. He shook his head and made a derisory noise.

'See how that would have helped? You idiot!'

Ron thought back to the ward meetings, the interview with Metcalfe, the arguments with Sam. All these would have been so very different if he had bothered to prepare in advance.

He addressed his words up at the dusty ceiling.

'You might have warned me first.'

But in the end, he accepted that the responsibility was his and his alone. His perception about the function of the project had altered from the haphazard beginning. Recalling the stuttering start, he should have understood that Tim was never really engaged with his idea. He knew his own cognitive processes were far from lucid back then, for good reason.

He eased the file into the drawer and turned to leave. He reached the bottom step and had his finger on the light switch when he was overcome by the irrepressible urge to discover more hospital history.

‘May as well take a look around.’ As he made his back into the room, Ron came across more cabinets marked, ‘Discharged’. He began to open drawers and take in some of the history. Some of the notes went back to the late nineteenth century. He dug out some more files, merely out of curiosity.

There were grandiose diagnoses, some of which he recognised. Others had fallen out of official use but retained a persistence amongst certain hospital staff. Idiocy and imbecility rubbed shoulders with acute mania and intellectual insanity. Whatever that was. Some, of course, were much older. Attractive longhand descriptions of *melancholia* and *moral insanity*.

‘Moral insanity? What the hell’s that?’ Ron was unsure whether he ought to feel amusement or anger.

Here was one. *Mr Croker: Pauper lunatic, Admitted 1849. Detained under the Lunacy Act of 1845.* Ron flicked the pages. Although the notes asserted that a cure would be effected, this man had remained in Springhill until his death in 1899. And that was the tone of many of the files he withdrew. Skipping through various details, it was evident that Springhill had become nothing more than a dumping ground. ‘A receptacle for the unwanted’, that was what Dave said once.

He found himself, just as he had observed Tim had done in the record store, flipping through the case notes. The file that caught his eye was no different from the rest, in most respects it was exactly the same. Except for the name. He withdrew the file and

walked across to the table, placing the notes down in front of him. The name on the front of the file tried to register, but his brain was not computing the situation.

‘Collins? That’s my surname.’

As if cast into a temporary trance, for a moment he considered the apparent unreality. There was no picture, of course. But when he re-read the top sheet, the details matched. All names were correct: date of birth, hair and eye colour. The sheet also said, *Date of Admission: 27th February 1954.*

Ron paused, the file case notes stared back at him from the table. ‘Mum?’

In his perplexed condition, he gazed at the papers and felt his brow furrow. A tickle of cool ran up his legs. His ears felt stuffed with cotton wool. The ceaseless enterprise of the hospital above continued in another dimension. Above was a preoccupation with the daily narrative. They were unaware of the significance of the events unfolding below. Ron started breathing again, realising that he had been holding his breath. It was as if the act itself were sufficient to alter the inevitable assimilation that was bound to occur.

‘This is too much,’ he muttered. ‘Too much.’

He stood and pushed the wooden chair and his legs that felt like he was walking on stilts. As he raised his hand to rub his eyes, he wondered what to do. He turned away from the desk and walked across the room towards the wall, hitting his head on the naked bulb. He contemplated the recently revealed facts as his memory began the process of piecing the puzzle. It was no good, he knew that the act was, according to Mr Simpson, strictly prohibited, but Ron needed the relaxing effect of nicotine. The fire risk was overwhelmed by the need to calm his nerves before the revelations threatened to drown him.

The significance of his discovery began to dawn.

A peculiar sensation arose, whereby Ron felt suddenly alien to everything that was familiar to him. And yet, even as he was attempting to fathom the change in circumstances, he felt a paradoxical fulfilment. Yes, he had grown up without a father, and it was his mum that he felt for. Yes, he had blamed himself for his dad leaving, and indirectly for his mum's problems, but he was older and wiser about such matters and more capable of seeing things as they really should be seen. Only now, he knew just how much the situation had affected her, he admired her more than ever.

He wiped his brow clear of the sweat; time for another cigarette.

As he smoked, images of his mum mingled with the notes on the yellowing pages. He exhaled and his lips flapped. He leaned an elbow on the table, sensing the wash of emotions as he fingered through the history of his mum's struggles. He smoothed the pages as he turned them, his eyes skimming back and forth as his read the various entries that documented the different treatment regimes. They were early medicines that caused unpleasant side-effects. Shock therapy sessions put him in mind of Sister Bridget and shivered at the thought of his mum jerking about on the treatment table.

Now that he knew this information, things started to make sense. The revelations permitted access to areas of his mind which had previously been disjointed. The start of repairing his previously imperfect connections was like a black and white film turning into Technicolor.

Ron continued to trawl through his mum's notes, unaware of time or surroundings. When he read how his mum had eventually improved sufficiently, he laughed with a mocking tone. *Psychiatry cures*, he had heard the claim from plenty of proponents of so-

called therapeutic techniques. He also knew that many patients returned, putting a lie to the notion.

This was evidently not the case with his mum, though, who was discharged, it said in the final pages: *Back home to her son*. There was an added note about some follow-up visits to the outpatient department. It was then that Ron saw a familiar squiggle. His body shivered, in spite of the warmth in the cellar generated by his visit. His muscles felt like they were filled with marmalade, his head ran alternately hot and cold. Although he didn't want it to be the case, he knew that he would recognise the writing anywhere, like a spider with muddy boots. The name, in black ink, although faded, was still discernible. Following a final self-congratulatory statement proclaiming recovery, was the name: *Staff nurse Sam Brittan*.

He stared, heart pounding, barely further capable of rational thought. He stroked the page with the palm of his hand, he looked at the bulb and shook his head. The bubble of his temporary room closed in. The distancing effect of the moment hit muffled ears as the atmosphere wrapped him like a straight-jacket. All he could hear, in his deadened world, was Sam's bass tones: muted and drawn out, discussing his mum's progress at ward round. Sam would naturally be ingratiating himself to whatever psychiatrist wanted to fill her up with psychotropic medication. How did it sound, this noise from another universe? It sounded like the pipes overhead, the muted roar of the boilers, flexing their muscles, sharing their power.

He replaced the file and slid the cabinet drawer shut. Then he left. He switched off the light, closed the door, and put the key in his jacket pocket. He walked back to admin

and said nothing to Simpson except for passing a cursory thanks. The nausea in his stomach made the walk back to Ward 1 interminable.

‘Here he is, any luck?’

‘Er...yes, thanks.’ He couldn't look Sam in the eye. ‘Actually, Sam, I’m not feeling too good. Could I go early?’

‘Not well?’

‘No,’ said Ron, knowing it was a white lie.

‘You okay?’ For once, Sam looked concerned.

‘Yes, I suppose.’ Ron’s nod suggested otherwise.

‘Okay, off you go.’

Ron grabbed his coat and passed several patients without stopping. He left the ward and as he walked down the central corridor, the place felt familiar and unnatural all at once.

Chapter 38

As he cycled back to the place he could be sure of receiving solace, there were the obvious questions that bothered him. He wanted to know why Sam had been silent about his part in the story. Was it embarrassment? Ron considered for a moment that it might be due to professional integrity, but his knowledge of Sam's general behaviour suggested otherwise.

I'll ask him. I'll frame the questioning in such a way that he won't be able to deny his part in what I've found out. Whether Sam would be able to lie directly to him, Ron couldn't be sure. He might have a prepared response. He had, after all, had many years to think about the eventuality.

He would surely have known that one day the full story would come out. Perhaps he had his reasons. There was no doubt that this was going to further alter their relationship and deepen the existing problems. He thought back to the chat they shared in the staff office, talking about their fathers. Sam must have known about his dad and why his mum was unwell. The thoughts assailed his brain. For once he almost understood the nature of disconnected reality.

Ron bustled past Claire. His actions reminded him of Neil.

'Nice to see you too,' she said.

'Sorry,' said Ron. 'Strange day.'

'How was your shift?'

Ron wasn't sure where to start, but his voice was resolute. 'Well, let's just say good and bad, but if I thought life was odd before, I have a host of other issues now.'

'That's why you're back early?'

Ron nodded.

Claire placed a coffee on the table in front of him. Her demeanour indicated that he should continue. It was with a strange sense of detachment that Ron watched the bushes outside the window.

As he explained about his discoveries in the cellars, he started to understand, as if he were reading a story out loud.

‘I recalled the memories of that time,’ he said. ‘The elements of what happened now all start to make sense. I can see why Mum went away for the “rest”. I now know why I was with my grandparents.’

Claire stared at him, she stood still. ‘So your mum was in Springhill?’ Ron nodded. ‘And had ECT.’

‘Yes. I had no idea.’

‘She never said anything?’

‘No. It’s like she shrugged the incident off.’

‘Perhaps she wanted to adjust.’

‘The stigma of the hospital,’ uttered Ron. ‘It still follows people about. It’s one of the things that won’t be missed.’

Claire nodded in agreement.

‘There’s something else, because looks like Sam has known everything all along. He’s always there,’ said Ron. ‘Everything I do and everywhere I go in the hospital I turn and see him. He’s like a ghost, as if he’s there to haunt me.’

‘He was there?’

‘He’s always been there,’ said Ron. ‘And he was there back when Mum was admitted.’

‘Well, Holton’s a small place,’ said Claire. ‘But not mentioning your mum’s admission thing is odd. Perhaps he doesn’t want to make you feel bad? He might be embarrassed.’

‘Unlikely. Does that sound like the man who has been taunting me and blocking my path?’

Claire had once told him to stop persecuting himself. But even admitted that Ron appeared to have been unlucky.

‘Recent events have built in such a rush,’ said Ron. ‘What with Mum, Sam, the project, they’re like a mountain range, spreading in front of me.’

Claire again nodded in agreement, for once not calling him melodramatic.

‘So, what do I do?’

‘What do you want to do?’

He wasn’t about to get involved in a circular discussion. The effect of the discovery had already been enough to disorganise his conscious brain.

‘I have no idea.’

‘What happens now, then?’

‘I don’t know.’

‘Who can you talk to?’

‘Well, that’s not an issue.’ Ron thought about his conversations with Dave, who was happy to help. And, of course, there was the woman he was sharing the current conversation with. ‘I think I know what Mum meant in the letter. At least the start of it.’

‘How do you mean?’

‘The coded message was “Find the truth through my work”. I can say I’ve done that on one level already, I’ve unearthed those things that connect her to Springhill. So much makes sense now.’

‘Do you really think that’s what she meant?’

‘Who knows. She may have been referring to me and my position here. Or to a relationship like you and me. Or something else altogether. Perhaps she meant it as all of those things and her intention was to guide me to a better place after she left?’

‘That’s a nice thought.’

‘And if *she* could find a way to adjust, to move on, then I should probably take that as a lesson.’

‘What will you do about Sam?’

‘I’ve asked for the day off tomorrow, for some thinking time.’

She hugged him and rubbed her hand up and down his back. Not for the first time, Ron felt a transfer of energy.

‘So how do you feel?’

‘Apart from the knowledge of Sam, which is going to make things even more difficult, strangely elated. Like I’ve finished a race, or a particularly cryptic crossword puzzle.’

Chapter 39

The Red Lion was teeming with customers. Ron had spotted a few Springhill staff. Half of Holton worked in Springhill. He did his best to avoid eye contact. He placed some drinks on the table.

‘Thanks,’ said Claire. ‘So is the choice between staying at Springhill and a new start at Westhouse Clinic?’

‘A road map with no markings,’ said Ron. He wondered whether, as when he was on suspension, he should allow fate to determine the outcome. For sure, the act of moving away, if that was what he decided, would offer a break with the past, a past now revealed to him in a sharper focus. ‘A crossroads, perhaps.’

‘So? My question?’

‘I’m ahead of you. I’m going to speak to Dave about moving,’ he said, as he placed the drinks on the table. ‘At least see what the place has to offer. I’ll see if he can arrange a visit to Westhouse.’

‘Good.’

‘Good?’

‘Yes, good. I really think you need to move on now, Ron.’

‘Agreed. The trouble is, I have a few doubts’

Claire groaned. ‘Ron!’

‘I’m not totally convinced about Dave’s somewhat overzealous passions at times. Plus, I’d like to see the project through.’

‘I thought you said Tim was ill?’

‘He is, and when I think about it, he was aiming to tell me so all along. I guess I wasn’t listening. Even so, I still feel there’s unfinished business.’

Claire’s tone was sharp and rising. ‘Ron! Why?’

As he considered his response, Ron looked at her freckles. ‘There are several reasons, actually.’

‘I thought we were on the same page?’

‘We are. Sort of,’ he answered. ‘It’s not that I have any trepidation about the prospect of leaving Springhill. I mean, it’s been a good place to work, and I also know this is the motivation to push me to a new path. I don’t want to be stuck here for years and years like Sam. I somehow feel that I’m finished with Springhill. I’ve dealt with the hidden demons, mum’s history, the influence of her experience.’

‘So what’s stopping you just leaving as soon as possible?’

‘I’d like to say that I still want to help Tim, to get him to a better place, like you say, so that doesn’t work anymore. I need to deal with the issue at the Box Shop, whatever that is, but most of all I’d like a last dig at Sam would be nice before I leave, especially after learning what I have. It might be fun because we all know he doesn’t want to see through the rehabilitation role.’

‘How do you know?’

‘I know Sam. He’s a lazy git. And he’s been against my project right from the start.’

‘But if he has the job to do...’

Ron looked at Claire as she brushed her hair back. ‘You’re so bloody optimistic all the time.’

‘What’s wrong with that?’

‘You’re so trusting. I don’t get how trusting you are of people.’

She shrugged.

‘Claire, there are ways to avoid tasks at Springhill. You and I both know that. There are plenty of nurses who float along. Every other mental hospital as well, for that matter. They become skillful at appearing busy.’

He considered the conversation he had shared with Tim. Ron had first suspected Sam’s negative influence. Now he wasn’t so sure.

Claire started tapping her glass with the end of her nails, as if contemplating a response. Claire started again. ‘You’re not your dad, if that’s what you’re thinking. You can’t atone for his failure by acting the opposite. This is about a fresh start.’

Ron laughed. ‘Oh, that would have been music to my ears not long ago, but I think I’m over that now. I know I can’t remove the problems he caused me and mum. I can stop running around with my past dragging behind.’

Claire looked on enthusiastically. ‘So leave soon?’

‘Soon,’ he said. ‘I want to force Sam to complete the project. It would make me laugh to see him have a challenge.’

Claire’s voice broke had an imploring quality. ‘But leaving still looks like the best option.’

‘It does. And I also need to deal with the problem of Williams?’

‘You want me to go over there and karate him?’

‘Auntie Jan said it wasn’t about violence.’

‘Don’t say I didn’t offer.’

A band started up on the far side of the pub. Ron and Claire swiveled for a better view. Ron was relieved when he spotted the drummer was not Sam.

Chapter 40

After giving it some more thought, Ron reflected that the project was definitely out of his personal control, and it was the idea of challenging Sam that held the most appeal. At the ward round, Metcalfe raced through the first half dozen or so of the patients on his list. The usual concise discussion was unfolding. Not so long ago, Ron had been itching to ask about Tim, about whether there was more they could be doing for him. Metcalfe would have been curious. 'Doing for him? Like what?' Ron would have answered, 'Getting him out of Springhill more.' He would have mentioned the trip to town and Tim's ability to cope. And his potential for interaction outside of the place. He would have been ready when Metcalfe talked about Tim's 'violent tendencies.' He would have replied, 'Yes, but, as you know, I have researched his case in the archives.' His response was ready, only now he may have added: 'And I know about your efforts with my poor mum.'

That didn't matter now in the light of Tim's illness, and the information from the archives about Tim was redundant. At least he could take comfort in the fact that he had armed himself. The subject would no longer have been likely to trip him up. He recalled some of the drug company propaganda that he had retained from the conference. He may have even beat them with their own stick and talked about 'new pathways' and the correct use of anti-psychotic medication. To 'enable certain people to live more independently.' It may have been satisfying to twist the facts to his advantage.

There was at least the prospect of watching Sam tug on his collar and push out his chin when reminded of his position as rehabilitation coordinator for the ward. Knowing

what he now knew, Ron felt disinclined to offer anything but antipathy towards his charge nurse.

After the meeting, Ron was thinking about how he could raise the topic of his mum with Sam, when Dave nudged his arm.

‘I’m at Westhouse tomorrow all day. Why don’t you come over like I said and I can show you the place?’

‘You know, Dave, that’s just what I was thinking.’

‘Good, you’ve done all you can here. It’s time to think about your next move.’

On the short bus journey over town to the Westhouse Clinic, Ron thought about what Claire had said about a ‘New Life’. He thought about the project, Claire herself, Westhouse, all elements in the making of that new life. He was doing his best to convince himself. It wasn’t working. *At least I should give the place a fair hearing.*

As Ron arrived at the clinic, a striking woman wearing bright red lipstick introduced herself as Myra.

‘I’m a psychotherapist. I work alongside the lazy bugger you’ve come to see.’

‘Less of the bugger,’ said a familiar voice. Ron looked up to see Dave coming down the stairs. ‘How’s the self-growth going?’

‘Pretty good, thanks, Dave.’ He might have added, where there was once safety in solitude, there was now a new-found ability to share and to understand. Both himself and others. But he didn’t.

‘Come on,’ said Dave, ‘let’s go to my office, we can grab a coffee and have a chat in peace.’

Ron thanked Myra and the two men walked across a hallway and through a door marked with the psychologist's name. There was a picture of Mao, which made him think of Sam. There was also a sign saying, 'Psychotherapy Rules', under which were the handwritten words: 'There are none'.

Once inside Ron noted a wooden floor, softened by the addition of a rug. The walls were bare, save for a couple of small black and white prints. There was a bookshelf crammed with therapeutic tomes, from where his own reading material had evidently been loaned. Dave installed himself in a tan coloured swivel chair. He gestured for Ron to take either one of the other two available sitting options. Ron looked at the winged chair and a sweep back reclining sofa in red velvet. He chose the chair. He watched as Dave rolled a joint and lit the end, inhaling deeply.

Ron stared at him but said nothing.

Seeing Ron's expression, Dave held up the joint. 'What? Oh, this. Life's a little less stiff-backed here, Ron. You might have to get used to that.'

'But, drugs at work?'

It certainly confirmed an earlier suspicion, but before Ron could register his own judgemental statement, Dave coughed and started laughing. 'Isn't dishing out drugs what you lot over at Springhill do all day long?'

Ron thought about the medicine rounds and conceded the point.

'Anyway, my office, my rules.'

'Not what the sign of the door says.'

Dave snorted laughter and handed Ron a coffee mug. 'So, you like it?'

Dave Kilburn, psychologist to the people, reinforced by his anti-establishment attitude, sat back and folded his leg onto his knee.

‘I do.’ Ron took a sip of coffee to buy some time as he wondered whether, although as much as he admired the informed approach, it truly was for him.

‘So you’ll come over?’

‘I haven’t decided yet.’

‘Why not?’

Ron didn’t wish to go into the detail. He thought about his discussion with Claire. He didn’t want to admit that he was starting to feel Dave’s stance was in danger of becoming as entrenched as those he was fond of criticizing

‘If you’re worried about longevity, as a community resource, we’re probably here to stay.’

‘Let’s see.’ Ron knew it probably sounded weak and indecisive, but that was where he was stationed: at his personal crossroads. Certainly the place suited Dave’s free spirit, but whether it suited him right now was debatable. As he took the joint from Dave’s outstretched hand, he looked at Dave’s brown leather zip up boots with the big heel. There was still a hint of envy inside.

Dave outlined the way they worked, what he called ‘setup’. ‘No silly ward rounds, everyone has a caseload. We have a consultant, me, Myra and another psychotherapist.’

‘So how do you decide what to do with clients?’

‘We allocate according to the presenting issue. If someone is comfortable taking a particular client on, then that’s what happens. We have an eclectic mix of therapeutic styles. It’s progressive.’

‘It’s a world away from Springhill, Dave.’

‘Yeah,’ said Dave. ‘None of that institutional stuff here.’

‘Maybe not,’ thought Ron, ‘but is it what I want to do?’

Chapter 41

Ron watched as Claire rode up the drive on her yellow moped. She waved when she met his gaze. She parked the scooter and as she was taking off her gear, Ron thought back to the patient he had seen in the green cardigan shouting at the bench, and how much had passed in such a short time. That same bench outside the main hospital building had become a favourite location for Ron and Claire. It was possible to see into the distance over the cricket pavilion to the trees and field beyond. While having a smoke, he thought that out there somewhere there was a different place for him, a place he now knew would not involve Tim. The offer of work at Westhouse was not as exciting as it might have once been.

Claire approached the bench, unwrapping a long pale blue scarf.

‘Nice scarf,’ said Ron.

‘Thanks. It’s one of Auntie Jan’s...Nice bike,’ she said, pointing at the green frame.

‘Don’t see many like that.’

‘Custom built.’

She leaned in a little closer. ‘What does that badge say? I haven’t noticed it before.’

She thrust her chin towards the frame and squinted. “Mean”?

‘That’s me,’ said Ron.

‘No it’s not, Ron. You’re the furthest thing from mean that I know.’

He chuckled.

‘Been here long?’

‘No, just hanging about.’

Two children walked past holding their mother’s hand either side.

‘You ever wanted kids, Ron?’

‘That’s an odd question.’

‘Not really,’ said Claire. ‘pretty normal, actually.’

Ron thought about the questions he had fielded from his mum on the same subject.

He headed her off with a change of subject.

‘Shall we settle for a kitten from Bridget?’

Ron laughed. ‘Okay, deal.’

‘I think I’m going to call her Florence.’

It took a moment for the word to sink in. ‘Not *Samantha*?’

‘Ooh, so clever. I feel I should punch you on the arm.’

‘No more karate!’ urged Ron.

Ron looked about at the Springhill vista. ‘I’ll almost miss the sights and sounds of this place.’

‘Who knows where we might be in a year.’

‘Good question. I need to be done with the loose ends first. Shame though, because I would have liked my project to have been a hit,’ he said.

‘Who knows?’ She said. ‘You might have started something after all.’

‘I can’t see Sam bothering.’

‘What you have is a different type of success,’ said Claire. ‘You have had an effect on people, and you’ve come to understand your life, to fill in the blanks.’

‘You know, I could do anything, I could drive a bus or deliver post or work in a shop. When I was little I remember liking the idea of being a tramp.’

‘A tramp?’

‘Yes, I think it was the lonely lifestyle and lack of expectation that appealed.’

‘You’re a nurse, Ron. A qualified one who is thoughtful and sensitive and skilled at what he does. Use those skills.’

Ron decided that looking at Claire was sometimes like watching a shimmering lake.

‘And you’re lucky, you have had the chance to re-examine your upbringing. Some people never get the chance to understand their developing years.’

‘I suppose I’m not so much wiping out my childhood as understanding it.’

‘There you go. That has to be healthy. Even Dave would agree.’

Cool air blew up from the driveway, what looked like a couple of small snowflakes drifted from the sky. Claire pulled her coat up and buried her chin into the collar.

‘You know, Ron,’ she continued, ‘sometimes the greatest things are the ones we give the least attention to. You have learnt about yourself, and that could be more valuable than anything else.’

‘Good point. And you know, there was a time when I thought I’d spend my working life in the hospital, because that’s what people from Holton do. Not now, though. I’m escaping, but I think it will always be with me. Always has been, judging by what I’ve found out.’

‘Of course, if you don’t fancy cosying up to Dave, you don’t *have* to do nursing forever.’

‘I’ve been wondering about that.’

‘Doesn’t look like it from where I’m sitting.’

‘Well, not expressed quite so bluntly,’ said Ron. ‘But taking a step back, perhaps.’

‘And if things don’t work out, you can get back into a therapeutic work.’ Claire’s voice contained excitement. ‘And another thing.’

‘Go on.’

‘We won’t be a Springhill couple.’

‘I think we already are.’ said Ron. ‘But we won’t be when I leave here.’

‘So when you do, shall we go away together for a few days to celebrate? We could go and visit my uncle in Herefordshire. We can catch the train.’

‘Sounds perfect.’

Chapter 42

Sam was getting ready to go home. Ron would have preferred to have been addressing his own revelations, instead, he was making excuses to leave the ward or occupy himself in any way possible. The niggling issue of confronting Williams forced him to consult Sam about the matter. Deciding that his sense of loyalty to his patients was stronger than any sense of alienation, he went to the office. Sam was on the phone, Ron waited until he rang off.

‘Sam, I need to see Williams.’

‘Ah, Mr Box Shop.’ Sam was scribbling some notes from his phone call and looked up at him. ‘Is this about the patients’ complaints?’ Ron nodded. ‘You think that’s a good idea?’

‘Why do you keep stopping every good thing I try and do?’

‘I worry about you.’

‘Well don’t. All I need to know is, should I threaten him?’

Sam sat back. ‘Well, if you really must go, the approach depends on your style. I think you’ll find it hard without direct evidence. You could report him, but he would wriggle out of it, he’s pretty canny.’ Ron felt as if Sam was finally taking the matter more seriously. ‘I wonder what Dad would have done?’

Ron wanted to say, ‘Brute force and ignorance, but even in this decaying relationship, he retained his sense of fairness. Anyway, Claire had said he wasn’t mean.’

‘Well, good luck,’ said Sam. ‘I’m off. Let me know how you get on.’

As Sam left the ward, Ron heard his last words and they sounded odd. ‘But be careful.’

The handover hubbub subsided. Jan returned to the office and set two coffee cups down on the desk, next to the idle typewriter and the latest training information.

Jan started. 'Leaving us, I hear.'

'I don't need to explain,' said Ron. 'I know you understand.'

'You won't ever forget us.'

'I just wish I had been more successful,' said Ron.

'You don't think you made a difference?'

He looked at the ceiling. It was a good question. 'Maybe,' he said. 'Tim told me he didn't want to move, that was one of the reasons I made my decision.' He wanted to add: Along with certain personal issues, but he restrained himself.

'You remember when I asked you why Tim? I asked you why he was the focus and not some of the other patients,' said Jan. 'Well, you should be proud of having offered him the chance.'

'Thanks, Jan.'

'So you're done?'

'Well, there's one remaining element, and the fact that I'm leaving makes it seem more urgent.'

'Do tell.'

'I'm going to see Williams today,' said Ron.

'Is that such a good idea?'

'It's something I have to do.'

‘Okay, but be careful,’ said Jan, who turned to the drug trolley to put away some newly arrived medicines.

Ron thought about Jan’s words as well as Sam’s warning as he crossed in front of the main building. *Surely it’s Williams who had to be careful? He’s the one doing the abusing.*

Walking past the old woodshed, it seemed to represent the evolution of the institution. A receptacle for memories past, piled up with disused trolleys, broken chairs, and desks long ago replaced by those of a more modern design.

The meeting started well enough. Ron had telephoned Williams in advance. He had asked if he could discuss a couple of the patients. Williams agreed, reluctantly accepting the solicitation, being used to the occasional enquiry or request for a behaviour report.

The afternoon patients had yet to arrive at the department, and Ron walked in to find Williams limping along and sweeping the wooden floor with a yard brush. The air was a fug of stale smoke. What little light that shone through the windows threw a pale cast onto the workbenches. He looked around the department and decided that it contained an air of misery.

‘Mr Williams.’

‘Nurse Collins.’

The two men shook hands and exchanged pleasantries. Ron was aware that the conviviality might not last. Williams ushered Ron into his office for coffee.

Ron stared at the character in front of him, a mean looking figure, despite a superficial smile. His waxy hair was stuck down onto his scalp, a threadbare shirt covered in what appeared to be coffee stains disguised a thin frame. The appearance of

Williams suggested poor health, he looked ready to disintegrate. Ron searched his memory stores from his time in the general hospital, he ran through some possible illnesses. Kidneys? No. Not yellow enough. Heart? Possibly, he had greying skin but Ron couldn't see into Williams' pupils to check for tell-tale signs of high cholesterol, and he didn't care to get any closer. Emphysema? Judging by the shallow breathing, the yellow fingers, the intermittent coughing and the cigarette butts strewn all over the office floor, this was the most likely. A sense of schadenfreude swept through Ron's core. Williams lifted the kettle and poured the boiling water on to the coffee which was already in the mugs placed on the desk. He held out his hand and invited Ron to sit.

'So, Mr Collins,' Williams started amicably enough, 'what can I do for you?' He lifted a small bottle of brandy out of his desk drawer and poured a measure into his coffee. He gestured towards Ron's mug. Ron held his hand up to indicate that he would not be sharing.

'Please yourself.'

Williams screwed the top back on the bottle and wiggled the reluctant drawer back into the desk.

'Well,' said Ron, 'there have been some reports from the patients.'

Williams visibly stiffened and assumed a more severe expression.

'Reports? What kind of reports? I normally give reports, not receive them.'

'Some of the patients on my ward have been saying that you treat them badly. General intimidation.'

Williams snorted into his mug as he swigged some of his brandy laced coffee. 'You can't set too much store by what they say.' He waved his hand in a circular motion and the cigarette smoke swirled around. 'They're all mad anyway.'

'Are you denying it then?' asked Ron.

'Yes, I don't do anything harmful. You're over-reacting. My methods are practically scientific.' His laugh was more of a phlegmy cackle.

Ron felt his face start to fill with a hot energy. 'All I can tell you is what they say to me. You're lack of tolerance belongs is another age.'

'A swift slap here and there is part of hospital life; it's been the same for years.'

'Like I just said...' Ron steeled himself, sensing that the conversation was travelling to a place he had suspected but had not wanted. 'You know that's an abuse of your position.'

Williams must have felt that the allegation invited a rebuke, for he was quickly into the space. 'Abuse of my position?' Williams put his mug on the table. His mood changed. Some coffee spilled over the side and onto the desk. 'That's a bloody cheek, have you any idea what crap I have to deal with here?' Ron stared at him. 'No,' he continued, 'I don't suppose you do, with your cushy ward duties, giving them a few drugs, slopping food onto plates, chatting up the female nurses. Or is it the male ones?'

Ron watched Williams' face transform into a leer.

'You think I like it in this place? We're crammed full of sweaty, smelly loonies, here every day, shunting about and making stupid noises. Dribble everywhere, fag ash on the products. My job demands that I keep a tight reign.' By now, his pasty face had acquired some colour.

'That's no excuse for brutality,' said Ron, who heard his voice acquire a firmer quality.

'You make me laugh, you lot. Bloody nursing staff, glorified attendants, that's what you are.' At this point Ron suspected that he might have underestimated Williams' confidence in his own kingdom as the man rejoined his rant. 'You ponce about in your white coats pretending to be doctors, handing out pills, scribbling notes. I've been here a bloody lifetime, mate, long before you were about. I don't have any pills to quieten them down, I have to manage how I see fit, and if that involves a bit of a reminder about how to behave then that's what I do.'

Perhaps it was the rising tone of Williams' voice that made Ron think he could see the semblance of an argument in Williams' position. It was undeniable that behaviour was managed on the wards with medication, a fact that had been reinforced after the conference with Dave. While not exactly endorsing Williams' behaviour, he was sensing a germ of sympathy and he hated himself for it. Any sympathy Ron might have felt was wiped out by the verbal assault.

'As far as I'm aware, Collins, you're not so special yourself.'

'What's that supposed to mean?'

'Well, I heard about all the scandal that's following you around the hospital...'

Ron felt pulsing in his neck. Williams stood up out of his chair and the pencil fell from behind his ear. He was pointing his finger at Ron. He walked around the desk and advanced towards him.

'Listen, sonny,' he said, his eyes were wide and his temples throbbed, 'you should be careful coming round here slagging me off. I could easily report you for harassment and

how would that look with your recent record? Eh?’ His dug his brown-tipped forefinger into Ron’s chest as he enunciated his words.

‘Oh, you’re *really scary*,’ said Ron. ‘I’m not one of your poor patients.’

Williams stood up and limped around his desk, laughing. On the way, he made a small detour to open the door, then he sat down in his office chair.

‘Don’t think this is the last you’ll be seeing of me, Williams. I won’t let this rest.’

Ron said no more and walked out. Before he was halfway to the exit, he heard the door slam.

Chapter 43

When Ron had passed Lark House earlier the following morning, it had created in him a contradictory feeling, providing a temporary lift at the thought of his efforts regarding his project, followed by a sadness in the knowledge that things had not gone exactly to plan. Most of all though, he remained perplexed by the encounter with Williams.

As much as his antipathy towards his own charge nurse had grown during the recent period, he decided to talk to Sam when he got to work. Unsurprisingly, he found him in the office, his feet on the desk, a mug of coffee on the table beside a bowl of stew. Ron straightened his tie in the office mirror, brushed his suit jacket down and after he had greeted the other man, went directly to the matter.

‘I need to share a problem, Sam.’

Sam groaned. ‘Lordy! Another one? Haven’t you had enough problems lately?’

‘No. Well, yes, but this is different.’

Ron outlined the interchange from the previous day. Sam was drumming a pencil on his desk, waiting for a plate of food to cool, he suddenly pointed it at Ron like a microphone. ‘Fire away!’

‘Well,’ started Ron. ‘I couldn’t get through to Williams. He didn’t want to accept that there was anything to answer to.’

Sam, having evidently decided that the issue was not as serious as Ron had intimated, picked up his newspaper and flicked a couple of pages. ‘It’s just Springhill stuff, Ron.’

Ron looked at Sam, thinking that this reaction was typical of how their interactions had been developing. His frustration was starting to manifest itself in his head, a swooshing noise in his ears warned him of another impending failure.

‘He didn’t want to listen. In fact,’ he added, ‘he yelled at me, poked his finger in my chest and slammed the door when I left.’

‘So he was a bit curt,’ said Sam. ‘So what?’

‘But he’s a bully.’

‘He bullied you?’

‘Not me,’ said Ron. ‘The patients.’

‘How do you know that?’

‘Feedback from patients.’

Sam put down the paper. ‘So you said, but what proof do you have?’

‘I have their word.’

‘Their word!’ The phrase spluttered out with some food that Sam had just swallowed. ‘That’s not going to get you anywhere. They talk all kinds of rubbish, Ron. No wonder Williams sent you away with a flea in your ear.’

‘That should be good enough though, Sam.’

Ron heard his pleading tone and suddenly hated himself, but Sam massaged his temples in apparent deliberation.

‘It’s a tough one. I could investigate?’

Yeah, more lip service.

‘He drinks as well,’ said Ron rather too puritanically. Sam stared at him, his eyebrows raised almost in mid-air.

‘Lordy, Ron. Half of the charge nurses in this place are pissed at work at some time or another, it goes with the territory.’

‘All right, I get that, but the bullying is wrong. Williams all but admitted it.’

‘Okay. That’s as maybe, but you don’t have any witnesses do you? Do you really think that he would say the same to anyone who might be able to do anything about it?’

‘Well,’ said Ron, ‘something needs doing. Tim says that Sid gets treated really badly.’

Sam started talking through a mouthful of mashed potato. ‘Williams has been here a long time, Ron. He’s practically part of the stonework. He gets on with what he does and nobody worries about it.’

‘But that’s exactly the point,’ said Ron, ‘he isn’t checked up on.’

‘He didn’t ask to go there, you know.’ Ron waved his hand. He knew all about the accident when Williams was working in the maintenance department. ‘Are you sure that you’re not over-compensating for the problems you’ve had?’

‘Maybe I should see the Nursing Officer?’ Ron suggested.

‘Oh, great idea,’ said Sam, ‘you’re really in their good books at the moment.’ Sam shovelled a fork full of patients’ stew into his mouth. ‘Like I said, it’ll just look like you’re trying to recoup some goodwill. You know, make up for all the shit.’

‘But I didn’t do anything wrong,’ protested Ron.

‘Mud sticks, my boy. And you know the story about sour grapes.’

Ron spotted a gravy dribble on Sam’s tie. The sound of the stacking of plates in the day room suggested that lunch was finishing.

Sam rose from his chair and it scraped on the floor as he pushed it back. He wiped gravy from his mouth with a tissue.

‘Like I said, I’ll see what I can find out. Anyway, time for pills,’ the excitement in Sam’s voice sounded wrong. Ron already knew what was coming. ‘A quiet ward is a happy ward.’

Ron grabbed the plate and coffee cup and took them along with his troubled thoughts through to the kitchen.

Chapter 44

The antiseptic aroma of the General got up Ron's nostrils just like before. He walked past the same bustling nurses and the same white fluorescence. He had laughed when he heard that Tim was in Nightingale Ward. He felt sure Sam wouldn't see the connection to his favourite term of derision for him.

Ron saw Tim from a distance, who looked pallid but managed a smile and a wave when he recognised his visitor.

On his way in, Ron acknowledged a nurse and asked how Tim was doing. Her smile was half-hearted.

'You'd better talk to doctor.'

Ron shrugged. He wasn't expecting a diagnosis, just a sense of how the patient was faring. He put her reluctance to divulge information down to time constraints. Or procedural efficiency. Or subservience. He arrived at Tim's bed and they greeted each other.

'Are they treating you okay?'

'Not so keen on me smoking all the time,' said Tim.

Ron was tempted by professional curiosity to look at the charts, but he had come to see Tim and clinical distance was not what he wanted.

Ron held up some sweets. 'Bought you some Pick'n'Mix.'

Tim laughed. Then he coughed.

'Still hacking?' Ron thought it best not to mention the colour of Tim's skin.

'Sore chest.'

'You sure you're not trying a new angle to bum a fag?'

‘Ha. Barbara would be proud of me.’

They exchanged words about the General, the nurses, the doctors, the food. Talk soon switched to Springhill. Tim was interested to know what was going on ‘back home.’

‘The usual. You once said to me that things don’t change. You’re right in a way, but I think if we came back in a decade or so from a foreign land, we might see Springhill as a different place. I really believe things will change, people like Sam won’t have any choice in the end. I mean, he’s doing relaxation, can you imagine that? Who would ever have thought Sam would bother with such a thing?’

Tim laughed again. Again he coughed. ‘The thought is amusing, I must admit. As for Springhill being different, I’m not sure I’ll be about for that, Ron.’

‘Get away,’ said Ron. ‘You’ll be there forever.’

He heard his words of solace and immediately regretted them. This was the man who, after all, Ron had been trying to get out of Springhill. It was small comfort that Tim had expressed a desire to stay. Not for the first time, Ron mentally kicked himself. He decided to change the subject, a decision that proved merely to manoeuvre him into another trap.

‘Mike is missing you,’ he said.

‘That reminds me,’ said Tim. ‘Did you manage to see Mr Williams?’

Perhaps he ought to have predicted the connection, but he hadn’t. Ron had been dreading the question. He didn’t want to mention his failure but managed to nod.

‘Yes, yesterday actually.’ Tim stared back at him and said nothing. ‘I’m afraid I wasn’t terribly successful.’

‘Oh well. You tried. Thank you for trying, Ron.’

‘I’m sorry, Tim.’ Ron was ashamed to hear the words come from his mouth. The understanding nature of the patient, even in his present condition, was one that resounded in Ron’s core. The sense of his own inadequacy and shame ran through his legs and up his back, spreading like a spill from one of Neil’s coffee mugs.

Tim was still nodding in a manner that suggested a lack of any great surprise.

‘But I did speak to Sam and he’s going to look into it. I’ll find out when I get back to the ward what he’s done.’

‘Oh well,’ said Tim, ‘fingers crossed, eh?’

There was a moment of silence as if the two men contemplated their next exchange. Ron felt he had nothing to offer, the apology already having been conveyed both in tone and word. He guessed that Tim might want to present further consolation and the idea was unpalatable. Just as Tim took a short breath as if he were about to speak, his breath caught and he started coughing. Watching him wince in pain simply served to increase Ron’s irritation at his failure to resolve the matter.

‘I worry about Sid and Mike,’ said Tim when his coughing subsided.

‘I understand.’ The words sounded weak. ‘I’m sorry I wasn’t able to resolve the problem.’

‘It’s okay, Ron. I know you’ll get it figured out.’

Ron considered the faith expressed in him by the patient to be misplaced. He excused himself, wished Tim well and made his way back to Springhill. It wasn’t until he was halfway back that he realised he hadn’t got that update from the doctor.

Back at Springhill, Ron found Sam on the phone. The charge nurse looked up. He held up a finger.

When Sam put the phone down, Ron told Sam about Tim.

‘I didn’t manage to see the doctor, but Tim looked poorly.’

‘Hmm...’

‘What does that mean?’

‘It means he is extremely unwell,’ said the older man. ‘Not sure if he’ll even make it back to Springhill.’

The news was a shock. Ron had adjusted to the idea of Tim not wanting to leave, which he accepted as an error of judgement on his own part. But the thought of Tim leaving via the General was one he had not figured.

‘I’m sorry, Ron.’

Ron didn’t resist when Sam leant over and patted his arm.

‘Any news on Williams?’

‘I was just trying to get hold of the Nursing Office. I understand Williams isn’t at IT today.’

‘Day off?’

‘Not sure. But I did speak to your student nurse.’

‘My student nurse?’

‘She told me all about what she saw at IT recently.’ Ron was trying to work out the logic. ‘You know, when you wanted to send her to spy on him.’

He realised that he had completely forgotten about the poor student. ‘You know about that?’

‘I know everything.’

‘Oh, okay. Then you know what I’ve been saying...’

‘Yes. I know. Now let me have a moment and I’ll try the office again. If not, I’ll go over in person.’ He shooed Ron out of the room.

Ron wandered into the day room. Inevitably, the first face he saw on the ward was that of Mike. The thought that he would have to update Mike on the condition of his good friend was one that made a fizz pass through Ron’s core. He was bound to ask; he knew that Ron had been to the General. Only, his face had a different mask. He was staring at his knees and running his hand up and down his thighs.

‘You okay, Mike?’

He sniffed. The speed with which he rubbed his thighs increased almost imperceptibly. Ron wasn’t fooled. He approached the chair. Beside Mike was a pile of wood and wire; he could see straight away that it was Mike’s treasured guitar.

‘Mike, your guitar. What happened?’

Mike sniffed. He raised his head a few degrees, barely making eye contact with Ron. ‘Mr Williams.’

‘I don’t understand,’ said Ron. ‘You were at OT. Where was Mr Jackson?’

‘Sick,’ Mike sniffled. ‘Mr Williams was there instead and he got mad. He said I wasn’t using the varnish in the right way. Then I tipped the pot over by accident and it went on the floor.’ He sniffed again, then turned to Ron. ‘It really was an accident, Ron.’

‘Don’t worry,’ said Ron. ‘I’m not going to be ignored, compliant, or pushed about. And I’m not going to let Williams continue to intimidate a succession of passive patients. This situation needs to be resolved for *so* many reasons.’ The memory of Tim’s

concerns about his friend was echoing round Ron's head. If Tim were really to leave Springhill in the manner suggested, then the least Ron could do was comfort him with the knowledge that his friend was going to be safe. 'And you know what? Tim was wrong, it's not okay. It really isn't.'

He turned and quickened his pace across the hall. By the time he passed Metcalfe's office, he was almost falling over himself. He went past the Blue Room and he burst into the staff office.

'Woah there,' said Sam. 'What's going on?'

'Time's come,' said Ron.

'What?'

'I've had enough of the bullies in this hospital.' He stopped short of saying, And that includes you, because, for all Sam's arrogance, it didn't include him.

Sam stared at Ron. 'You're upset.' It might have been a question, Ron wasn't sure.

'You wanting a fight?'

'Yes, and it's on behalf of the patients that I need to deal with Williams.'

'Yes, Williams.' Sam sat back in his chair. 'Trust me, I'll get to it.'

Ron nodded and sighed. 'I have to get it done, Sam. I know it's as much selfish determination as anything, but the outcome will rid this place of at least one rotten element.'

'What's the emergency? I told you I'll get to it.'

'I believe he's become my final act in this place. Go and see what he's done to Mike's guitar. If I do nothing else, I want Williams finished.'

Sam paused as he finished his chewing. Ron, thinking Sam was ignoring him again, now stood up. He made for the door.

‘Ron. I can’t let you do that...’

‘Sam. Fuck!’ Ron’s voice echoed around the large spaces in the office, and probably out into the hallway. He recalled the young man and his objections to being brought to Springhill. The effect was surprisingly pleasing, so he repeated the expletive. ‘Fuck! Why not? I’m fed up of being told what I can and can’t do,’ said Ron. ‘And I’ll get my message across this time.’

‘No, Ron. He’ll sidestep you like he did before. You have to know how to deal with these types.’

Sam’s calm was irritating, and made Ron want to kick something. He didn’t have time to examine the moment, to imagine how it would have been perceived if he was a patient. Sam was right about Williams, of course, he would probably evade the issue like he did previously.

‘I’ll beat it into him if necessary.’

‘Lordy! By the look of you,’ said Sam, ‘you probably would. But I really can’t let you do it...’

‘Why? What have you got against me? Why are you so intent on protecting Williams when you should be on my side?’

‘Ron, sit down for a second.’ Sam got out of his chair and patted the seat. Ron puffed and sat down.

‘I want to deal with him.’ Ron was clenching his fists and tapping on the desk. He shuffled papers around as he spoke.

‘It’s not Williams I’m trying to protect,’ said the Charge Nurse. ‘It’s you.’

‘I’m confused,’ said Ron. ‘How is stopping me going to help?’

‘I couldn’t let you put yourself in that situation, God knows where you’d end up. I don’t want to be reporting a punch-up, or worse. I know I say that stuff about my Dad, but those were different times. I would love to go over there and knock the shit out of him, perhaps even break a few bones, but where would that get me?’

‘At least he would stop it.’

‘Dismissed, more than likely,’ said Sam, maintaining the thread. ‘And we don’t want that with the pension looming, do we?’

‘I don’t care,’ said Ron. ‘I want this dealt with.’

‘Look, Ron,’ the older man paused. He sighed and Ron watched as Sam’s chest rose and fell again. He couldn’t recall Sam ever looking quite so unsure of himself. His voice was faltering, hesitant. ‘It’s like this, when you started here, I promised your mum that I’d look out for you. I know I haven’t always done a good job of it, but bloody hell, Ron, you make it hard at times.’

The words stopped Ron dead. He was temporarily breathless and started to feel himself tremble. The realisation was slow to dawn. In a time when he felt nothing further about Springhill could surprise him, when he had already endured so many shocks, he wasn’t expecting this.

Like the time in the cellars, a clarity gradually filtered through him.

‘My mum?’

Sam nodded. ‘Yes, I got to know her, we met when...’

Ron was now ahead of him, and he had already held up a hand. ‘Sam. I know.’

‘You do?’

‘You sent me to the archives. I saw the file, your signature, the notes...’ He had never before credited Sam with any subtlety. Ron detected a flush in the cheeks of his charge nurse, was it vulnerability? Sam was not one blessed with the ability to delve deep into his sensitive side. But the suggestion to Ron was that, like the time when he saw Sam handing out cigarettes, there *was* another side.

‘You credit me with too much,’ said Sam. ‘I didn’t exactly send you to the archives, in fact, I had forgotten that her files would be there. I wish I *had* concocted such a clever plan, because I didn’t ever know how to tell you that I knew your mum.’

‘You could have just said.’

‘Not really, the questions that would have followed might have caused more problems than she or you may have wanted. She was a good woman,’ said Sam. ‘And you are a good man, she was proud of you.’

The moment demanded reflection, and the two men stared at the floor.

‘You knew Mum,’ the words floated out of Ron’s mouth.

Sam nodded and repeated his phrase. ‘A good woman.’

Some people want to escape a family; Ron wanted to embrace something he never had. This revelation, as stark and as odd as it was, provided a connection with that past.

They went to the staff meeting place, the kitchen, Sam poured water into the mugs for coffee.

‘What would you have done if I hadn’t discovered that stuff the basements?’

‘I suppose I would have had to have come clean in the end.’

Whether he actually believed him or not, Ron nodded.

‘So what are we going to do about Williams?’ The subject had almost become an afterthought. ‘It’s the only thing left here I want to do before I go.’

‘I’m sorry I didn’t take you seriously. It’s just that with all your enthusiasm recently, I thought it was your own energy getting in the way.’

Ron sensed there was more. ‘But?’

‘I know you don’t care much for their authority, especially after what happened, but they can still get things done. I’ll make sure Williams won’t be required for tomorrow’s shift. Or any other.’

‘Well that’s something.’

‘Well, I don’t mess about when I need to get things done, Ron. It’s not all cigarettes and newspapers you know. I might not be very good with the new stuff, but I’ve been in this place long enough to know how to deal with people like him.’

‘But it’s not enough,’ said Ron, continuing his line of thought. ‘Actually,’ he said, ‘I think I’d rather do it now.’ He stood up and moved towards the door without looking at Sam.

‘Lordy. You’re serious.’

Sam stood up, this time, not preventing Ron’s movements.

On the way to IT, Sam counselled Ron on his approach. ‘Don’t do anything silly.’

‘Don’t worry about me, Sam.’

Ron might have been muddled, given Sam’s confession, but instead he was focused, knowing that his actions were to be his final and irrevocable gift towards Tim and his fellow patients.

As they approached the entrance, Ron held an arm out across Sam's middle by way of a barrier.

'I'll deal with this, Sam.'

'Sure?'

'I'm sure. You get back to the ward.'

In the department, the manner in which Williams greeted Ron was not what he had expected. Williams was a shell of his previous self, Ron almost pitied him. Almost.

He almost surprised himself with the fluency of his articulation and the confidence of his actions.

He took a deep breath. 'You know why I'm here.'

Williams sucked on his cigarette butt and his cheeks hollowed. His eyes looked up at Ron.

'You know what I'd like to do and what I can do are two different things.'

'Get it over, then.' Williams half closed his eyes and turned his head to one side.

'Fuck, Williams. I'm not going to hit you.'

Williams said nothing. His eyes peeled open.

'As much as the thought of physical violence is an attractive proposition, that would simply serve to reinforce your methods. You might think an eye for an eye is reasonable justice, but I don't want to be held accountable for hitting a weakened man, as much as I hate you and what you represent. Above all, it's what you do to people I care about.'

'You don't care about them. All you lot care about is your pay packet and getting drunk.'

Patients were starting to filter into the department. Ron wondered why Sam had not headed them off and then remembered that he had sent him back to Ward 1. 'I think you've been here too long, Williams. You still talk about attendants; we've been nursing for decades.'

'I've had enough of this place anyway. I was thinking of leaving as it happens.'

'Well, now you don't have that luxury.'

Williams' mouth fell open. The cigarette remained stuck to his bottom lip.

'Starting immediately, there will be no more cruelty in the IT department. Let's go, come on.'

As he marched Williams away, Ron looked about the Woodwork Department. Various wide-eyed heads were motionless, as if trying to believe what they had seen. Ron spotted Jakub. The patient nodded his head and winked.

Chapter 45

Ron's head was full of paradoxical thought. On the way back to Ward 1, he watched a patient dancing in the corridor and realised that was how he was feeling inside.

Their discussion on the ward was uninterrupted. Sam explained the facts as he recalled them, piecing Ron's narrative journey together. Ron listened with intensity as his history began to link up. There was a sense of no longer having to revisit the past.

'When did you find out about my mum passing away?'

'During your suspension. Jan told me. I hadn't known what the driving force behind the pioneering spirit was about, but your feelings then made more sense.'

'So that's why you became the modern nurse all of a sudden.' He paused. 'That's why you went all, what you might call *Florence*.'

Sam laughed. 'Yes, sensitivity. Not a word most people associate with me, I know, but it's there.'

Ron thought back to when Jan had protested that Sam was 'not all bad'. *Did Dave say the same thing?* 'And there was me thinking that you engineered everything,'

Sam looked at him and his eyebrows furrowed. 'Engineered?'

'Yes. You know, manipulated everything.'

'Like what?'

'Well actually, my suspension, for starters.'

Sam spluttered. 'Why would I do that?'

'Opposition.'

'To what?'

'My project.'

Sam waved his hands.

‘So the antagonism?’

Sam shrugged.

‘The comments about the project, keeping patients in the hospital, not letting them run amok, all of that.’

‘Partial truth,’ he said. ‘It started off mostly as an attempt to try and put you off. You know me, I didn’t fancy the extra work.’

‘Not very subtle, was it?’

‘I suppose not, but in a way I was trying to warn you.’

‘And then I got suspended on that ridiculous charge.’

‘I know, you’re the least likely person to get mixed up in that sort of problem.

Authorities, they get twitchy. Any hint of scandal and they look to blame one of us. It’s easy to look at the nurses as the problem. They’re not going to go after the medical staff or the administrators, are they?’

‘No, I suppose not. And after?’

‘After? After, I knew about your mum passing and things changed. It was weird, I can tell you.’

‘And the Florence Nightingale stuff? Chairman Mao?’

Sam started laughing. ‘Syncopated interjections.’

‘What?’

‘Syncopated interjections.’

‘I have no idea what you’re talking about,’ said Ron.

‘See, you aren’t the only one with fancy philosophy. It’s a musical term we sometimes use in drumming. It’s when something causes disorientation in the rhythm. I was messing. I enjoyed it when it started; it was a bit of fun. You have to have a sense of humour, my boy.’

‘I’m glad I was able to help.’

Sam regained his composure. ‘I know I told you that you get too involved, or whatever the phrase was, but, you know, it’s a good trait. I know the patients take advantage of you, but a nurse needs a softer side. It’s all part of understanding.’

Ron looked at the older man, the words just didn’t seem right, but now he could see that this irritable charge nurse, with all his faults, had another side. A side that had helped his mum when times were difficult, and it was in part thanks to Sam that the period had not proved more difficult.

‘How come you didn’t ever say anything?’

‘Something about finding your way in the world. You mum would have told you that.’ It certainly sounded like a thing his mum would have said. ‘Anyway, I’m not a hand-holder, Ron.’

Ron thought about the conversation they had when they were discussing their fathers. He wondered whether Sam had been trying to tell him something in a roundabout way.

‘When I found out about your mum passing I could see what was happening: your project, the dynamism, the pent-up grieving.’

‘So that was your attempt at grief counselling?’

‘Well, I can give out pills and follow orders, Ron, that’s what I’m good at.’ Ron couldn’t help but agree. ‘I’m set in my ways,’ Sam continued, ‘that’s well known. But

that doesn't mean I don't retain the compassion of a decent nurse.' Ron sounded a note of mirth. 'Your mum tried her best to shield you from the worst of it when your dad left. That's partly the reason she ended up here, because she was trying so hard to hide the emotions from you.'

'So dredging the memories of my dad have been a type of delayed grieving,' said Ron, as much to himself than anyone else. He couldn't help but wonder whether this had also caused him to transfer these feelings from his dad to the burly charge nurse.

'You're starting to sound like that psychologist.'

Ron laughed. 'I can't deny he's been a support.'

'Well, whatever he put in your head, I know your mum hated the fact that she might have left a poisonous legacy.'

'It wasn't her fault. She wasn't the one that left.'

'I realise that. But we know, Ron, we're supposed to be professionals, that these situations are never as simple as they seem.'

Ron looked at his charge nurse, a man in whom he now saw returning wisdom, wisdom that Ron had denied him in his recent assessments. 'Well, I'm not going to continue deconstructing the past, but he would certainly learn from it. I'm not sure I would even lay the blame at my dad.'

'Fathers are influential people, Ron.' Ron had a vision of Percy. 'I know I go on about Dad, but I'm not like him. In many ways, I've tried not to make the mistakes he made. I looked up to him, like a lot of sons do to their dads, but I feel a bit ashamed when I think about how the nurses of his generation managed their patients.'

Ron felt the revelation cause a temporary trance. Sam Brittan, ashamed of his father. A strange sense of relief flowed through Ron as he felt any malice he had built for Sam up ebb away.

‘Anyway, that’s another era. And I think you’ve pointed out well enough that change is on the way. The nurses of your generation will work differently to my lot.’ Ron remained silent. ‘Springhill will be a thing of the past, like me. I just didn’t care to admit the fact. I’m not very good at that stuff, Ron.’

‘Horses for courses, eh?’

Sam laughed. ‘We’ll miss you, you know.’

The words hung in the hospital air as Ron wondered whether he had heard correctly.

‘Yeah,’ he said eventually. ‘I’ll bet.’

‘It’s true,’ said Sam.

They were words Ron was not expecting, but ones that sounded genuine.

‘And you shouldn’t be too upset about your project. I know it was well intended.’

‘At least I tried, I can never be faulted for that. Anyway, it’s too late now, because Tim’s future looks bad. Perhaps I was a little premature. He didn’t want to move.’

‘So I gather.’

‘You do?’

‘Yes, Jan told me.’ He smiled at Ron.

‘Everyone really does know everything around here.’

‘It took you seven years to work that out?’

Ron laughed. ‘Anyway, the project was a receptacle for my energy, you’re right. But it’s a shame.’

‘Why so?’

‘Well, it was a good idea. It’s a shame that it’s finished now.’

‘Well, that’s not entirely so,’ said Sam. ‘About your project; I have news about that. Look, I know you don’t think I’m up to the task, and in a way, you’re right. They gave me the job because I’m the Charge Nurse and I’m the default individual.’ Hearing the words offered Ron a mixture of happiness and guilt. ‘I’ve asked Jan to monitor any developments and manage future improvements. She will be the key person responsible for liaison with the new rehabilitation teams.’ It felt like the most that Ron had heard Sam say on the subject. Sam sat back and scratched his chin. ‘That stuff’s not for me, Ron.’

So Ron had been wrong again. Sam had not snatched the project from him. He was right about the laziness, though, and that, at least, made him feel better.

‘And the other day, I overheard Mike asking Jan what it would involve, so in a way, you started something.’

Ron smiled.

‘And now you’re going to ruin everything,’ said Sam, back to his jovial best. ‘I understand you’re going to work with that bloody psychologist.’

‘Dave? Actually, no.’

‘No? I thought you got on well? Another bloody radical. A marriage made in heaven, all that.’

‘We do get on.’

‘So, what happened?’

‘He’s nice, but he can be bit full on. Subtlety is more my thing.’

‘So what will you do?’

‘Actually, I’ve got some part-time work at *Hot Vinyl*.’

‘*Hot Vinyl*, huh? I love that place. I’m in there all the time.’ He did some finger drumming on the desk. ‘Well, well. You can expect to see me on a regular basis, then.’

It was a statement that, not long ago, Ron would have loathed hearing. Now, he wondered about another bond that the two of them had not recognised.

Chapter 46

From confused childhood to adult in one short step. As he talked to Claire, Ron considered whether his situation might be regarded as rounded-off.

‘I was wrong about Sam,’ he said to Claire before leaving for work. He sensed the memory was sugared by the knowledge of Sam’s part in his story.

‘I told you he was a fuzzy bear,’ she said.

‘You shopped me.’

‘Huh?’

‘Told Jan about mum.’

‘Oh, that. I couldn’t stand by when all along there was reason to look at things differently. You were so caught up in the moment that you couldn’t see a way out. Remember those conversations we had when you were dredging stuff up?’

‘They were useful, though, they led me somewhere in the end.’

‘But I’m sorry for not telling you. I thought you may have got angry with me. I already knew how private you like to be.’

His departure from Springhill was cheered by the fact that Claire had announced she had put in a transfer request. ECT was no longer a place she wanted to work - at the time, Ron had resisted the urge to congratulate himself - from now on, she would be working alongside auntie Jan, taking the space he was to vacate on Ward 1. When he heard this, Ron knew that his project was in safe hands.

Walking back from the main block, where personnel sat alongside the payroll department and the secretaries, the feeling was hard to explain. After Sam’s confession, which may not have ever come out had he not persisted with Williams, he felt strange.

The pieced together recollections from his childhood to misunderstandings of the people he had been working closely with for a number of years were reflected in a new light, as if viewed through a camera where somebody had adjusted the focus.

As he walked past a dishevelled patient headed in the other direction, Ron heard the man humming. Ron couldn't help but chuckle. It also occurred to him that although the strip lights in the hospital corridors still buzzed, and would probably keep on buzzing until the bulldozers moved in, handing in his resignation from Springhill created a paradoxically joyful freedom and a sudden lack of self-consciousness. He accepted that the likes of Tim would eventually be forced to find a new home, and if this was something they could deal with, then Ron knew he could too. He would miss his group, the chatter, the faces, the drama and the sadness. He headed to the staff office to find Sam. He acknowledged Ron's arrival. 'Last day?'

'Yes, and I got you something.'

Sam accepted the brown paper bag and placed it on the desk like an undiffused bomb.

'What is it?'

'Take a look.'

Sam eased open the front of the bag and withdrew a box with a picture of a Spitfire fighter plane and the name 'Airfix'.

Sam's face lost fifteen years, His eyes appeared to be welling.

'Don't start crying, Sam, or I'll be forced to invent a nickname. Anyway, I have my group.'

He exited to the Blue Room, unsure how to feel about his last ever music group.

‘Howdy, folks,’ he said in a reedy emotion-affected voice. ‘Today is *Russian Explosive Masterpieces*.’

‘Sounds like Martin,’ said Mike. Perceptively so, in Ron’s opinion. Neil was sitting in one of the chairs, his legs crossed. He looked pensive.

‘That’s a nice picture, Ron,’ he said, with what sounded like certainty. ‘It’s Margate.’

Ron looked at the picture. ‘It’s France, Neil.’

‘France,’ said Neil, with a pause. ‘Yes.’ Another pause. ‘They say that France is a lovely city, don’t they Ron?’

‘France is a country, Neil.’

‘France is a country. I see.’ Neil thought for a minute. ‘A lovely city, don’t you think Ron?’

‘Never mind, Neil, we need to get this thing going.’

Neil looked at Ron and laughed.

Edward craned his neck towards Ron. ‘What did you say the music was, Ron?’

‘*Russian Explosive Masterpieces*.’

Edward nodded his approval. ‘Lovely.’

‘Russian composers,’ mused Sid, ‘Was Chekhov a Russian composer, Ron?’

Mike’s interest had been aroused. ‘Chekhov is in Star Trek, isn’t he, Ron.’

‘You’re right, Mike, there is a character in Star Trek called Chekhov, but I don’t think that’s who Sid is referring to.’

‘I love Star Trek,’ started Mike. ‘Captain Kirk and Spock.’

‘Not Star Trek!’ Ron yelled.

Martin joined the discussion. 'I like the Klingons.'

'And the Daleks,' said Neil.

'That's Doctor Who, Neil.'

'Doctor Who. Ha ha.'

Ron was starting to think that his group should be called: *Popular TV shows of 1975*.

'No no no.' He had heard enough. 'Look, this is about Russian composers, people who write music. It's not about television.'

'Actually, Sid, Chekhov was a playwright,' said Edward, ignoring Ron's protestations. 'But he was Russian, so you were partly right. But not a composer.'

'Oh, that's interesting. Thanks, Edward.'

Sid was talking. Actually talking in his group. Ron wanted to confess his news, but Sid was communicating. He didn't want to spoil the moment.

When they got to the music, The Sabre Dance was rousing and inspiring at the same time, it grabbed the attention of the room. It felt like a soundtrack for certain times on Ward 1: chaotic and volatile, as mixed up as some of the mealtimes and as frenetic as some of the disputes in the day room. They listened as it faded away like a flighty bird.

'This is good music, isn't it Ron?' Neil seemed compelled to comment when the tune finished.

'Yes it is, Neil. I'm glad you like it.'

Neil nodded and sat back in his chair, crossed his legs and inhaled on his cigarette. Barbara was sitting next to Ron clutching her big handbag to her chest. She was grumbling, oblivious to the musical charms.

'Barb. Listen to this stuff, it's dramatic.'

Unimpressed, she equally dramatically stabbed her cigarette out into the ashtray. She looked at him. Her dried up nicotine stained tongue, a shrivelled riverbed, was halfway out of her mouth. She uttered a throaty din.

‘Blerrr!’ An expletive accompanied the noise of disapproval. ‘Bastard.’

After that, all he could make out was an incoherent mumble. Ron smiled, he had no desire to make enemies of his patients now. He left her alone.

Eventually, the frenzied discordance of Stravinsky’s Firebird started the final track. The music settled back into the wavelike peaks and troughs. Ron was toe-tapping in support. He thought about his decision to leave and knew that he faced a different uncertainty, but it was one that didn't scare him. Claire had been right, he had learnt something about himself, and he now knew that to be the most important thing of all.

He knew it might surprise others, though in truth he suspected he would be forgotten, lost to the hospital memory like so many before. He also knew that in a couple of days, the chairs would get arranged in a semi-circle, the ashtrays on the ward would get emptied, and the domestics would vacuum the floors. Another Wednesday and the professionals will gather for their ward round. But this time, maybe Sam will start to do things differently. *No he won't, he'll sit by Metcalfe's side until the old man retires. Or until the hospital closes, or until the earth stops spinning, whichever is the earliest.*

He managed to get through the group putting off the inevitable. But in the end, he held up his hands to prevent the usual charge out of the Blue Room. He announced his imminent departure. Ron saw Edward looking at him, His bow tie was as neat as ever, something that Ron had long admired.

‘Are you okay, Edward?’

He nodded and said, ‘it won’t be the same without you, Ron.’

Ron tried to shrug it off. ‘You can still do the music,’ he countered. Edward shook his head. ‘Oh, come on. It’s only playing a record.’

‘You know Ron, it’s much more than that. We have had other groups on this ward, you know we have, but none of them have ever been as much fun.’

There was a silence. Ron felt a lump in his throat. The words almost made him want to stay, but he knew that if he didn’t make the leap, he would end up stuck. He decided to enjoy the moment, which as it turned out was short-lived, because Barbara heaved herself out of the chair and made for the door.

‘Enjoy the session, Barb?’

The patient turned to Ron, told him to fuck off and sloped away.

Critical Thesis

Introduction

The men and women who nurse the mentally disturbed seldom achieve public attention, except as a result of a scandal or a case of alleged ill-treatment (Carpenter, 1980, p123).

Mental health nursing occupies a significant place in mental health care. In 2016, there were almost 37,000 mental health nurses registered to practice in the UK (NHS Confederation, 2016). In this thesis, I will ask why mental health nursing is represented as it is in narrative fiction.¹ I will argue that fiction fails to adequately represent the profession which creates a gap between the perception and the experience of the nursing role. This leaves a space with which practitioner/writers can engage. My novel, *Missing Pieces*, accompanies this critical component and follows in the tradition of practitioner/writers like Freya Barrington and Monica Starkman as a work that seeks to provide a more realistic representation of my profession.

Through reference to a selected number of key texts, I will examine some of the negative depictions of mental health nursing, I will look at the evidence for these depictions and measure them against the clinical evidence. I will highlight the importance of image to mental health nursing and demonstrate the negative effects, including stigma, that occur when purveyors of that image fail to provide a rounded picture. I argue that mental health nursing must assume some culpability for this situation, and with reference to my novel, I will explore how mental health nursing and

¹ Although the focus is on mental health nursing in the UK, it should be noted that the system in the USA is broadly similar that nursing in these two countries shares many characteristics and tenets.

fiction can create a potential alliance. I will look at how mental health nurse practitioner/writers can help create more accurate representations, and how these can aid mental health promotion as part of the important work of what McIntosh (2017) calls the ‘forward-looking profession’ of mental health nursing.

The notion of a reciprocity in the relationship between fiction and mental health is part of a growing body of knowledge, and the interest in how fiction engages with medical and health humanities is as current as the question of what fiction can learn from mental health (e.g. Crawford *et al.*, 2010; 2015). As part of that trend, this investigation takes place in that arena and raises mental health and the work of mental health practitioners into greater focus. Oyeboode (2009) claims that literature has the ability to clarify and define human emotions (p vii), and my novel, *Missing Pieces*, presents a mental health nurse in a state of personal and professional crisis. The novel performs several important functions that relate to the area of research and provided impetus for the research framework, helping to connect thoughts as it projected the issues that evolved in the story.

Mental health nursing image in fiction: Is it worth writing about?

Media representations of mental illness can have a significant effect on public images of people who experience mental health problems
(McKeown and Clancy, 1995).

Laing and Nolan (2015) remind us that mental health nursing is the ‘largest profession providing mental health services,’ and yet Quigley (2015) points out that mental health

nursing has been and remains an undervalued profession. Additionally, social perception of mental health and its attendant elements, including patients, mental health nurses, psychiatrists and mental hospitals, has been shown to be prejudiced and discriminatory (Corrigan and Watson, 2004). Enduring images of Bedlam, of damaging treatments and of various forms of restraint remain in the popular consciousness.² One might expect that matters improve with time, but perhaps counter-intuitively, in their investigation into public attitudes towards people with mental health problems, Mehta *et al.* (2009) actually found a *deterioration* in attitude over the period between 1994 and 2003.

The importance of mental health nursing is rarely recognized,³ and here I will show that mental health nurses struggle with identity coherence, and that the power they have is delegated at best. Add to this the demonstrable fact that mental health nursing developed from hospital guards (with in-built subservience to the hierarchy of mental health service provision and dependent on psychiatry for direction), and the apparent lack of any significant voice of the profession, and one might conclude that mental health nursing is hardly worth writing about. To show that it *is* important can be demonstrated by several reasons: Firstly, mental health nursing represents a significant element in the mental health care system. Secondly, it has been shown many times how portrayals in the media (e.g. Hallam, 2000) have an effect on public perception and also on interactions in the workplace - the image of mental health nursing is therefore important

² Witness the recent exhibition at the Wellcome Collection, *Bedlam: the asylum and beyond*. (Sept 2016 – Jan 2017)

³ Clancy Sigal, author of *The Zone of the Interior*, has suggested that mental health nurses are ‘the backbone’ of a mental health service (Bladon and Sigal, 2017).

for clients already nervous and in a fragile emotional condition. Thirdly, positive portrayals would help with stigma and the promotion of mental wellness. This is as important for the self-esteem of mental health nursing as a profession as well as end-users who experience the services. The absence of positive depiction means that many people: potential consumers, other mental health professionals and mental health nurses themselves, are likely to be poorly informed about the good work mental health nurses actually do. The consequence of poor portrayals of the profession is varied, and includes stigma, poor self-image, and problems in recruitment, a problem that creates further potential difficulties, as Ford (2017) points out.⁴ As I have said, these elements have profound implications beyond the field of mental health nursing, impacting on sufferers and their social networks.

This area of investigation is poorly represented in contemporary fiction, just as it is an area in which there is little by the way of meaningful research. For example, a literature/database search shows how there is a dearth of available material on both elements of this investigation. A general internet search for ‘mental health nurses in fiction’ reveals little more than reference to Nathan Filer (author of *The Shock of the Fall* and himself a mental health nurse) and links to clinical articles concerning mental health nursing practice. A search of the University library returned results for ‘visa refusal following compulsory detainment,’ ‘fiction, poetry and mental health,’ and other titles concerning risk prevention, health promotion and ‘emotional intelligence in mental

⁴ Similar problems of recruitment due to media portrayals are evident in psychiatry (Pidd, 2003; Rajagopal, 2004), and, as Cohen (2007) notes, in general nursing.

health nurses'. Similarly, a search of MEDLINE database using the selection criteria 'mental health nursing + fiction', and 'fiction + mental health nursing narrative' returned 'No records'. Other major databases (PsycINFO, Psycharticles, JStor, Sociological abstracts, ASSIA, Web of Science and more) revealed similarly poor results.

Text Selections

In terms of literary dialogue, *Missing Pieces* can be aligned with the genre of novels that examine problems within the area of psychiatry and psychology. Some of these choose the system as their focus, others simply want to show the alienating effect on a marginalized group or individual. *Missing Pieces* does both these things. I have selected works that best represent my area of research and demonstrate the problems within this investigation. Accordingly, my texts include *One Flew Over the Cuckoo's Nest* (*Cuckoo's Nest*), supported by *Faces in the Water*, *The Bell Jar*, and more contemporary novels such as *Admissions*, *The Comforts of Madness*, and *Stranger than Kindness*. I will also use other relevant texts, such as *The Trick is to Keep on Breathing*, *Zone of the Interior*, and *The Shock of the Fall*. Although autobiographical narrative has been shown to be useful in understanding experience (Oyebode, 2004), I considered the use of such material outside of the scope of this examination. Accordingly, well-known works such as *Girl, Interrupted* and *I Never Promised You a Rose Garden* do not feature here.⁵

⁵ It might be argued that *The Bell Jar* and *Faces in the Water* count as autobiographical, but Frame, for example, despite the similarity of her story to real-life experiences, consistently denied that her work was autobiographical. In the preface to her 1961 edition of *Faces*, she stated that the novel was a work of fiction and that none of the characters (including Istina) portrayed a living person. In fact, in her introduction to the Virago edition, Hilary Mantel notes that from a writer's perspective, fiction and autobiography are not as

My investigation seeks to analyse fiction loosely set (but not necessarily written), from the second half of the twentieth century onwards and sticks to works based around hospitals and clinics rather than other genres. Situating the selected literature within a particular political and social timeframe allows for an investigation into various challenges faced by the profession. The period from the middle of the twentieth century on saw the closure of institutions and the almost complete consignment of the asylum. I will demonstrate throughout this work how many issues are perennial and remain topical for contemporary mental health and mental health nurses.

In the latter part of this thesis, I will investigate the wider relationship between mental health nursing and fiction and look at how mental health nurse practitioner/writers (and other mental health care professionals) can approach writing fiction to produce works that enlighten rather than stigmatise their profession. As a platform to raise broader issues, this work points in several directions, many of which suggest practical and philosophical questions for mental health nursing.

different as people often believe. Mantel also points out that the Istina was a vessel 'into which the waters of life are poured and stirred.' (Frame, 2009, pvii).

The Evolution of *Missing Pieces*

Inspiration for this novel came from the desire to explore the relationship between fiction and mental health. As a writer, but also a qualified mental health nurse with a background in psychology and sociology, my motivation was originally to tell a story about mental health issues. In fact, my starting position was much the same as Paul Sayer's when he approached writing the award-winning *The Comforts of Madness*. As he told me, '*The Comforts of Madness* came from my memories of working as a student in a male admission unit in the mid-70s, in a big old Victorian hospital' (Bladon and Sayer, 2016). In a similar way, my early drafts concentrated on the institution and the machinations of the system, and early research concentrated on mental health issues, more particularly on the notion of change in psychiatry.

After opting for a staff-based point of view, it was clear that there was space for a genuinely new approach and with a mental health nurse narrator. This logic suggested something beyond a straightforward institutional critique. The idea of Ron as a grieving lost soul came in the second or third draft, where I was searching for a plot motivator and something to allow Ron's character development. *Missing Pieces* is, in a sense, an existential work. Not in the sense of the genre of existential novel, but because it addresses issues of existence and the phenomenology of being, about a character facing up to loss and searching for a personal and professional identity.

Missing Pieces is a novel about the constraints of an institutional system, but it is not intended as solely another mental hospital narrative. It was important to capture a

psychological portrayal and although the story follows Ron's progress as he struggles with his issues, the macroscopic focus is different because it represents the world of staff, including the recurring themes of challenge and change.

Given the positive aspects of mental health nursing and the evident good work done by so many nurses, it was a surprise to see that the representations of mental health nurses in the chosen texts were so negative. My research pointed to problems with professional identity and lack of voice, and from this grew the notion of identity in general, a theme that runs through the novel in various forms, and I subsequently became more conscious of the significance of elucidating the nurse role.

The focus of the novel increasingly bore down on Ron's problems and his difficulties increased. This greatly aided the development of Ron's character, and Sam also became a more significant feature, permitting the adversarial relationship to develop. This dyad, with its uneasy tension, provided a major contrast between the two men, representative as they are of different epochs of mental health nursing. They also served to represent different attitudes to psychiatry and to the people in their care with whom they have daily contact. This conflict allowed me to develop the wider range of nurses depicted in the novel, enabling me to achieve my aim of a more rounded and more representative set of characters than in the texts I examined for this thesis.

Although ultimately rejected, this analysis might have looked at fathers and sons.⁶ The beauty of this not entirely neglected story element lies in how the introspective nature of Ron's concerns link to the idea of missing fictional depictions of mental health nursing. It also lends itself to the discussion later in this thesis on reflective practice as part of continuing professional development (CPD) in mental health nursing. The positive face of mental health nursing was driven largely by the work of Hildegard Peplau, and this is examined in chapter three. Peplau (1952) suggested that nurses could overcome obstacles in therapeutic relationships through the examination of the 'self'. This is precisely the process that Ron undertakes when he embarks on his rehabilitation following the death of his mum. This also drives one of the most significant missing depictions, that of the therapeutic bond.

The works of anti-psychiatry and the modern tradition of critical psychiatry suggested additional areas of potential analysis, but I steered away from direct polemic, because *Missing Pieces* is not intended to be a critique of psychiatry, even though the idea is woven into the book, as Ron struggles with his problems and his relationship with psychiatry becomes an awkward one. The awakening encouraged by Dave's prompting sets Ron on a different path of psychological exploration and professional enquiry. I made use of historical texts and books on asylum history as part of my research to ensure accuracy. I chose 1975 as the year in which this work was set for several reasons. Firstly, it represents a time where the mental hospital closure programme was gaining

⁶ Especially given the triangular relationship between Sam, Ron and Tim and their shared narrative that their fathers had inadvertently led them all to the same place.

speed. This policy, which in the UK is thought to have been signaled by Enoch Powell's 'Water Tower' speech in 1961, is variously described as 'deinstitutionalisation' or 'decarceration'. The transition from hospital-based to community nursing represented the greatest period of change ever experienced by mental health nursing. This fact was as important for Ron's project as it was crucial for me to represent Sam's attitude towards the future. The transition to community-based services as a feature of mental health services also permitted the development of the storyline, which includes Sam's scepticism and Tim's evident reluctance to engage with the process.⁷⁸ In some respects, the era is unimportant, because many of the issues faced by mental health nursing forty years ago remain. Obstacles like paternalism, power, and professional relationships can still regularly be found in contemporary nursing literature.

Finally, I should note that the interest in fiction and mental health is very current. Works by Oyeboode (2002a, 2002b, 2003, 2004, 2009), Crawford and Baker (2009), Baker *et al.* (2010), and O'Sullivan (2017), represent an exciting collaboration between literature and the helping professions. Similarly, for my part, the process of writing a work of fiction about a profession I have known for so long gave rise to thoughts about what it was to be a practitioner/writer, and what practical lessons could be imparted and learnt through the sharing of experience. Psychiatrist Monica Starkman had a goal when writing her novel; she wanted to 'show psychiatry and psychiatrists as they are, not as

⁷ 1975 was also the deadline that the UK government had earmarked as the year by which their target of a 40% reduction in the mental hospital in-patient numbers (National Health Service, 1962).

⁸ On an incidental note, 1975 was also the year Milos Forman's multi Oscar-winning film version of *One Flew Over the Cuckoo's Nest* was released.

the devious or bumbling stereotypes so often portrayed in books or film' (Starkman, 2016). This 'entertain and inform' approach is central to *Missing Pieces*. My novel presents a more sophisticated and fuller range of mental health nurse characters, it also models the challenges faced by a constantly changing profession, not least those of identity, as Ron seeks a new role and an understanding of his personal and professional world.

Chapter One

Writing in the *Guardian* in 2010, Vasager reports how fictional ‘demon’ teachers can help to educate children about the abuse of power. Similarly, Cummins (2011) explores the good/bad binary images of teachers in YA fiction, and suggests that this creates a false dichotomy. Clearly, fictional representations of professions can have a significant effect in the real world. In the following two chapters, I will contextualize the debate by arguing that portrayals of mental health nursing are overtly negative. In this chapter, however, I will examine how fiction treats other health and social care professionals, which provides a contrast to the discussion in Chapter 2.

Whilst it is true that other professions suffer similar problems of stereotyping, they do not necessarily endure singular negativity. I will use this fact to highlight how writers fail to express any of the positive attributes of mental health nurses.

The Impact of media representations on attitudes to mental health and the effect on mental health nurses

Anderson (2003) notes that films ‘still use psychiatry and mental illness as an excuse for depicting violence and horrific crimes.’⁹¹⁰ Wedding and Niemiec (2014) emphasise this point, saying that some films perpetuate stigma associated with mental health. The effects of this distortion are also felt by those working in the area of mental health. This

⁹ For further discussion on media and mental health, see e.g. Wahl, (1997) and Rubin and Metzl (2012).

¹⁰ It might be argued that film is the modern equivalent of the paintings of Goya and Hogarth.

is supported by Goodwin (2013), who examined the horror genre and concluded that they reinforce stigma against those experiencing psychosis ‘and mental health practitioners.’

Negative portrayals lead to stigma, and stigma works as a collective value judgement. The false generalisations that Goffman (1990) talks about represent inaccurate claims about certain social groups.¹¹ Stigma can lead to social rejection, marginalization, and even exclusion. As Corrigan and Watson (2002) point out, the impact of stigma on sufferers means that they suffer doubly, struggling with symptoms of the disease (sic) and with negative perceptions of their suffering. The problem is not confined to those who experience mental health problems directly, though. As Gouthro (2009) says, ‘negative beliefs regarding mental health nursing discredit the valuable contributions of mental health nurses.’ Hopson (2014) reminds us that stigma attaches itself to doctors as well as patients. This is true, and the same phenomenon of courtesy stigma exists for mental health nurses (Dietrich *et al.*, 2003). This sociological concept is also referred to as ‘associated stigma’, which mental health nursing may experience based on a ‘working relationship with a stigmatized group’ (Halter, 2008). Gouthro (2009) also points out that unfavourable opinions are caused by associated stigma. The belief that mental health nurses are somehow odd because they work with a marginalized and stigmatized group of misunderstood people is popular and enduring (Flaskerud, 2017). Halter (2008) shows how negative characteristics of mental health nurses mirror some of

¹¹ It is important to remember that as a sociological concept, stigma has the tendency to alter over time. It should also be remembered that Goffman’s work was principally ethnocentric, relying on observational analysis. As such, his research lacks the rigour of quantitative data and experimentation.

the dominant stereotypes associated with mental illness. Further, Corrigan (2004), demonstrated that mental health nurses were assumed to be incompetent and ‘weak in character’ for the same reason, a phenomenon later supported by the investigations of Sercu *et al.* (2015). This phenomenon is also evident, as Halter (2008) notes, from fellow health care professionals. In their discussion on courtesy stigma, Ng *et al.* (2010) suggest that people see mental health nursing as less desirable, with poor required knowledge and little opportunity for growth. This is an issue for professional promotion, because, as Heyman (2012) notes, in higher education mental health nursing is widely recognised as ‘one of the most challenging in terms of recruitment.’

Health and social care professionals in fiction

Social Workers

It might be thought that negative stereotypical portrayals of social workers as do-gooders, child removers and hand-wringers would permeate fiction. Stevenson (2015) seems to support this notion, saying that ‘it’s fair to say that the representation of social workers in fiction and the mainstream media has received less than positive reviews from the sector.’ On the whole, though, it appears that, although social workers are occasionally treated with some contempt, and in fiction there is the tendency to veer towards stereotype. It is also clear that some fictional portrayals demonstrate understanding and empathy for the difficult role. In *The Casual Vacancy* (2002) J K Rowling depicts a character called Kay, a child social worker who works in Social Services in ‘an ugly 1970s office block’ (p384) and deals with people in a sink estate. The predictable elements of her story centre about her clients whose lives involve

prostitution, methadone use and petty crime. We learn later in the book about an inquiry following the death of a toddler which seems to implicate Kay. Her colleague, Mattie, is already 'signed off with stress again' (p562). This is a stereotypical depiction that nevertheless acknowledges some of the difficulties of the role. Stereotype, however, is not uniquely the case in fictional social work. For instance, in *The Believers* (2008) Zoe Heller presents a character who invokes the idea that social workers are helpers. She is described as 'a very good person' (p123). We are then told that her people thought of her as a 'born social worker'. Her father advised her to 'train for one of the caring professions...Nursing, or something like that. You're a nurturer' (p124). Her selflessness is evident when she is saved from her attacker, as she tries to ensure that he is not punished (p118). Further evidence of her kindheartedness runs through the novel, as we see in a passage later in the book. 'Karla was not unaccustomed to dealing with people who were hard to help' (p188).

Although these images lean towards stereotype, they are not uniquely negative, nor are they always damaging. Some might be perceived as sympathetic to the difficulties faced by social workers. In *The Absolution Game* (Sayer, 1996), Paul Sayer depicts an overworked social worker struggling with the pressures of the system in which he works. His character Bob Munro is hardworking and dedicated, but he is also a realist. He is shown struggling with the pressures of the system ('I have to spend the morning in the office, my turn to take the endless stream of calls that arrive for me and my overstretched colleagues' p39), but Sayer also presents a likeable individual in a way that the reader feels some positive emotion towards him. Bob is a loner, and outsider,

isolated in his solitary existence and seemingly doomed to have continued bad luck. An engaging first-person narrative draws the reader in as we see Bob's work ethic and thoughtfulness towards his work colleagues and clients alike. He conducts his job with a jaded professionalism, at one time admitting his reluctance to attend a tricky case which he knows he will ultimately attend 'owing to a lifelong inability to let people down' (p43).

I have written about which novels about social workers might appeal to social workers (Bladon, 2017a), and the book about social work most closely related to my novel is Freya Barrington's work, *Known to Social Services*. Barrington's novel details the work of social worker Diane Foster, on the fictional Deacon Hill housing estate. Barrington is a social worker, and, as such, represents a practitioner/writer. I will examine this text in more detail when I talk about practitioner/writers.

Psychiatrists

Psychiatrists are probably the mental health professionals most highly featured in fiction. Whilst sharing a *general* negativity with mental health nursing, they suffer a mix of fictional representations, the reasons for which are, as Hopson (2014) points out, generally related to power. She shows how psychiatrists are depicted variously as cruel jailer, amoral, frauds and charlatans, and 'racial oppressors'. Sometimes they are simply incompetent. (There are echoes here of Dr. Spivey in *Cuckoo's Nest*.) The ability to incarcerate, to prescribe often unwanted treatments, and to make judgements about personal decision-making, are all features of psychiatry that remain today. These factors

may be one of the causes of these portrayals. With legal tools such as the Mental Health Act, Community Treatment Orders, the Mental Capacity Act and more, psychiatry has the power to over-rule objections, to manipulate outcomes and to enforce treatment. The problem does not confine itself to legal powers; the rhetoric of psychiatry is littered with terms suggestive of control, with words like ‘compliance’ that connote a sinister and judgmental spirit.¹²

Where this form of depiction, as sensational as it may be, serves to heighten tension for the reader, it is also likely to present such a negative image that potential patients could be terrified of what may lie ahead. Hopson also suggests that ‘no other health specialty attracts this hugely negative portrayal’ but my research would suggest otherwise. Also, as much as Hopson complains of the ‘demonisation’ of psychiatrists in fiction, and as much as it is true that fiction writers seem to enjoy employing the evil mad doctor persona, there are other depictions which also portray negative and provide an alternative image of the psychiatrist.¹³

One of these is the satirical archetype. Will Self has produced a series of works following the career of the fictional Dr Zack Busner, who appears in a succession of Self’s novels and short stories (*The Quantity Theory of Insanity*, *Ward 9*, *Dr Mutki*, *Umbrella*, *The Book of Dave*, *Shark*, *Phone*). He is a free-spirited creation wandering through these texts in an apparent attempt to find a purpose. His propensity for self-

¹² Psychiatry has never been without its critics. See e.g Bentall (2010).

¹³ If she was referring simply to psychiatrists, she is wrong. If she was intending to infer a generic label for all those who work in mental health, she is also wrong.

aggrandizement means that he comes close to exploiting his patients (he sets up a 'Concept House' in Willesden in London as an experimental therapeutic community), but his motives are never malicious. We encounter Busner in *Dr Mukti*, (Self, 2004), where the relationship between the two psychiatrists (Busner and Mukti) plays out in the form of a professional semi-feud. It could not be said of these two different psychiatrists that the portrayals are negative. They are farcical and have a comic edge, but do not conform to the style of psychiatrist about which Hopson complains.

A similar portrayal is shown in the anti-establishment *Zone of the Interior*, which was published in the year in which *Missing Pieces* is set, 1975.¹⁴ His comic tale involves a Laingian psychiatrist, Dr. Willie Last, and follows the narrator, Sid Bell, as he is mentored by Last through a variety of settings in a similar quest for enlightenment. Last is a laid back sardonic self-parody and is not intended to harm anyone.¹⁵

In *Where My Heart Used to Beat*, Sebastian Faulks presents Robert Hendricks, a post-war psychiatrist who is a long way from the unpleasant stereotype Hopson bemoans. Hendricks describes how he got the job having had an application to do neurology rejected. A professor told him he would make a decent psychiatrist. 'I suspected it was a discipline whose low success rate made it short of applicants'¹⁶ (p183). Further in the book, we learn how Hendricks established an avant-garde clinic in Bristol nicknamed

¹⁴ Clancy Sigal described the protracted process of publication in the foreword to his book.

¹⁵ Although their shared experiences with hallucinogenic drugs, which Last provides in a style that would be regarded as less than professional, he does appear to 'revert to type' towards the end of the novel when he medicates Sid in the old-fashioned 'psychiatry as controlling' manner.

¹⁶ Recruitment problems is a perennial issue for psychiatry.

The Biscuit Factory, where we see a different approach to the work of psychiatry. The Biscuit Factory is a place where the psychiatrists eschewed medication and concentrated on listening to their patients. As an illustration of their approach, the term schizophrenia was banned.¹⁷ Hendricks' honest insight into the plight of his patients and the nature of his profession is a powerful antidote to the detached cruelty often used as a template in fiction for psychiatry.¹⁸

In *Trauma*, by Patrick McGrath, we see yet another type of psychiatrist. Rather like Ron, in *Missing Pieces*, Charlie Weir is a psychiatrist struggling to come to terms with his mother's death. In fact, the similarity of childhood trauma is evident. He describes his mother's depressive illness that occurred when he was seven and his evident guilt that he had not managed to prevent it. A year later, his father left. He says, 'I chose this line of work because of my mother, and I am not alone in this. It is the mothers who propel most of us into psychiatry, usually because we have failed them' (p4).

There are many other books which represent psychiatrists, again in ways that are not always negative. In *The Bell Jar*, Sylvia Plath confirms the fact by way of an apparently balanced contrast between Dr Gordon, the psychiatrist that Esther first sees who prescribes ECT, which Esther describes vividly and painfully, leaving her puzzled as to 'what terrible thing it was that I had done' (p132). The contrast is provided by Dr Nolan

¹⁷ The idea of narrative has been the subject of increasing interest in psychiatry.

¹⁸ There are parallels with Will Self's Zac Busner, and Last, from *Zone of the Interior*, all of whom share elements of RD Laing in their presentation. In a discussion about Faulks' book, a well-known psychiatrist complained to me that the characterisation was 'full of flaws'. I tried to point out the merit of a more sensitive portrayal but he insisted that he didn't need a writer to do his propaganda for him (Bladon, 2017b).

(a female psychiatrist), who presents as more sensitive and understanding.¹⁹ It is evident that far from being one-track, the depiction of psychiatrists presents a range of characters, from sensitive and positive characterisations to evil-spirited despots.

General Nurses

Often depicted as battleaxes, bimbos, nymphets or air-headed handmaidens, Gordon (2005) suggests that images of nurses are polarized into ‘handmaids or horror shows’ (p155). An article in the New York Times in 2009 detailed the case as to ‘Why Nursing Stereotypes are Bad for Health’ (Brown, 2009). Not all portrayals of general nurses are good ones, Hallam (2000), for example, says ‘the reification of Nightingale values encapsulated in the nursing films of the early 1950s was followed by a rapid shift in style towards films which treated nursing characters as melodramatic heroines or as objects of parody and derision’ (p57). However, there is evidence to demonstrate that balance is provided by more positive portrayals.

There are stereotypes, of course, just like with any profession. In their investigation into nursing stereotypes, Chojnacka and Ferns (2005), for example, outline various types of nurse in fiction. As with the previously discussed professions, there are not all negative. Their concern is with the sexual stereotyping of nurses by newspapers and the porn industry. The portrayal of nurses as ‘kinky’, ‘sexy’ and ‘saucy’, and the inference that nurses are sexually available has a negative effect on the profession and introduces

¹⁹ Of course, like *Cuckoo’s Nest*, *The Bell Jar* is concerned with sexual politics and the emerging wave of feminism as much as it is with critiquing psychiatry, which may be one of the reasons that Dr Gordon is depicted this way.

problems with public perception. Further repercussions of such stereotyping include potential verbal and psychical abuse, and impairment with the nurse-client relationship.

Cohen (2007) suggests that the image of the nurse has shifted over time, and has included the sexual stereotype referred to above. Such images have also included handmaiden (to doctors), perpetuating a suggestion of inferiority. This erroneous stereotype is, as Campbell (2013) writes, a common one. Cohen also notes that nurses are depicted as an ‘angel of mercy’, a fact supported by Darbyshire and Gordon (2005), who say, ‘if nursing iconography has an enduring stereotypic image, it must surely be the nurse as angel’ (p74). On the face of it, this would seem innocuous, derived as it was from Florence Nightingale, who came to be referred to as the Angel of the Crimea. This romanticized image is at odds with reality, but it stuck. The legacy of Florence Nightingale has, as Darbyshire and Gordon (2005) point out, a mixed effect. In certain cases, she has, they say, come to symbolize the opposite of what she was. The image mutated so that to be called a Florence Nightingale represents an insult suggesting misguided altruism. The phenomenon is one that Sam employs with some enthusiasm in *Missing Pieces* when referring to Ron’s project. Additionally, showing general nurses as angels has been argued as a patronizing image (e.g. Summers and Summers, 2014).

As Darbyshire and Gordon (2005) show, however, in an attempt to avoid the errors of the past there is a trend for nurse consultancy, particularly in film and TV. Also, as Hallam (2000) indicates, general nurses are not always misrepresented. Ignoring the obvious sexist connotation, there was once a popularity of ‘careers for girls’ books. The

Sue Barton series aimed to provide a flavor of what nursing was all about. These were not intended to be negative, just as the *Cherry Ames* novels of Helen Wells that appeared in the 40s, 50s and 60s suggested a career path and a route to professional status. These books are, as Temple (2013) points out, now regarded as feminist and progressive for their time.²⁰ Similarly, other, more positive portrayals of nurses are evident. In *The World I Made for Her*, (1999) Thomas Moran depicts contrasting nurses, one who is brash and confident, and another, Nuala, who is quieter and more sensitive. While it might be contested that these are suggestive of Gordon's polarized stereotypes, the reader is left with a sense of value to their work. Both these characters are dedicated, sensitive, professional and, above all, highly 'human' characters. The novel rests on the strength of the therapeutic relationship depicted between James, the patient, and these two nurses in particular. Such is also the case in the work of Elizabeth Berg (e.g. *Talk Before Sleep*). Dougherty (2005), notes that Berg's work presents well-rounded nurses in realistic situations. That Berg is a practitioner/writer is significant, and I will return to her work later in this thesis.

Now that I have examined these fictional depictions, I will show how treatment of mental health nursing differs from other health and social care professions.

²⁰ A fuller discussion of these novels and others can be found in chapter two of Hallam's book.

Chapter Two

Media portrayals of mental health nursing have been far from flattering and largely sensationalized (Gouthro, 2009).

Myth surrounding Mental Health Nursing

Darbyshire and Gordon (2005) argue that public beliefs of the importance of nursing are shaped by the images people see. The same claim could be made for what they read. Certainly the self-esteem of mental health nursing is affected by myths, as Dunham (2016) outlines in her discussion on myths that attach themselves to the discipline. She highlights the myth of mental health nursing as not ‘real nurses’. The notion of ‘equivalence’ and the perceived inadequacy of this branch of the nursing profession in relation to those in other areas is long-standing (see, e.g. Rushworth and Happell, 2000). In fact, mental health nurses were not admitted to the General Nursing Council (GNC) until 1923.²¹ Just as it would a person seeking treatment, the problem of recognition and self-esteem affects self-image and, as a result, identity. Sometimes myths are exaggerated by a false depiction. The shadow of images such as Nurse Ratched in Kesey’s *One Flew Over the Cuckoo’s Nest* (and also the 1975 film), continues to inform public opinion.²² Although Dunham dismisses the ‘over the top’ portrayal, the harm is done. It is a sentiment echoed by Darbyshire (1995), who suggests that Ratched is: ‘one of popular culture’s most arresting and memorable images of the nurse.’

²¹ This is another area where mental health nursing might feel a certain sense of kinship with psychiatry, being as it is the poor relation of medicine. Jewtha (2015), for example, talks about the ‘marginalization of psychiatrists’.

²² And, it seems, that of mental health nurses. In a recent discussion I had with a mental health nurse tutor, he confirmed that although his students may not have read Kesey’s book or even seen Foreman’s film, they all knew who Ratched was.

There is a sense in which stereotypes are formed over decades, informed by mythology that lies long in the memory, providing excellent fare for dramatic fiction. The difficulty with negative images is that they have a tendency to stick. Contemporary problems with the image of mental health nursing involves a denigration of knowledge base, the perception of limited professional growth and lack of overall desirability (Heyman, 2012). As I have shown, these problems lead to issues of stigma.

Mental health nurses in fiction

Halter (2002) claims that mental health nursing as a speciality area is ‘largely overlooked in the popular media’ (p24). This may be, but when mental health nursing is afforded attention it is inaccurate and sensational. As public perception is to a degree based on media portrayals, what depictions that are produced are important. Of course, the appeal of these stories can be found in part in the voyeuristic nature of the narrative. Nevertheless, my concern is the depiction of the nursing staff. Accordingly, in this section, I will examine the impact of a range of fictional texts that involve mental health nurses, including reference to my novel, *Missing Pieces*.²³ It is worth noting that I only uncovered one direct fictional mental health nurse point of view. As such, Mark

²³ It might be argued that older texts are irrelevant to modern mental health nursing and that nursing has changed substantially in the intervening period. That mental health nursing has changed is true, but I suggest, for example, that the depiction of *Ratched* continues to have a monopoly on the public imagination when it comes to mental health nursing. (See e.g. Heyman, 2012.) Certainly, interest in the book and the later film does not seem to wane, as papers and investigations continue to be published about the work. (See, e.g. Meloy, 2009, Swaine, 2011, Pashae, 2011, Wolcott, 2011, Walker, 2016, and Hoad, 2017.)

Radcliffe's work *Stranger than Kindness*, although significant, is insufficient on its own to formulate a stereotype. I will discuss Radcliffe's work later in this thesis.

As de Carlo (2007) points out in her analysis of mental health nursing in film, many depictions of asylum/mental institution settings tend to portray the place as an arena of terror, and mental health nurses as perpetrators of that terror. This is supported by McCann and Huntley-Moore (2016), who note how the role of mental health practitioners is 'generally negatively portrayed.' The same can be said of fiction, where examples of negative portrayals of mental health nursing predominate. Nursing staff are often polarized as inherently evil or passive and benign, with many texts either simply ignoring or marginalising mental health nursing. At times, mental health nurses are assigned only a background role, perhaps reflecting the perception of mental health nursing as of limited importance or as an insignificant element. Comparisons might be made with the role of women in literature at certain times, where they were confined to the 'subsidiary position of walk-on part' (Clarke, 2009 p76).

A mental health nurse should be sensitive and understanding as a prerequisite for the job (see, e.g., Norman and Rylie, 2008), a fact that Ron makes explicit in Chapter 1 of *Missing Pieces* ('It was part of the job to be understanding and tolerant, and he had no problem with that: he still believed himself to be essentially a good person, and that the requisite characteristics were in his makeup'), and yet, with the exception of Mark Radcliffe's novel, *Stranger than Kindness*, which I will discuss later, the search for a realistic fictional image is largely fruitless. The predominantly negative images are

particularly stark when compared to the portrayals of other professions already illustrated above.

There are some examples of what may be described as ‘early mental health nursing’ in fiction. *Jane Eyre* documents the confinement of Bertha Mason, Rochester’s first wife, attended as she is by what would be regarded as a private nurse. Bertha is described as mad, and as coming from a mad family ‘of idiots and maniacs’ (Brontë, 2001, p249).²⁴ Examples from the first half of the twentieth century literature provide shocking examples of brutality and ill-treatment. This is particularly evident in Antonia White’s classic book *Beyond the Glass*, where the nurses are shown holding patients down, dragging them about, and dousing them with cold water. In one passage two nurses drag a patient from a window-sill, slap her, then intimate punishment. ‘You know what happens to naughty girls’ (p218).

The nature of the portrayals in the selected texts is sufficient to identify certain stereotypes. The stereotyping of mental health nursing is a key issue, because as Delacour (1991) says, ‘even stereotypes regarded as dubious may, after a measure of exposure, become internalized and naturalized’ (p413). In their discussion on mental health and fiction, Crawford and Baker (2009) suggest that it is important to remember fiction is only *representative* of experience of illness’ and all that goes with it, including the nursing interactions. In that case, we may expect these representations to

²⁴ Although Caminero-Santangelo (1996) notes Sandra Gilbert and Susan Guber’s reading of Bertha as the author’s ‘double’. She says they suggest the portrayal points to anxiety and rage against patriarchal structures.

demonstrate the entire experience of mental health nursing. The textual analysis does not seem to reflect this expectation, as the two principal stereotypes I identified are:

1 – Subservient/transient/transparent/ineffectual/marginalized nurse.

2 – Abusive/controlling nurse. This is by far the most prominent portrayal of mental health nurses. (There is also another representation I will make reference to that might be considered a stereotype, that of the male mental health nurse.)

In my examination of these representations, and to test their legitimacy, I will look at the evidence as to what lies behind these portrayals and whether they are based on the reality of what mental health nurses do. The principal evidence comes from academic sources (nursing literature and other journals, ethnographic studies, sociological investigation), and other real-life reports of mental health nursing. I will also look at contemporary evidence, to indicate the continued relevance of these themes for modern mental health nursing. Perhaps the most ironic suggestion that writers might be reporting at least *some* truth came in the revelation that the hospital where the screen adaptation of *Cuckoo's Nest* was filmed, Oregon State Hospital, which was reported as being subject to an inquiry about abuse (Journals.rcni.com, 2006).

Subservient, transient and marginalised

As Cutcliffe and Happell (2009) note, 'mental health nursing is generally the only professional group that consumers spend enough time with to develop the trust and rapport necessary for therapeutic relationships.' Although this statement is pertinent to

modern mental health nursing, it would have been even more appropriate in a hospital-based setting, so why nurses are depicted as irrelevant is a conundrum. However, mental health nursing has a particular and historical position in psychiatry,²⁵ so this form of depiction, the subservient role, where nurse characters are weak, often timid, submissive and lacking autonomy, serves to reinforce the idea of the nurse as secondary. In *Admissions*, for example, Nurse Judy fleetingly points to an understanding nature, where she performs various physical actions (puts her arm around her patient) as a gesture of support when her patient is transferred in from a different ward. Later, we are shown that she has time to ‘sit down beside (the patient)’ (p56), and to talk. Sadly, her part in the novel is brief, (pp 44-75) and she is killed off in the space of a few chapters, dying in a hospital fire.²⁶ The same thing happens in *The Outward Room* (Brand, 2010), where a newly-qualified and compassionate nurse is introduced in chapter 7, but disappears by chapter 10. In *Cuckoo’s Nest*, Nurse Flinn is another such character. On page 24, she sits meekly as Ratched confirms that the new patient (McMurphy) is ‘planning to take over.’ She adds, ‘he is what we call a “manipulator”.’ Narrator Bromden also mentions a ‘little nurse with a crucifix and a birthmark’ (p278), suggesting perhaps that she is both weak and transient. This phenomenon is not confined to earlier periods of history, and resonates with modern mental health nursing. Delaney (2012), for instance, suggests that mental health nurses do not articulate the purpose and meaning of their work. I will explore this matter in greater detail in Chapter 3.

²⁵ See Appendix 2 on how mental health nursing evolved from asylum attendants.

²⁶ There is an argument to suggest that these images are reinforced by gender stereotypes.

So the evidence supporting this stereotype might be suggested by the above relationship between mental health nursing and psychiatry. Quite apart from forcing a subservient role, the traditional role of the mental health nurse allied to psychiatry involves the historical function of administering medication and overseeing what are often dubious 'treatments', becoming what Morrall (2008) calls a 'therapeutic technician.' The continued commitment of psychiatry to these treatment methods can occupy a great deal of mental health nursing time, which is time that might be better spent engaging meaningfully with service users. As McKeown and White (2015) suggest, the necessity of mental health nursing to engage in such practices is an inevitable consequence of the alliance to psychiatry. The negative results are twofold. Firstly, mental health nurses are placed in the position of subservience to psychiatry. Secondly, the nurse-client therapeutic relationship is affected by a paternalistic approach, a shared culpability, and a focus on physical treatment to the detriment of a meaningful psychological dialogue. The argument for mental health nursing to examine the necessity of this link, and reflect on the consequences that may ensue is a key debate within the profession (Bladon, 2017c).

The inference in these portrayals is nevertheless that nurses are inferior. In mental health, the position of subservience, a position which Nolan (1992) suggests that mental health nursing does willingly, is twofold, because they are often regarded as inferior, not only to their medical colleagues, but by other nurses as well. In a study of nurse recruitment in Ireland, Wells *et al.* (2000) quoted student nurses, who expressed the opinion that mental health nursing was second class and not 'real nursing.' Similarly,

Rushworth and Happell (2000) reported that even among nursing students, mental health nursing was ranked variously as ‘boring’, ‘depressing’, ‘unchallenging’, and ‘unrewarding.’

At best, this stereotype of the mental health nurse is relegated to a supporting role. In Clare Allan’s work, *Poppy Shakespeare*, the action takes place in a psychiatric day centre, and yet the closest to a sustained nurse character is a man called Tony, who is permitted the luxury of sounding positive about his work, when he announces that the centre has been praised. He says how proud he is of the service and ‘I’m proud of my team, their commitment and vision’ (p304). He is also described as well informed about his patients. ‘Half the time he could tell what you thought before you thought it yourself’ (p26). The other staff are only alluded to as people who use injections, pills and restraint and are ‘nosy bastards’ (p119).

While these nurses are permitted a facilitating function, any glimmer of positive depiction is exactly that: a hint at qualities that I would argue deserve to be portrayed far more prominently. These hints are not stressed or sufficiently developed.²⁷

²⁷ I would argue that in an institutional setting in particular, nursing staff are in the invidious position of trying to care but being accused of controlling. Trying to sympathise with the sufferer but having to carry out often questionable ‘treatments’ (sometimes against the will of the sufferer). In *Missing Pieces*, Ron struggles with this phenomenon. Again, this is evident during visit to the ECT clinic, where he navigates the regimented environment of Sister Bridget, and he experiences an example of the conflict between ideological discomfort and systemic practice. It is a point echoed by Sigal, who suggested that nurses are the ‘bruised buffer between admin and too wise older nursing staff and their patients’ (Bladon and Sigal, 2017).

The abusive and controlling mental health nurse

As this is the more prominent of the two main identified stereotypes, I will examine it in more detail. There are three features of this stereotype: abuse, control and routine.

Beardshaw points out, ‘clearly, things can go very badly wrong in mental hospitals’ (Beardshaw, 1981, p16), which would seem to suggest that the negative imagery perpetuated by fiction has some justification.²⁸ It is pertinent here to recall the introductory quote from Carpenter, writing in 1984: ‘The men and women who nurse the mentally disturbed seldom achieve public attention, except as a result of scandal or a case of alleged ill-treatment’ (Davies, ed., 1984, p123).

There are a number of ways in which abuse can manifest itself, both in real and fictional life. The public humiliation, provocation, seclusion, withholding rights, misusing medication and physical abuse of patients are all things that have been written about. Indeed, many such incidents appear in *Missing Pieces*. Ron alludes to the earlier practice of sedating patients by drugging the tea, he makes reference to injections being used to pacify unruly patients, and he imagines what might have happened to the young man who is brought into the ward if he (Ron) had not been the one on duty. In fact, one of Ron’s biggest challenges turns out to be the fight against the psychological intimidation (and worse) of Williams in the IT department.

²⁸ McKeown and White remind us also of the not so distant scandal at Winterbourne View in Bristol (McKeown and White, 2015).

To view a mental health nurse portrayed as evil, dominant, overbearing and controlling, is to go to 'Big Nurse' Ratched, in *Cuckoo's Nest*.²⁹ Nurse Ratched is such a powerful portrayal that it is even possible to find nurses reporting her as 'one of the most powerful villains of all time' (Gordon, p155).³⁰ Gordon goes on to describe Ratched as devastatingly cruel and without a single redeeming quality (p156). Tyrannical, sadistic and cruel are some of the other adjectives used by commentators to describe Kesey's unpleasant antagonist. As 'one of popular culture's most arresting and memorable images of the nurse' (Darbyshire, 1995), this portrayal would seem to have some validity if we recall that Kesey worked as a night orderly and was encouraged by Vik Correll, a psychiatrist friend of his, to use his experience to write a book.³¹ But Kesey was trying to emphasise the antagonistic relationship between patients and the system as a metaphor for wider society, so his character *had* to be exaggerated. Also, whether such acquired experiential knowledge on its own in itself is sufficient support for fiction is debatable. In *Cuckoo's Nest*, Ratched's power, despite being apparently omnipotent, is perhaps, as Pashae (2011) notes, illusory. He says that people are 'all conjoined in a great chain of power' (p211).³²

²⁹ I suggest that there is space for a contrasting view, and that Ratched is being goaded by an overbearing and sexist bully. Despite Harding telling McMurphy that, 'she always wins' (p69), McMurphy persists with his challenges. There are, however, even more serious reasons to consider Ratched as a victim. See Appendix 1.

³⁰ There is a case to be stated that Kesey either ignored or was ignorant to the obvious changes afoot in psychiatric practice at the time. The late 1950s was a time of significant attitude change and attempted restructuring in mental health nursing, influenced by sociology and the therapeutic community movement.

³¹ Kesey had previously written a book, *Zoo*, which remained unpublished. He had completed a course in creative writing and had been intending to write another, and his experience in Menlo Park became the focus.

³² The idea that a senior nurse in a mental hospital would possess power is certainly plausible. If nothing else, the fictional examples I show here demonstrate that nurses in an institutional setting had the ability to control, manipulate and coerce their charges. This is a fact supported by certain evidence from Maxwell Jones, writing in 1968, who defines the ward sister as 'describing any disturbing activities to the doctor and making recommendations as to "treatment" (his emphasis) which not infrequently he was only too happy to accept.' The sentence continues, potentially lending support to Kesey's portrayal. Maxwell Jones says that there were

It might be suggested that mental health nurses spend a lot of time complaining about a lack of autonomy, but look what happens when Kesey hands power to Ratched: she messes up. This would be a simple conclusion, and one that in the eyes of Viktus (1994), or Meloy (2009), Kesey would want us to make. The truth is more complicated, however. Kesey's view of power is already clear, but reinforced on page 61, when in-patient Harding says, 'our existence is based on the strong getting stronger by devouring the weak.' This heavy-handed cliché is what Kesey wants us to see in *Ratched*. In Kesey's terms, this means controlling everything. As narrator Bromden (the Chief) says, 'a smooth, accurate, precision-made machine' (p25).³³ We are shown numerous examples of Ratched's apparent misuse of power. She invokes petty rules and resorts to her routines to maintain her position. For her part, Ratched is charged with a task and wants her ward to operate smoothly. Ron faces a similar dilemma in *Missing Pieces* when he initially gets suspended for his 'failure to control the ward.'

The fact that asylums, originally intended as places to cure those suffering mental distress, developed into custodial institutions³⁴ directly affected the role of the mental health nurse, as Carpenter (in Davis, 1984) shows. Scull (2005a) uses the term 'Captains

times when the doctor potentially failed to understand 'that the "treatment" he was sanctioning was for the relief of the nurse rather than the patient's anxieties' (p89). He notes how the use of ECT or sedatives or even the threat to transfer a patient to another ward (presumably as the result of a failure to conform) is often controlled by the nurse.

³³ The allusion to the Combine and society holds true. As, of course, does her name, which is a ham-fisted adaption used as a crude metaphor.) The closeness of Kesey's novel to Goffman's work is again worth highlighting here, as Goffman spoke of 'the heavy machinery of hospital servicing.' (Goffman, 1961, p120)

³⁴ The reasons for which were twofold: Firstly, psychiatry failed to produce results to back up their grandiose claims, and secondly, the asylum population explosion.

of Confinement’ to describe the role of the psychiatrist. If this is true, then mental health nurses became the sergeants and corporals. Again, the issue is an ongoing one for contemporary mental health nursing, and Cutcliffe and Happell (2009) talk of ‘invisible power’ as a minefield.³⁵ Similarly, McKeown and White (2015) note how ‘contemporary mental health services in the UK are arguably defined in terms of compulsion and coercion.’

Control is often achieved through the imposition of routine. In *Faces in the Water*, for example, we see a nurse say: ‘Pull yourself together. You’ve been difficult long enough’ (p15). Almost all of the reviewed texts stress the importance of control through routine. The problem of routine in a mental institution is also well illustrated in *Missing Pieces* when Ron asks ‘How else would you manage seven hundred patients without routine and order?’ Although his tone is meant to be ironic, this fact is reinforced many times by Sam, whose defence of routine is motivated by a mix of institutionalization, laziness, and genuine belief that it is the right method of management. (This is from chapter 8: ‘Look, Ron, the patients are safe in Springhill, and the inhabitants of the town likewise with them here,’ he said. ‘Why bother?’ he asked. ‘I mean, why make work for yourself?’) Even today, the controlling of people³⁶ through routine remains one of the potential side-effects of traditional psychiatry. As Matt says in *The Shock of the Fall*, ‘everything I do here is decided for me’ (p89). There is a thread running through the

³⁵ Those who stand too close to traditional psychiatric practice will share the paternalistic nature of psychiatry and should be prepared to consider themselves equally culpable.

³⁶ The issue of control is enormous in mental health care, and mental health nursing is no less likely to be subject to such scrutiny. See e.g. Morrall (1998), and Cutcliffe and Happell on ‘invisible power’ (2009).

examined narratives that suggests patients should ‘behave’, that at best nurses exert paternalistic control and at worst they seek to coerce those in their care.³⁷

Patients in these texts are often referred to as ‘difficult’ and ‘uncooperative’ (e.g. *Faces*, p31), which would appear to be supported by the work of Felicity Stockwell examined later. The need to ‘fit in’ is impressed on patients by nurses, who are bound to routine. In fact, the history of mental health care may be seen by some as the history of control.³⁸ In various guises, through physical, chemical and legal, control might be the defining characteristic exemplifying the relationship of ‘carer’ and sufferer. In the same way that, as part of a system, the psychiatrist is regarded as an agent of social control (see e.g. Scull, 1998, p113, whose thesis fits the anti-psychiatry rhetoric), nurses have been similarly characterized as agents of social control (Kitson, 2013).

As I have demonstrated, there are certainly elements presented in these works that have a foundation in fact. For example, if Kesey was attempting to write a straightforward institutional critique, then he portrayed the power inequalities and the elements of control described by Goffman and others very well. As I have said, there is no denying that hospital problems existed, or that there were those who engaged in abusive practice. It would certainly have been difficult for Kesey to resist the prevailing criticism directed towards the old asylum system.³⁹ Additionally, there are those, even now, who assert the

³⁷ As part of the system, it might be argued that mental health nurses are socialized into this mode of thinking and this is what leads to controlling behavior (such as prison guards, concentration camps and the like).

³⁸ A point that Foucault makes explicit in *Madness and Civilization*.

³⁹ By now, the problems of the system were well established. As Scull (1989) shows, the optimism of the Victorian founders was long gone, replaced by overcrowding and demotivation.

positive impact of this tale on the system of mental health care, stating how it engendered a distrust in how psychiatry was being used for social purposes.⁴⁰ It has been suggested how the book contributed to the ‘backlash against the entire psychiatric treatment system on the 60s’ (psychiatrist Frank Pittman, quoted by Swaine, 2011). Interestingly, it was not all good, and negative effects have been reported. Domino (1983) for instance, in his study on the effect of the film adaptation on college students, noted significant negative changes in attitude towards mental health following a viewing of the film.

A contemporary fictional comparison with *Ratched* can be found in the character of Nurse Doris Lobsinger in *Admissions* (Sowle, 2010). ‘White uniform, a blue starched cap and a name badge’ (p11),⁴¹ the description is as soulless as it could ever be. Her first words suggest the nature of the relationship with her patients. ‘About time. What do you think this is, the Ritz Carlton?’ When Luanne encounters another nurse, she is told ‘Augh, you stink’, and then manhandled off her bed (p13). We are shown numerous examples of Lobsinger’s sadistic nature and cruelty towards her patients in the hospital. On page 23, Luanne tells us that ‘The Lobster (their nickname for Lobsinger) had one of the little retarded girls crying. Told her nobody likes her, that her mom wouldn’t ever come to see her...’. Teasing and provocation of patients, the like of which are communicated to Ron in respect of Williams at IT, is often subtle and all the more dramatic in literature as a result. Beardshaw (1981) provides a real-life example of such

⁴⁰ This is broadly in line with social commentators like Scull, who adopt a Marxist style interpretation in regard to state apparatus.

⁴¹ Which matches that of *Ratched* given in *Cuckoo’s Nest*.

behavior. She describes a male patient who became aggressive at times was constantly under threat of being moved to a locked ward. '*His aggression was almost certainly due to staff hostility*'. Finally, he was goaded until he threatened violence' (my emphasis). There are echoes of this in *Missing Pieces* when Ron deals with the new admission, just before his suspension. In fact, creative works are influenced and informed by long-lived tales of madness and all its elements. This must necessarily include those who work with the mad. Just as the stories from Bedlam influenced Shakespeare and Hogarth and Dickens,⁴² so the tales of abuse and scandal inform the later writers. In his detailed analysis of psychiatrist Henry Cotton, Andrew Scull tells of Cotton arriving at Trenton State Hospital in New Jersey and finding 'a deplorable condition of affairs' (Scull, 2005b, p24). He found that patients had been restrained for no apparent reason. Such reports remain in the public memory.

The Portrayal of Power

The symbiotic relationship of psychiatry and political power is well documented⁴³ and coercion and control is a major theme in mental hospital narrative.⁴⁴⁴⁵ Although the power mental health nurses have in these books is ultimately delegated and limited to performing the functions prescribed by their position within the system, the portrayal of power relates well to both these stereotypes. Carpenter (in Davis, 1980) makes the point

⁴² Asylums were well known to Dickens, who visited Bethlem, and attended a Christmas Ball at St Luke's in London, the event inspiring a short story of 1852, *A Curious Dance Round a Curious Tree* (Byrd, 1974).

⁴³ Psychiatry involves issues of coercion, a concern explored in detail by the sociology of Foucault, (1971) and Szasz, (2007) among others.

⁴⁴ Peter Morrall's 1998 book (*Mental Health Nursing and Social Control*) is once again relevant here.

⁴⁵ There is evidence to suggest that, during the evolution of the role, mental health nursing moved, along with a general shift in asylum based care, from curative to custodial. (See e.g. Greenblatt, 1955)

that during certain periods of mental health care in institutions, the large number of patients rendered the ability of the psychiatrist more difficult. 'The doctor had little option in most cases but to follow the advice of (the nurses)' (p139). Doubtless the influence on medical staff can be important. Maxwell Jones, for example, sees the Sister as the 'real therapist' on the ward (p89). There is evidence for the influence mental health nurses could have on the wards in the examined texts. In *Faces*, we are told that Dr Steward, a 'tall, frail-looking man in his middle thirties' appears to be 'under the domination' of Miss Glass (the Matron) (p116). His exchanges with the patients are apparently regulated by the nurse. The parallels with Dr Spivey and Nurse Ratched in *Cuckoo's Nest* are clear. However, this is *apparent power* rather than ultimate decision making. It is ultimately the psychiatrist who remains in charge, though, and Crammer (1990) notes the strict hierarchy of a mental hospital, with the psychiatrist at the head.⁴⁶

Delegated power suggests 'permission', that is, something to be done under supervision and authorized by a more autonomous body. In this case, that body is medical psychiatry, vested as it is with ultimate power by the law. That the psychiatrist has always reigned supreme can be in little doubt. As Carpenter points out, 'the power of the medical superintendent extended in principle to every area of the staff's working and non-working lives' (in Davis, ed., 1980, p138). The notion of delegated power expresses

⁴⁶ Contrary to the usual custom in literature in this genre, Kesey conveniently plays down the role of the psychiatrist, and the weak character of Dr Spivey is continually manipulated by McMurphy against Ratched. When Spivey suggests the use of the tub room, for example (p105), he pushes through this suggestion (encouraged by McMurphy) in spite of Ratched's objections about lack of staff, thereby scoring a point for McMurphy over her.

the paradoxical idea that mental health nurses enjoy an apparently hegemonic position in the institution, the exercise of which can be done in a personal domain, while at the same time enjoying only limited professional power. That is to say that nurses have power on their wards but not over the system itself. We see a number of examples of this phenomenon in *Missing Pieces* with Sam, when he frets about ward rounds, worrying about the notes for Metcalfe. We also see it during Ron's visit to the ECT clinic, where Bridget makes it clear that she thinks the clinic is her place. Her interactions with those she regards as junior (illustrated by Ron's visit) are officious and clinical, but there is a clear demarcation to her authority. Her interactions with the medical staff are quite patently of a subordinate nature. In reality, in both these situations the nurse defers to the doctor. These clichéd images are in the novel for the simple reason that they are supported by the facts, and it would have been unrealistic to avoid such descriptions.⁴⁷

The prescriptive relationship demonstrated in a number of works including *Cuckoo's Nest*, *The Bell Jar*, *Faces in the Water*, *The Comforts of Madness* and *Admissions* is evident. Norman and Ryrie (2008) point out that the structure of the institutions in which mental health nurses were working did not allow for 'independent thinking and action' (p66). We see an example of this limited power circumscribed by the institution

⁴⁷ Mental health nurses often acted as a form of 'gatekeeper' between patient and psychiatrist. Not only does this relationship demonstrate the apparent power of the nurse, but it shows the paternalistic (and patronizing) attitude towards the patients. For example, in *Faces*, the Matron interrupts a patient who is attempting to converse with a doctor. 'Now doctor's too busy to listen to that, Marion. You get on with your fancywork' (Frame, p21). The interaction is followed up with a collusive whispered conversation between Matron and the doctor. In *Missing Pieces*, ward meetings provide numerous examples of this unhealthy collusion. Similar processes are described in *Cuckoo's Nest* and *Faces in the Water*. The issue of what to do about paternalism remains a constant (and current) feature in mental health nursing. (See, e.g. Breeze, 1998.)

and institutional psychiatry in *Missing Pieces* where Ron struggles for autonomy.

Although he eventually secures some moral support in the form of the psychologist and his nursing colleagues (notably Jan), he cannot get *approval* for his project. Ron's frustrations are exemplified directly in a conversation with Claire in Chapter 31.

'What do we really achieve? I mean is, I see what our patients are capable of, but at the same time I find that frustrating because it just goes to prove to me how constrained we are. Our hands are tied.' If there is an example of how difficult it was (is) for mental health nurses to effect change, it is probably represented in the case of Felicity Stockwell. Stockwell worked as a mental health nurse under influential psychiatrist William Sargent,⁴⁸ and she advocated 'socially enabling care.' In an effort to promote this philosophy, she undertook a Royal College of Nursing (RCN) research project and, although they were originally opposed to the study, the RCN published the findings in the book, *The Unpopular Patient* (Stockwell, 1972). As she told me (Bladon, 2017e), the reaction was adverse. She was eventually charged by the RCN with 'disloyalty, and bringing the profession into disrepute.' Stockwell was simply trying to point out that some nurses discriminate against certain patients and to suggest a more positive alternative approach, a point she recently reiterated in *Mental Health Practice* (Parish, 2017). Critics have pointed to the lack of recommendations in her project (Ostenton, 1974), which perhaps dilutes the positive message Stockwell was attempting to promulgate. If there is a real-life example that supports Ron's portrayal, this is it. In his journey Ron also experiences obstacles, principally in the form of Sam ("Ron, you have to stop reading all those books." He turned to Metcalfe, "he's trying to start a revolution,

⁴⁸ Sargent was a 'medically-oriented' psychiatrist, and best known for his 1957 book *Battle for the Mind*.

doctor”” (Chapter 9). Sam also asks Ron more than once why he is bothering). Sam objects on the grounds that he dislikes change (although he doesn't openly acknowledge the fact). Then there is the reservation of psychiatrist, Metcalfe, who is traditional and cautious. In fact, until the announcement of Rehabilitation Officers, there is a sense in which the system is not yet ready for Ron's project. And, of course, he meets resistance from the one person he had hoped would readily accept the idea, Tim, the patient himself.⁴⁹ Nevertheless, delegated power is still a potential means of control, and induces an imbalance in the nurse-client relationship, one that is ripe for fiction writers to employ.

Treatment issues in psychiatry

As an inevitable part of the role of mental health nurse, physical treatment can get in the way of good nurse-client relationships. This is a fact recognised in nursing texts. (See, e.g. Norman and Ryrie, 2009; McKeown and White, 2015.) There are numerous examples in fiction of medication forming a significant part of the role of the mental health nurse. In *The Shock of the Fall*, Matthew talks about standing in the medication queue, waiting 'for medication I don't want' (p182). On page 270, the nurses are busy watching Matt take his tablets. There are also several other references to giving Matt his injection. Filer repeatedly shows nurses being careful to ensure that medication is being taken. The time wasted on such apparently ritualistic routines is time not spent

⁴⁹ This is a separate issue, and patient passivity due to institutional living is a well-documented phenomenon. Goffman wrote about this in *The Moral Career of the Mental Patient* (1959) and the matter was studied in Britain by Barton in his classic 1959 book on institutional neurosis. (Wing's 1962 paper on 'institutionalism' is also relevant here.)

interacting therapeutically with patients and induce what McKeown and White (2015) call a 'distancing effect' between nurse and patient.⁵⁰ In chapter 13 of *Missing Pieces*, Sam admires the medication ('they diagnose and prescribe, we administer. Drugs are a modern marvel'⁵¹) whereas Ron talks of the medication line, becoming disenchanted with the process of dispensing medication. At one stage, he threatens to refuse to perform the task altogether, a fact that may be a precipitant factor in his suspension after Wendy's death. When this type of control becomes more pronounced, it can spill into punishment, and the idea of using psychiatric treatment as a punishment is a popular theme in this genre of fiction. If we believe the writers, it is a short step from administering medication to using it to control and punish others. In *Cuckoo's Nest*, Ratched supposedly suggests 'treatment' as punishment, prescribing ECT and recommending lobotomy in her apparent efforts to thwart McMurphy. The text suggests that she exaggerates McMurphy's condition in an attempt to achieve her malevolent ends. This is an example of delegated power used in a subtle but powerful way. There is always the question of interpretation, however. In Janice Galloway's book, *The Trick is to Keep On Breathing*, we are told by Joy that 'the Spanish nurse jabbed me with something pretty potent after I took a swing at her' (p95). Although the tone of Joy's message seems to be that this was a retaliatory action, it would be justified by the nurse as an appropriate response to an aggressive patient. Again there are similarities in *Missing Pieces* when Ron is faced with the disgruntled new

⁵⁰ The phenomenon is one that contemporary mental health nurses continue to struggle with.

⁵¹ Perhaps also suggesting that he is comfortable with a subservient role?

admission. In fact, Ron often talks about the use of injections to quieten patients, and mentions how seclusion was a regular feature of controlling patients. The idea may not be so far from the truth, because we see examples of treatment used as punishment in a number of ways. In *Madness and Civilization*, Foucault notes how the use of showers was at first regarded as a putative remedy that became 'habitual punishment' in an attempt to control people (p266).

By way of real-life balance, and perhaps lending support to the missing depiction thesis, although Beardshaw provides comments that appear to reinforce the image of the abusive/controlling mental health nurse, including unauthorised seclusion (used to keep hyperactive residents out of the way), over-sedation of patients (nurses (gave) drugs without them being prescribed by doctors), and shouting swearing and ordering the patients about, and pushing and physically forcing a patient to do something not at his will, the same author notes positive comments about ward staff⁵²⁵³⁵⁴ (Beardshaw, 1981).

Male Mental Health Nurse Stereotype

Gender stereotype in nursing is something that Kesey plays with in his novel, and Nurse Ratched is imbued with what some might see as 'masculine' aggression. The traditional

⁵² Staff said that openness, honesty and the patient's rights were important issues at the hospital. They also noted that the ward had caring staff who enjoyed the work, and that the ward was a modern unit with a forward-looking charge nurse.

⁵³ Contemporary references to similar incidents can, sadly, be seen in the case of Winterbourne View in Gloucester and more recently in at Veilstone Care Home in Devon.

⁵⁴ There is insufficient space in this investigation for me to examine the reasons why the nurse-patient relationship became so bad and these mental health nurses acted like they did, but the interested reader is directed to Beardshaw's comments on the matter

masculine/rational, feminine/emotional distinction certainly plays a part in these portrayals. The genderised notion of mental health nursing depicted in these works also leans on the stereotype of female as sensitive and male as brawn, which itself invokes something of the emotional female/rational male dichotomy that would have been prevalent through the 50s 60s and 70s.⁵⁵ The latter would suggest motivation for the distinction between mental health nurses and psychiatrists in fiction, where the powerful male psychiatrist dominates the weaker (and subservient) female mental health nurse. In psychiatry, the gendered tradition stretches back many years, as evidenced in Elaine Showalter's *The Female Malady* (1987) and, more recently, Lisa Appignanesi's 2007 work, *Mad, Bad and Sad*, and Ussher's works, *Women's madness: Misogyny or mental illness?* (1991) and *The Madness of Women* (2008). Johnstone (1989) show how these stereotypical notions retain a powerful place in the perception of gender roles. So the idea that women should 'nurture' has gender implications for a profession such as nursing. While it is true that most mental health nurses in fiction are female, there are examples of male mental health nurse, and given that my protagonist is male, I ought to say something about the male stereotype. In *Missing Pieces*, Ron tells us that Percy Brittan would use his muscle to overpower patients. In *Zone of the Interior*, 'Mad Monahan' stifles complaints 'with a double syringe of paraldehyde'⁵⁶ (p240). We also

⁵⁵ Interestingly, in psychiatry, there is a noticeable corollary with diagnosis to such gender stereotypes. Certain diagnoses (for what they are worth) are applied to men and women in differing amounts. According to the statistics, women (who are considered more emotional) demonstrate a higher number of episodes of depression and anxiety, and they rate far highly in cases of anorexia. This phenomenon is not new, Bladon (1991), for example, points to the greater number of women ascribed with the 'hysteria' label. Men, however, are more likely to be classified with a personality disorder. (They are also more likely to be admitted to a secure mental health facility.)

⁵⁶ The same practice appears in *Faces in the Water*: 'Give her a double dose of paraldehyde. She simply loves the stuff' (p93).

⁵⁷ Paraldehyde was widely used as a tranquilising agent prior to the arrival of the anti-psychotic medications in

hear about the burly Burt Karp, who uses physical methods on his patients (at one stage using a half-nelson hold, much to the disgust of Bronwen, the social worker. 'Let him alone, you nasty little sadist!' p81).

Although Monahan represents an abusive mental health nurse type, there are plenty of other nurses depicted in *Zone of the Interior*. In this novel there is, at least, a greater range of mental health nurse depictions, and these men offer a surprising alternative to the apparently blinkered stereotypes that I have already outlined. At Conolly House, the boundaries of their work have been removed, causing them existential problems.⁵⁸ For mental health nurses used to working in a particular manner, the absence of *Goffmanesque* parameters asks serious questions about their relations with the patients. There is one nurse in particular, called Les O'Brien, who occupies an intermittent but consistent place in the narrative. Les is an experienced nurse of twenty years standing, he *knows* how to interact with his patients, and he is aware of the practicalities of his position. His references to the 'old days' share the sentimental musing of Sam in *Missing Pieces*. He talks the first ten years of his career spent 'straitjacketing, massively drugging or physically restraining patients' (p103). And yet he is also a realist, saying the longer he stayed a nurse 'the less qualified I became for anything else' (p103). The absence of any rules on Conolly House causes a problem (for all involved, and not just the staff). Nevertheless, Sigal shows their compassion through black humour and the clearly intuitive approach these men have to their role. Les later says, 'I'm an addict,

the 1950s.

⁵⁸ 'Effectively erasing the reassuring line between themselves (the patients) and the nursing staff.' (p231)

working with the mad is the only sane thing I've found in this mad, mad world'
(p317).⁵⁹

These men are resigned to their position. In that respect, they hint at the subservience and powerlessness of the mental health nurse I have outlined above. They nevertheless differ from the 'standard' depictions, both in terms of their longevity throughout the narrative, and their presentation, which is a mix of practicality, humour and realism. This allows Sigal to introduce a backstory with some of these nurses, Les in particular, who admits to being 'a family man with a wife and a kid who need my seventeen quid a week take home pay. And there's a house tied to the job' (p242).

In some respects, despite their situation, these male nurse characters still endorse some of the elements of 'typical' fictional male mental health nurses, who are often depicted for their physical usefulness. We see this in other works. Sebastian Faulks', for example, often makes use of a psychiatric setting. In *Engleby*, we see a hint of the mental health nurse stereotype in his description of the male nurses at the secure hospital, and these are generally represented as the 'muscle.' *Missing Pieces*, with its focus on male protagonists, offers a scenario where the male nurse, Ron, is genuinely more sensitive, understanding and patient. Sam, by contrast, is initially a representation of the past, with recollections of how things used to be done.⁶⁰ Sam's salvation, where he is revealed as

⁵⁹ I asked Sigal about his nurses, and he was characteristically forthright (and Californian), telling me that 'I tried to life down to the sliced Hovis bread.' (Bladon and Sigal, 2017.)

⁶⁰ He also represents another potential stereotype, rarely if ever represented in fiction, the poorly motivated nurse who is resistant to change and sceptical of anything new.

far more sensitive and thoughtful than he appears throughout the novel, attempts to present a human side to a jaded and institutionalized character.

Contemporary Relevance

That might have been how mental health nurses were working in the asylums and mental hospitals⁶¹ of another age, but how do these texts fare with modern working? I have already noted the changes in mental health nursing over the years, and it might be assumed that the modern mental health nurses would fail to recognize the conditions depicted in *Cuckoo's Nest* or *The Bell Jar*. In a recent (2016) study, McCann and Huntley-Moore looked at how film could help with nurse education. They found that student nurses failed to see the relevance of older depictions of mental health nursing to their own working practices.⁶²⁶³ There are two points to make about this. The first is that many of the relationships evident in these texts remain. Just because most mental health nurses are not working in large institutions should not disguise potential problems in working practices. Issues of power and control, liberty and the association with psychiatry are, if anything, *more* relevant to today's mental health nurses. As I will show later, such texts retain valuable lessons in education and mental health promotion.

⁶¹ The name change from 'asylum' to 'mental hospital' was effected in the 1920s.

⁶² Mental health nursing, by contrast, has, as I have already demonstrated, undergone changes and had adapted to many of the challenges of professional development. This is at once the strength and the weakness of the profession. The stability and coherence of mental health nursing as a profession has been hampered by the diversity of workplace.

⁶³ In fact, the depiction of *Ratched* continues to have a monopoly on the public imagination when it comes to mental health nursing. (See e.g., Heyman, 2012.)

The second point is that the issue of the absent therapeutic bond in fiction is still a key feature of the role, a role that the McCann and Huntley-Moore (2016) acknowledge is ‘generally negatively portrayed.’

So just what *are* fiction writers saying about mental health nurses in these stereotypical depictions?⁶⁴ Depending on which books you read, the answer would seem to be that they regard the profession as unimportant, ineffectual, or sadistic, and such examples can be seen in many of the texts examined here, including *Poppy Shakespeare*, *The Outward Room*, *Cuckoo’s Nest* and *Admissions*. Such negative images have consequences for mental health nurses, but part of the reason for their existence would seem to lie in the self-image of mental health nursing. As I have shown though, the evidence suggests some support for these negative stereotypes. One of the problems seems to be that fiction writers who portray mental health nursing exaggerate the characteristics of their characters and tend to rely heavily on myth. The problem with this is that myth does not itself always reflect the whole truth. The problem of such portrayals, where mental health nurses are regarded as abusive, incapable, controlling or ineffectual, is that, as Gouthro (2009) notes, stereotypes ‘serve to maintain mental health nursing in a stigmatized position’ (p670). The effect of these negative depictions is not only felt by mental health nurses, but they have implications for service users and those who mental health nurses could potentially engage in a therapeutic relationship. Also,

⁶⁴ I also identified some recurring themes, which I considered insufficiently prominent to constitute a ‘stereotype’. These themes are outlined in Appendix 3.

the lack of depth in the individual characters, constrained as it is by the rigidity of stereotype, limits reader perception.

On Writing Character

Character is arguably the most important single component of the novel
(Lodge, 1992, p67).

James Wood (2009) suggests that ‘bad’ characters, seen as simply bad, are viewed through a moral lens. In a similar manner, we see the mental health nurses depicted in these texts are predominantly soulless, vacuous entities, with little or no personal lives and no redeeming qualities with which the reader can connect. Writers who, deliberately or not, focus on projecting negative images restrict any empathy readers might have with mental health nurse characters. The lives of the nurses are portrayed in a closed world, where the outside is regarded as separate, and their actions are limited to hospital routine and control. The limited scope of their endeavours maintains the distance created by the coldness of the characters and their descriptions. We do not see them socializing, we hear nothing of hobby or family, unless, as in *Admissions*, where Lobsinger is revealed as involved in illegal adoption, it serves to heighten the dislike we as readers are supposed to feel for them.⁶⁵

Turning to Forster’s distinction of round/flat characters in fiction (Forster, 1927), we could certainly say that the mental health nurses in the examined texts are ‘flat.’ The predictability of reaction and failure to develop another side is precisely what existing texts (certainly the ones examined here) steadfastly do. As I will discuss, in *Missing*

⁶⁵ In some respects, it is surprising that *Admissions* provides such a bleak view of mental health care, as Sowle is a qualified and practising psychologist.

Pieces, I aim for characters who change and grow (particularly in Ron's case), and contain what, as Forster would say, 'the incalculability of life.'

It is perhaps worth recalling the quote from Gouthro that 'negative beliefs regarding mental health nursing discredit the valuable contributions of mental health nurses' (Gouthro, 2009). From the examination of the selected texts, it would seem that this claim is endorsed by fictional mental health nurses. The characters in the examples above fail to change. In this sense, they act as plot mechanisms, serving simply to facilitate the story. They are predominantly obstacles against which the conflict takes place. There is no care for inner lives, no back story with which to beguile the reader. As such, these depictions fail to adequately represent reality and are not fully reflective of the actual work being done. The interaction depicted in these works tends to centre around institutional practice and paternalistic relations. Characters are not allowed room to grow.

In respect of how the matter of character relates to this thesis, in his discussion of on the effects of character and what he calls the 'carry-over' from narrative experience, Booth (1998) examines the consequences of ingesting character detail produced by fiction writers. His contention that the reader is affected by what they read is clear enough, suggesting a link to perception and issues like stigma, which is important to the work of mental health nurses.

Physical characteristics

The use of a character's physical description can be an important element in fiction.

Consider, for example, Mrs Danvers in *Rebecca* (du Maurier, 2003). The reader is continually reminded of her dark presence. She is described as 'tall and gaunt, dressed in deep black', and that her 'great, hollow eyes gave her a skull's face' (p74). The nameless, second Mrs de Winter says how Danvers' eyes were 'dark and sombre, in that white face of hers' (p81).⁶⁶ She is also described as a dark sentinel. In *Cuckoo's Nest*, McMurphy's appearance is vital. He is what Reis (1987) calls 'hypermale', and she has a point. McMurphy is presented with scars of his face, he has tattoos, and he arrives dressed in a leather jacket. He swaggers onto the ward and introduces himself, leaving no doubt that he is about to take over.

Writers make use of physical description as a way of representing the mental health nurse, often sufficiently well enough to create a distancing effect for the reader.⁶⁷ In Janet Frame's work, *Faces in the Water*, Sister Bridge is described as having an appearance like 'that of a female butcher, red haired, freckle faced, fat, blowsy'⁶⁸ (p121). Described earlier is 'the massive Matron Glass, on her tiny blackshod feet' (p11). Physical characteristics which are apparently 'so much like that of other domineering, insensitive mental nurses' that it is described as a camouflage to protect

⁶⁶ Perhaps du Maurier was embracing the use of image adopted by her father, who introduced Svengali in *Trilby* in equally dramatic fashion.

⁶⁷ Which, as Darbyshire and Gordon (2005) point out, may be taken as the opposite of the angel stereotype in general nursing.

⁶⁸ Also, her 'unwieldy breasts bulged like pumpkins in a string bag' (p152). The similarities with *Ratched*'s physical characteristics would certainly be of interest to Reiss (1987). Or, in fact, any Kleinian-leaning object relations psychoanalyst.

her and give prestige. Earlier, despite attempting to provide a form of entertainment for the patient, another nurse, Sister Honey, is described as having a severe expression, with 'thin, unpainted lips' (p40). In *Cuckoo's Nest*, Kesey's desire to depict his villain extends even to her physical description, with her starched uniform, her 'sexless get-up' (p68). The image is one of detachment. She is described as 'bitter' and 'icy-hearted' (p178).⁶⁹

Exaggerating character

Repetition of actions can be, as Novakovich (1995) notes, a device to flesh out character. In the case of these texts, it often serves to reinforce the message of cruelty or oppression. If we examine the case of Nurse Ratched, there might be a host of personal and professional considerations that would soften the tone of her presentation, but Kesey chose to restate her negative characteristics. As I have already said, Kesey made a choice about depicting Ratched the nurse the way he did, and he might have chosen differently.⁷⁰

⁶⁹ Of course, interpretations change over time and re-examining older texts can be revealing and surprising. Booth (1988) notes how 'when (*Cuckoo's Nest*) first appeared, many of us were bowled over by it' (p74). As he points out, though, 'the revision may take years', adding, 'my own estimate of this novel has diminished steadily on each new encounter' (p75). His point is that the evaluation of novels can alter, and different perspectives can be offered by shifting social and political circumstances. In the process of undertaking such a revision, historical context, as well as cultural and gender specific considerations must remain at the forefront of the analysis.

⁷⁰ The contrast between how Kesey and Sigal treated their nurse character is interesting, because although they shared a contempt for institutional psychiatry, with Sigal invoking Laing's idea of psychiatrists as 'mind-butchers' (Sigal, 2005), and I have shown that the latter produced a more rounded image of mental health nursing.

In *On Writing*, Stephen King talks about how he approached writing the character of Annie Wilkes in *Misery*. He says that his description of her was a deliberate attempt to show the reader her world-view, thus eliciting some sympathy and making the result ‘more frightening than ever’ (King, 2000, p152). Such treatment is not afforded to the mental health nurse characters in the examined texts. Ratched and her fellow nurse characters are presented as followers of a system rather than anything else. Kesey *might* have allowed a hint of humanity to creep into the narrative, but his desire to maintain the harshness of his character precluded such actions. In *Cuckoo’s Nest*, when one of the patients (Harding) lets slip that Ratched does charity work in her spare time, when he calls her a ‘veritable angel of mercy’ (p58), his tone is suffused with sarcasm. We are to have no Stephen King-like sympathy for Ratched.

Novakovich (1995) claims that ‘most characters are directly, or at least indirectly drawn from life’ (p53). So it would seem with Ratched’s character in *Cuckoo’s Nest*, Kesey possibly draws from real-life, but only obliquely. There is a strong suspicion that Kesey might have based his character of Ratched loosely on Hildegard Peplau, who I will discuss in chapter 3. Certainly the similarities in superficial presentation are striking. Peplau was an army nurse,⁷¹ and as Sills (1998) notes, she worked closely with many psychiatrists. She became a powerful woman in her own right, chairing committees and forming working groups for the advancement of nursing theory and practice. If Kesey

⁷¹ She was assigned to the 312th Station Hospital in the UK, the location of the School of Military Psychiatry (Sills, 1998).

used Peplau as a template, then he does *Ratched* an even greater disservice in his fictional depiction.

Another way

I have shown how many of these portrayals are stereotypical, and stereotype inevitably also limits character. The lack of ‘inside and outside’ prohibits development. What if we expand our perception of character to understand fiction from a different perspective?

Given the universal dislike of her character, the question of whether someone like Nurse *Ratched* could be regarded as anything other than unpleasant seems redundant.

However, what if, as Wood (2009) suggests, we move beyond limited reading - in this case, of the mental health nurses depicted in *Cuckoo’s Nest* - and seek another angle?

The question of moving beyond the specific direction in which we as readers are pointed involves a consideration of other aspects of the writing, including setting and the character interactions. In this respect, *Cuckoo’s Nest* is perfect for this type of reframed analysis.⁷² Yet, understanding *Ratched*’s struggles would change the nature of the book.

A cursory comparison of the two books, *The Comforts of Madness*, and *The World I Made for Her*, demonstrates how different approaches have different results. These works both have a narrative from the perspective of a helpless patient who cannot verbalise feelings. But where in *Comforts*, Sayer shows the nursing staff to be on the wrong side of controlling and at times somewhat brutal, Moran’s nurses are kind, sympathetic and patient. It shows how dependent character can be on story.

⁷² See Appendix 1.

Character in Missing Pieces

In the selected texts, the reader is normally kept at a distance from mental health nurse characters. In part, this is because they are generally, as I have shown, either marginalized bit-part players associated with the story of others (Forster's 'flat' types) or devices to achieve a political or literary aim. In *Missing Pieces*, it might be argued that my characters represent the stereotypes illustrated in my critical component. On a superficial level, this may be so, and I make no secret that I flirt with this issue.

However, I believe there is an important distinction to make, because although such characters exist (and I have demonstrated there is some real-world support), my characters themselves are not inherently negative and as one-dimensional like the ones in the examined texts. I make it clear that I deliberately hinted at existing stereotypes, because to not do so would be *unrealistic*. While Sam, for instance, *appears* to be controlling, he is demonstrably *not* injurious like Ratched or Lobsinger. The difference being that we are shown other more sensitive and redeeming aspects to his character. In an attempt to acknowledge and yet dissipate this notion, I include a moment during an exchange between Ron and Jan in Chapter 29 when the issue of Sam as such a potential representation is raised by Ron, only to be questioned by Jan. Ron asks: 'Why him (Sam). He's the stereotypical mental health nurse. He's a parody. I don't know what the expression is. Whatever it is, he's what people expect: loud, burly, arrogant, authoritarian.' Jan responds: 'He's not *all* bad, Ron.' The Sam that cares for his elderly mother without a hint of broadcasting the matter, and the Sam that is prepared to try

relaxation classes on the ward, cannot possibly be bracketed with Kesey's *Ratched* or Sowle's *Lobsinger*.

In fact, the reader is invited to a different understanding of mental health nursing in two ways. Firstly, the characters have more personal detail, and various mental health nurse characters are represented in *Missing Pieces*. My efforts to illuminate the staff characters involved the description of more backstory and/or personality. Secondly, the nurses are shown in a number of therapeutic roles, so that the reader can see that the function is, as discussed earlier, not simply one of custodian or technocrat, but far richer for the ability to connect with others. I will discuss this further in Chapter 4.

Of course, Ron's character is central to *Missing Pieces*, and he initially presents as a lost soul. Fighting with his professional identity, and attempting to understand his personal phenomenology, he seeks to integrate his feelings towards his patients while at the same time comprehending the dissonant attitudes of the staff with whom he is working. The initial narrative distance to Ron's early depiction is deliberate, as I wanted to create a sense of confusion and melancholy resulting from his loss, and to portray his insular nature. This depiction might be something we see in the work of Anita Brookner (*A Private View*, or *Strangers*, for example) and has something in its existential tone similar to the characters in the work of Rachel Joyce (particularly *Perfect* and *Harold Fry*), characters that Walton (2017) describes as 'fundamentally decent people trying to do the right thing.' This sense of narrative distance shares something in tone with parts of Karen Fowler's *We Are All Completely Beside Ourselves*. The early Ron also mimics

the innocent isolation witnessed in Robert Seethaler's work, *A Whole Life*, the existential confusion demonstrated in Gerbrand Bakker's *The Detour*, and perhaps even the naiveté of Thomas Mann's *Tonio Kroger*. As we see Ron wrestling with his grief and finding himself, we see more than a hint of *Bildungsroman*.⁷³ As I say, this distance is deliberate, helping to form Ron's thoughts, isolate him from others and heighten the contrast with his later personal development. He needed to be stuck in that insular world so that he could reflect on his mum's passing and what it really meant. This would lead him to seek understanding. But as I said before, this is not the distance of *Ratched* or *Lobsinger*. In fact, the restriction to his character was largely a device which allowed a space to be created into which Ron could start to grow. And he does, going from passive to decisive and determined, as the scene in the denouement with Williams shows.

There were, as I have indicated, a number of avenues available to me, including a psychoanalytic textual portrayal of Ron's journey.⁷⁴ After all, 'psychoanalytic theory begins with sense of loss the subject experiences upon its separation from the mother's body' (Peck and Coyle, 2009). These words perfectly fit Ron's scenario in *Missing Pieces*. I also considered an examination of loss in fiction, which would have addressed Ron's issues with his mother's death and his latent feelings of confusion surrounding his father's disappearance that arose as a result of his mother's passing. There is a wonderful irony in the text, because on his mother's demise, Ron is left without a

⁷³ As he learns something about himself in *Missing Pieces*, Ron seems to share characteristics of naiveté with both young characters (Holden Caulfield in *The Catcher in the Rye*) and older ones (Harold Fry in *The Unlikely Pilgrimage of Harold Fry*).

⁷⁴ Ultimately finding a voice in the text itself when Ron and Dave attend the conference.

coping strategy or support network. His reaction is to (in psychoanalytic terms) temporarily shift his grief through displacement,⁷⁵ focusing his energy on the project. However, he finds the psychological support necessary to continue in the very place with which he is in conflict, the hospital itself.

The need for Ron to understand his personal existence meant, by extension, that he would start to wonder about his professional life, and this permitted the investigation into professional identity and the self-defeating depictions of mental health nurses that are so unremittingly negative. When, during his suspension, he addresses his past, we see a crucial element to the story, tying his personal difficulties (including the discovery of his mum's depression and hospitalization) to the psychiatric institution and to his understanding of his place as a mental health nurse. Further, we get to share his vicissitudes as he moves from confusion to anger and then to understanding.⁷⁶ Through a variety of conflicts, both inner and outer, we come to understand his struggles. The writing makes use of close third narrative point of view to get intimate with Ron's thoughts and dilemmas, thereby gaining direct access to his personal life. We see his past heal from the repressed emotion of a traumatic childhood experience into a potential path of personal growth. His sensitivity towards the patients is evident. This ability is dabbled at the reader when he tells Martin in Chapter 4: 'My mum died, Martin. I don't want a fight.' His interpersonal skill is emphasized when the new admission arrives, a situation he defuses and handles with great subtlety.

⁷⁵ Although it might also be argued that he uses the defence mechanism of *projection*.

⁷⁶ In many respects, this journey reflects his transition through the stages of his grief.

The original plan and, indeed, the first draft, involved the success of Ron's project. Tim was portrayed as grateful for the opportunity and was seen to move from the institution, vindicating Ron's apparent altruism. The final version of the novel avoids a saccharine ending and in so doing it presents Ron with the additional challenge of confronting his motives throughout the work. Not only does this demand honesty from him as a professional, it provides a strong hint to the reader as to the frustrations faced by mental health nurses working within the system of psychiatry. His limited ability to achieve change (and also his limited delegated power) is represented by the push-pull conflict with Metcalfe and Sam. Likewise, his struggle against Tim's apathy signifies another obstacle to mental health nurse working within an institutional setting.⁷⁷ The reader is left with a success of sorts, with Jan taking on the rehabilitation role, Sam demonstrating his change of thinking, and Ron moving on as a stronger, wiser and more settled individual. Ron's presentation, and that of his various challenges, would, I hope, be recognized by other mental health professionals. In some respects, I positioned Ron in a twice stigmatized position: that of mental health nurse and of male nurse, both of which I have discussed in relation to stereotype.

It would have been factually and morally wrong to present all the nurses as virtuous, though, so issues such as the importance of routine, as exemplified by Sister Bridget, were important. Similarly, Sam's professional deference points to the problem of the relationship of mental health nursing to psychiatry in general. Sam's narrative, which is

⁷⁷ And I would refer back to Goffman and Barton (et al) who detailed this process in both staff and patients.

at times conflicting, rooted as it is in his heritage, hints at the desire for less repressive interactions. The way in which Sam was able to recognize his difficulties and come to terms with change through the gentle prodding of Ron, a man towards whom he felt an undoubted protectiveness, did not cause him embarrassment or require him to lose any self-esteem.

Given Anderson (2003) points out that ‘sensation sells,’ the question of how fiction writers either miss or ignore the positive aspects of the role is perhaps not surprising. Nevertheless, I suggest that there *are* missing depictions, and a blatant neglect of the positive work done by mental health nurses, and it is to that issue I will now turn.

Chapter Three

It is plain from the analysis in Chapter 2 that the majority of characterisations of mental health nurses are linear and one-dimensional. There are a number of reasons for this, including dramatic effect, but it is also clear that fiction writers fail to acknowledge a greater range of experiences. The personal struggles and professional dilemmas that are evident in novels that portray other health and social care professionals are absent, and the vicissitudes that form part of a nurse's life are not shown. However, it is the failure to portray one aspect in particular that is the most surprising. Many novels, such as Doris Lessing's *Briefing for a Descent into Hell* (Lessing, 1971), and more contemporary works such as *72 Hour Hold* (Campbell, 2005), *Poppy Shakespeare* (Allan, 2007), *Asylum* (McGrath, 1997), and the stories of Will Self (Self, 1994, 2004, 2012, 2014), all of which have a 'psychiatric' setting, fail to depict any significant observation about what used to be referred to as the nurse-patient relationship, now more commonly referred to as the therapeutic relationship. The lack of character depth and limited presence described in Chapter 2 mean that mental health nurses are never seen achieving anything, or effecting any significant change for their clients.

Relationships are fleeting, so where we may see a nurse being supportive (as can be seen in *The Outward Room* (Brand, 2010), where nurse Child provides support to the patient, only to disappear from the novel within a chapter or two), their role fails to have any significant outcome.

Where's the thread?

The absence of such positive imagery in fiction is puzzling, because there is ample evidence to show that elements of the mental health nurse role are and always have been optimistic. Of course healthcare has altered over the years, but the ability to bond with patients was recognized as far back as the mid 19th century. 'Contact with the same patients over many months enabled a nurse to get to know them well enough as individuals, and so made the work much easier' (Crammer, 1990, p92). Certainly the early nurses were engaged in this positive environment, with often high praise from their medical superiors: 'The nurse who can enter most closely into the mind of her patient...is, indeed, a valuable auxiliary to the medical officer' (1899 text cited by Russell, in Bynum *et al.*, 1988, p310). Similarly, through the 50s, 60s and 70s (when many regarded the system as problematic), mental health nursing continued to provide examples of forward-looking healthcare. Now, as always, mental health nurses attempt to understand the distress experienced by their clients through empathy, and the significant contact time they have with their clients.

An example of a more positive image of mental health nursing can be found away from straight fiction. Poet Elizabeth Jennings, who suffered with depression during her life, shows her understanding of the role of mental health nurses in her poem, *Night Sister*.

How is it possible not to grow hard,
To build a shell around yourself when you
Have to watch so much pain, and hear it too? (Jennings, 1986)

There is more feeling in this extract than in all of the fictional texts I reviewed. I will consider the positive work done in mental health nursing during the last century on the nurse-client relationship, what might be called the golden thread, or the invisible bond of mental health nursing, which is something that features highly in various forms in *Missing Pieces*. As part of their failure to provide the missing pieces of the mental health nurse picture, writers fail to acknowledge this, missing mental health nursing's most important achievement. As a result, this positive aspect of mental health nursing, the interpersonal dynamic so cherished and cultivated by mental health nurses, is not given a fair hearing.

The invisible bond: The therapeutic relationship as mental health nursing's greatest asset

The bond formed by meaningful contact between nurse and consumer was recognized a long time ago⁷⁸ and as Delaney and Ferguson (2011) say, relationship-based care has been central to the traditions of mental health nursing for over fifty years. The theme was adopted by the woman that Callaway (2002), and Shattell (2010) call, 'the psychiatric nurse of the (20th) century.' Not content with accepting a subservient role, Hildegard Peplau was influenced by the phenomenological movement, humanism, and the work of people like Rogers and Maslow, and she developed her notion of the therapeutic relationship. A firm advocate of professionalization, she saw concepts

⁷⁸ Consider Richard Hunter, writing in 1956 about the role of mental health nursing: 'to counter alienation by sustained, kindly human understanding and contact.' Before that, there was acknowledgement of the bond, if perhaps in the form of backhanded compliment. For instance, an 1899 text, cited by Russell, stated that 'the nurse who can enter most closely into the mind of her patient...is, indeed, a valuable auxiliary to the medical officer' (Bynum *et al.*, 1988, p310).

arising from the relationship with clients that would be unique to mental health nursing.

She stated that ‘the nursing process is educative and therapeutic when the nurse and patient can come to know and respect each other’ (Peplau, 1952, p9). This relationship was the one she regarded as fundamental and at the foundation of nursing practice.

Interpersonal Relations in Nursing set out the conceptual framework for her theory.⁷⁹

The idea of the shared experience was practically revolutionary for the time, because not only was this a nurse, but a woman, no less, promoting philosophical and practical measures, a traditionally male dominated process.

What makes the lack of recognition of this work in fictional depictions perhaps even more surprising is that there is evidence for the efforts made by mental health nurses to improve living conditions and relationships. Hays, for example, in her paper of 1962, talks about the nurse as ‘sociotherapist’ (Hays, 1962⁸⁰). This is the type of work being pioneered at the time, possibly motivated by Peplau’s writing, and should have heralded a new phase in mental health nursing, beyond custodial practice and beyond the confines of psychiatric paternalism. However, identity problems and lack of autonomy faced by mental health nurses meant that the new ‘therapeutic’ phase of mental health nursing failed, for a number of reasons, to fully emerge in Britain.⁸¹ One impediment can be found in the work of Annie Altshul. Nolan (1999) tells us that Altschul sought to

⁷⁹ Her book publication was delayed because, at the time, it was not considered appropriate for a nurse to publish without a medical co-author.

⁸⁰ Ironically, this appeared in the year the *Cuckoo’s Nest* was published.

⁸¹ One of the problems is that the construct of the therapeutic relationship is elusive, however, as Browne *et al.* (2012) tell us: ‘Despite considerable efforts the therapeutic relationship has been difficult to define’, thereby creating a stumbling block. Perhaps rather than getting tied up with definition, it would be better to focus on what we do ‘within the relationship’. This distinction is important because it looks at positive outcomes, and this links with the best elements of evidence-based practice.

‘constantly establish what should be the essence of mental health nursing and what its role should be in the alleviation of suffering.’ She was heavily influenced by Peplau’s work, and she also worked alongside the progressive therapeutic community thinking of Maxwell Jones. Her 1972 work, *Patient-nurse Interaction*, looked at ward-based therapeutic relationships in relation to mental health nursing. She found that, although the nurses established good relationships with their patients, they had no identifiable theoretical principles with which to guide these interactions.⁸²

Nevertheless, the principles of the therapeutic relationship continue to have a profound effect in modern mental health nursing. The principles of Peplau’s theoretical framework pervade nursing to this day in a different way. As Jackson and Stevenson (2000) point out, the therapeutic relationship is at the core of mental health nursing. Similarly, Dziopa and Ahern (2009) tell us that this relationship is a fundamental element of mental health care. Also, Phil Barker’s ‘Tidal model’ develops Peplau’s assertions (Barker, 1998; 2001; 2004), and Fitzpatrick (2014) talks about the need for trust in both Peplau’s theory and in the Relationship Based Care (RBC) model of interaction.⁸³ The persistence of Peplau’s ideas is also confirmed by Senn (2013), who points out that Peplau’s theory is ‘widely taught’ as a component in mental health nursing.⁸⁴ Nevertheless, Peplau’s significant theoretical contribution to mental health nursing in the twentieth century appears to get overlooked by fiction writers. Principally,

⁸² Which may suggest that they were unfamiliar with the Peplau’s teachings, which would have offered such a framework.

⁸³ Delaney and Feguson (2011) point out that relationship-centred care has ‘been within the traditions’ of mental health nursing for over fifty years.

⁸⁴ There is insufficient space here to do justice to Peplau’s influence, particularly in relation to her efforts to professionalise the practice of mental health nursing. (See, e.g. Sills, 1998.)

there seem to be two issues preventing the therapeutic relationship from being recognized in fiction. One is the evident identity confusion within mental health nursing, and the other is a lack of voice.

Identity and Voice

We are shaped by popular culture just as we shape popular texts (Dalton, 2008).

The issue of identity is a powerful one in the relationship between mental health nursing and fiction. Dalton also states that texts ‘inform our identities.’ However, I suggest that the lack of coherence demonstrated by mental health nursing as a profession is one of the main contributors to the problem of the lack of positive fictional portrayals. It is my contention that the issue of identity serves to perpetuate the lack of coherent image in mental health nursing, and by extension, also in fiction. I will test the problem of identity with reference to nursing literature.

The evidence within nursing journals supports the assertion that mental health nursing suffers with identity confusion. As I have demonstrated already with social work, mental health nurses are not the only ones to encounter this phenomenon. It should be noted that psychiatry, too, suffers what appears to be a perennial identity crisis (Fuller, 1975; Eaton *et al.*, 1977; Hall, 1982; Hobson and Leonard, 2001; *Lancet*, 2011; Barkil-Oteo, 2012; Johnstone *et al.*, 2013). Where psychiatry is concerned with fending off criticisms of continued efforts to be accepted as a medical science, the problem for mental health

nursing comes largely from within. It should be said that this concern is not new, back in 1990, Barker said that the idea of 'psychiatric nursing in Britain remains an insecure, if not hazy, concept.' Similarly, Barker and Buchanan-Barker (2011) talk of mental health nursing as a discipline with no 'obvious purpose.' Jackson and Stevenson (2000) state that the 'human' approach to nursing (what they call 'new nursing') has made it more difficult for nurses to define their role accurately. Even more recent discussions about the way in which mental health nurses work, taking in attempts to measure care (such as with 'evidence-based' approaches), social identity theory (Willems and Clarke, 2014) and the emergence of the nurse-technocrat (e.g. Stickley *et al.*, 2009) hint at the problematic nature of this issue. Such examples suggest a lack of self-esteem and general confusion about identity. It seems that when asked to describe their work, mental health nurses struggle to provide a response containing much coherence.

Norman and Ryrie (2008) suggest that working in a mental hospital gave mental health nurses a collective sense of being. In *Missing Pieces*, we see evidence of connections, particularly so with Sam's network of friends and colleagues. Ron tells us that Sam is frequently on the phone discussing social matters. Similarly, there are family connections that are possibly strengthened by working in the same institution. Jan is Claire's aunt, Sam is following in his father's footsteps, as is Metcalfe. Mental hospitals were, by their sheer size, significant local employers, and there is plenty of evidence demonstrating how successive generations of the same family would seek employment in the same hospital. However, sharing the same profession does not guarantee cohesiveness, and we see from Sam's attitude towards Bridget, or Ron's avoidance of

romantic relationships within the hospital (following his dalliance with Alison Berkeley) that individual differences are as prevalent as a sense of collective identity.

There is also evidence of Ron's (and others') confusion over the nursing role in *Missing Pieces*. Ron asks Jan 'Don't you ever wonder about what it's like to be in a place like this?' Jan answers, 'No. Not really. It's a job isn't it? Someone has to do it.' Then, after his morning in the ECT Clinic, he later asks Claire about how she feels. Her reaction suggests that it is not something she worries about. (Chapter 12: 'You know, Ron, I've never really thought about it too deeply. I go to work, I do my job and I get on with things.') Sam, however, seems to have no issue with his job, and at one stage he justifies his position (Chapter 13: 'We do bother, we give them pills and keep them safe, which is precisely what you are trying to undo. This is disorder and derangement we are talking about.') The inference being, 'if it were not for us...' Ron is confused, caught between the regularity of his past and the critical nature of his present. These contrasting positions demonstrate differing approaches to the role.

Part of the problem seems to be an inability to adequately define the nursing role. The question about what mental health nursing is, or what it does, has often been posed in nursing literature (Happell, 2011; Browne *et al.*, 2012). Others have questioned what people actually need mental health nurses for (Jackson, 2000). Mental health nursing has even been called a myth (Barker and Buchanan-Barker, 2011). Part of the problem related to the nomenclature under which the nurses work, prompting Forchuk (2001) to talk of a 'house divided', suggesting different titles reflect 'ambivalence, or duality of

purpose, or both' (the term psychiatric nurse and mental health nurse have been used almost interchangeably by some⁸⁵).

Mental health nursing has always evolved (see Appendix 2), and in 2000, Jackson and Stevenson noted how mental health nursing had undergone a 'period of rapid change.' Certainly there is an argument that trends in mental health care and attitudes towards treatment pose a significant challenge to all within the field, including mental health nursing. Further, Happell (2011) says that it would be difficult to identify another branch of nursing that has undergone such radical changes to role and identity. Embracing change is a good thing, and adaptability is one of the more positive characteristics of mental health nursing, but as the profession developed over the middle years of the twentieth century, it faced a number of challenges, not least was that of deinstitutionalization. In *Missing Pieces*, Ron's identity issues can initially be understood within the context of his mother's death, where he is attempting to adjust to his change in circumstances. In the novel, the problem quickly escalates into a professional identity issue as well as a personal one. These changes in the nursing role have also meant dilution of focus and a shifting context, much of which can be seen in the evolution of the profession.⁸⁶ This has made the role of mental health nursing unclear to writers, who rely on outdated imagery and who emphasise institutional relationships in their work. This is not to say that these relationships did not, and do not

⁸⁵ Norman and Ryrie (2004) argue that the switch to the name mental health nursing was an attempt to find a more positive identity

⁸⁶ See Appendix 2.

continue to exist (and there are plenty of examples in *Missing Pieces*) but they are not the only ones.

As Sills (1998) shows, the efforts of Peplau to create a ‘proper’ professional status were enormous, but there remain issues with the matter. For example, Willetts and Clarke (2013) note there is still some debate about whether nursing possesses the ‘attributes required of a profession.’⁸⁷ There is insufficient space here to fully consider the debate about professional status, suffice to note that the problems with professional identity also include the idea of specialist knowledge. There have been suggestions that nursing (and social work) should be considered a ‘semi-profession’ due to the lack of such knowledge (eg Etzoioni, 1969).⁸⁸ Similarly, in his discussion on professional identity in social work, Stephen Webb (2015) talks about many of the issues that also surround mental health nursing. Problems with conceptual ambiguity, consensus of core attributes and inter-professional tensions are all matters with which mental health nursing has had to contend. It might be argued that mental health nurses are indispensable, take the example of a mental hospital without nurses, which would indeed prove problematic. This problem position within the hierarchy is a perennial one for mental health nursing and influences how the role is presented to the public, including fiction writers.

⁸⁷ The necessary attributes being a systematic body of knowledge and a professional authority, amongst others.

⁸⁸ Such a debate might involve considerations of Social Identity Theory (SIT). This is a sociological framework focusing on the psychology of intergroup relations. (See, e.g. Willetts and Clarke, 2014) Also relevant here is Levett-Jones et al (2007) studied student nurses and the importance of what they call ‘belongingness.’

I have suggested already that the evolution of mental health nursing, and the position into which the profession was born remains an influence on some of the negative portrayals of mental health nursing. But the alliance with traditional psychiatry could be said to hinder the professional development of mental health nursing. The debate about the separation from psychiatry which would result in a professional coexistence occupies a space in contemporary mental health nursing (Bladon, 2017c). The difficulty in defining the therapeutic relationship, as noted by Browne *et al.* (2012), presents a further impediment to a fully encompassing mental health nurse fiction.

Equivalence

‘I fear that the asylum nurse is rather looked down upon in some places, as if she belonged to an inferior order of nursing’. This quote comes from *Asylum News*, in 1900. This was an in-house publication by the Northampton Asylum. (Carpenter, 1984, p136.)

⁸⁹ Asylum nurses were regarded as inferior, and by the early twentieth century were described as ‘scum of the earth’ (Wood, 1906) by their general counterparts. These quotes sum up the feelings of some towards mental health nursing, and the sentiment exerts the residual effect on mental health nurse identity. Just as associated stigma affects others’ perception of mental health nurses, the process of being undervalued is an important determinant of mental health nurse self-image. Halter (2008) points out the fact that this can come from colleagues in associated professions. The issue of

⁸⁹ Ironically, the move towards convergence in nurse training, first started in the UK in 1988 and further accelerated by Project 2000, created further issues for mental health nurses, who were in danger of becoming little more than a post-qualification specialism (Stickley et al, 2009), further diluting the image of the profession.

equivalence, by which I mean equal status of mental health nursing with general nursing, has helped contribute to the sense of inferiority and the identity problems experienced by mental health nurses. In *Missing Pieces*, when Ron talks to Jan about their shared experiences of general nursing during their training, they joke about the alienation they felt. The matter is reinforced during Ron's visit to the General and is one that finds recognition even today (King, 2017).

Voice

A recent article by Jenni Middleton asked whether nurses speak out enough about their role (Middleton, 2017). This problem seems even more apt when applied to mental health nursing, which is traditionally conservative (Barker and Buchanan-Barker, 2011) and lacking a strong voice. Halter (2002) expresses concern that mental health nursing is silent on negative perceptions and the stigmatization by others is 'both noteworthy and alarming' (p25). Delaney (2012) notes how mental health nurses silently 'allow their work to be disregarded.' Barker and Buchanan-Barker have also addressed this issue, calling mental health nursing 'invisible' (2005), and 'experts without a voice' (2004). In 2005, Rolfe and Barker said that mental health nurses do not appreciate their 'human power,' and that the need to speak out is clearly indicated. Barker reiterates this message, talking about the persistence of 'professional silence' (Barker, 2005). Many have said (e.g., Goffman, 1962) that consumers are happy to be passive,⁹⁰ but mental health nursing might be characterized as placing itself in the same powerless role.

⁹⁰ Although in recent years this has been redressed somewhat, with Patients' Rights and other movements speaking out.

Combating this passivity requires a voice, and an identity, part of which is addressed by the development of independence and true autonomy. Although there are some more radical areas (e.g. Critical Mental Health Nurses' Network), the trouble is, where psychiatrists have their 'science' (however much it may lack scientific rigour), and psychologists have their testing, analyzing and general psychologizing procedures, mental health nursing seems to make do with a certain amount of shirt-tailing, drifting into a turf war and risking a failure to produce a clearly defined space. I cannot help but think that the lack of voice demonstrated by mental health nursing lies in the inability to articulate a 'thing.' If there is a uniqueness to mental health nursing, it perhaps lies in the realm of the human to human that Delaney and Ferguson discuss (Delaney and Ferguson, 2011).

Closing the gap

There are two issues here. Firstly, there is clearly space for alternative fictional narratives. A more sensitive portrayal may consider burnout/stress/dejection and other reasons for the actions of mental health nurses. These are things that occur in other caring professions which are covered by writers, Paul Sayer's social worker in *The Absolution Game*, for example. Explanations of errant behavior, for reasons such as stress, pressure, or, in the case of *Ratched*, institutionalization, can alter perceptions, rather than merely castigating mental health nurses on an axis of bad/evil. Secondly, the work of the practitioner/writer has a significant role to play in closing the gap, as fiction, by its nature, has a voice. I will now turn to how *Missing Pieces* and similar works can address these issues.

Chapter Four

As I said earlier, I sought in this process to establish a synthesis between the disciplines of mental health nursing practice and writing fiction. I now want to suggest the route by which it might be addressed and look at the role of practitioner/writers.

Positive Outcomes from Fiction

Changing the way mental health problems are perceived by the wider public by tackling stigma is certainly a great start to addressing some of the problems (of mental health) (Gournay, 2017).

There is little doubt the examined texts have the capacity to inform, as proved by studies of Oyebode and others. Sometimes the educative value of fiction to health and social care professionals can be surprising. As social worker Matt Bee says, ‘the fact is that a lot of books that don’t seem applicable to our roles, when you get down to read them, are’ (Bee, 2016). However, in terms of promoting the image of mental health nursing, they are not so productive. I have already discussed the idea of negative imagery and the reinforcement of stereotype in fictional portrayals of mental health and mental health professionals. The stigmatizing effect of these depictions is clear from the evidence. I have argued that more positive portrayals, ones that are realistic and honest, are more likely to reduce such stigma. For all these reasons, it is important that fiction presents a balanced view of mental health nursing. Realistic portrayals do more than correct the imbalance, for they have the ability to address a vital part of the work of mental health nursing, that is the promotion of positive attitudes towards mental health.⁹¹ Negative

⁹¹ Mental health promotion will find its way into any textbook on mental health nursing. (See, e.g. Norman and

images of madness, including mental health nursing, psychiatrists, treatment and setting are likely to cause anxiety for those who use the services. As Gouthro (2009) notes, ‘addressing the stigma associated with mental health nursing may help empower the nursing profession to address the stigma of mental illness.’ Also, part of the job of mental health nursing is health promotion (e.g. Halter, 2002; Corrigan and Watson, 2004). Chesterton (2009), says that mental health services and nurses have a vital role in the promotion of mental health.⁹²

The role of the Practitioner/Writer

Everybody has a tale to tell (Slater, 2005).

In 2002, Patrick McGrath, who has written several novels with a mental health theme (*Spider; Asylum; Trauma*) wrote about the difficulties experienced by the writer in attempting to build a picture of a character with mental health issues. Experience of mental health is clearly helpful, as McGrath was himself a nursing assistant and before that, as a child he lived at Broadmoor where his father was superintendent.⁹³ Similarly, as I have already noted, Kesey worked as an orderly in Menlo Park Hospital in California before he wrote *Cuckoo’s Nest*. Such experience is often a guide for writers. These works are different from the ‘based on’ novels that Faulks discusses (Faulks, 2011), where the writing is not so much created but lifted substantially from real-life.

Ryrie (Eds) 2008)

⁹² These efforts can take their place within a range of initiatives such as *World Mental Health Day*, *World Suicide Prevention Day* and *Mental Health Awareness Week*.

⁹³ Although Clarke (2009) casts doubt on how much McGrath has actually drawn from real-life.

They also differ from the medical memoir genre represented by Charles Bove (*A Paris Surgeon's Story*) or Henry Marsh (*Do No Harm*, and *Admissions*). Of course, drawing on experience is something that every writer does, but the practitioner/writer group of fiction writers are able to communicate their experience through professional understanding. As psychologist Elaine Hatfield says, 'psychologists probably have a head start as creative writers since we are intrigued by character and human foibles' (Hatfield, 2010). This suggestion is lent credibility by Oyeode (2004), who notes that it is likely that 'personal experience of psychopathology or close contact with individuals who have it make for a more true-to-life characterisation of mental illness.' When I questioned him about this, Oyeode was keen to point out that this statement is not meant to suggest that there are no imaginative and skilled writers producing convincing fiction about mental health issues (Bladon, 2017b), merely that the closeness of experience probably makes the process easier. That literature is capable of eliciting great emotion, empathy, understanding, and clarity is not in question, however, this issue forms part of a larger debate about the veracity and value of fictional narrative.

The idea of the practitioner/writer is not new. Garcia-Nieto (2010) points out that there once existed a strong link between literature and psychiatry, a tradition that loosened sometime after WWI. Nevertheless, there are many health and social care professionals who have written in their field, Chekhov was a physician, so was Oliver Sacks, and experimental psychiatrist R D Laing also wrote fiction. Psychiatrist Dinah Miller points out that 'the stuff of therapy is not only a lot stranger than fiction but also contains the ever-unfolding narrative of life, with its pain and pathos, feats and failures' (Miller,

2009). She adds, ‘that is some rich material for a writer.’ The sentiment is backed up by another psychiatrist, Dawn Barker, who admits that ‘writing about medical issues allows me to combine this professional background with my love of the written word’ (Guillemard, 2014). Similarly, psychiatrist Monica Starkman asks whether psychiatrists write good fiction (Starkman, 2016).⁹⁴ In attempting to answer her own question, she points out that psychiatrists have access to ‘the deepest, most private thoughts and feelings of many people.’ Starkman admits that she had a goal when writing her novel, she wanted to ‘show psychiatry and psychiatrists as they are, not as the devious or bumbling stereotypes so often portrayed in books or film.’ (Starkman, 2016) Although there are potential pitfalls to avoid in this type of writing (see Appendix 4), I will now briefly examine three texts by practitioner/writers to show what they bring to fiction.

As I have already shown, it appears that social workers are occasionally treated with some contempt, and there is the tendency to veer towards stereotype, but it is also clear that they receive some sympathy for their difficult role. The ‘inform and entertain’ approach can come from within a profession. A great example is Freya Barrington’s recent book, *Known to Social Services* (2015), which details the work of social worker Diane Foster, on the fictional Deacon Hill housing estate. We see abused women, vulnerable children, drug dealing, and a social worker who carries her dedication beyond the confines of her work.

⁹⁴ I have elsewhere examined the question of whether psychiatrists should be encouraged to write fiction, and outlined the case for them so doing (Bladon, 2018 *forthcoming*).

In an interview about her book, Barrington says that she just felt she needed to write ‘not for me, not my own story as such – but I wanted to raise awareness for social workers with the general public’ (Stevenson, 2015). Once past the questionable writing style and the avalanche of characters, the book provides a powerful insight into the daily work practices that will doubtless be familiar to many social workers. The headline story is about a dedicated and conscientious professional and the pressures she faces. Late hours, working at home, and troublesome relations with clients are all part of Diane’s lot. And, who else would her boss Glenda give these complex cases? Many social workers would recognise this: ‘I’ve got three workers off sick, two on maternity leave, and the rest are newly qualified?’ Diane also suffers the inevitable client hostility, ‘we don’t need you here, the kids are just fine.’ The impact of the role on Diane’s personal life is not forgotten, with various relationships suffering as a result of her commitment to her job. Predictably, she blames herself. Or, rather, her job. At times, Diane is overworked and struggling to cope. Barrington provides examples of the pressure under which Diane works. This is a commonplace experience for social workers, one often used by the press to suggest ineptitude. (See, e.g. Mullin, 2016.) Barrington, however, adopts a more sympathetic tone, such that the reader sees the struggle from the side of the professional. She adds, ‘I so desperately want people to understand where I’m coming from.’ A reading of the book would suggest that she has achieved her aim.

This book, like Sayer’s novel *The Absolution Game*, described above, shows how fiction can relay a message, and how they relate the real-life pressures of the role and their impact on the professional character involved. It also shows the positive nature of

therapeutic interactions and the benefits to both sides, something that novels depicting mental health nurses so clearly fail to do.

Elizabeth Berg is representative of the practitioner/writer in nursing, and her work is notable for her ability to convey with verisimilitude the experience of the carer. In *Never Change*, she depicts the experiences of a community nurse, Myra Lipinsky, as she faces ethical and professional dilemmas. This work shows nursing as important and valuable. The character is clearly knowledgeable and professional, her client, Chip, says ‘You understand everything, Myra’ (p68). At one stage, Myra’s sensitivity is exhibited when she feels guilty about her time pressures. ‘Now I feel bad. She’s just an old lady who used to have dreams’ (p55). All the time, her dedication is not in question, and she talks about ‘the great privilege of being in this profession’ (p108). But Myra is also undoubtedly a helper, in her professional and personal life, allowing the ex-girlfriend of her love interest to stay with her (‘I don’t know why I’ve said this...I think it was a knee-jerk response, sticking up for the underdog’ p36).

In Berg’s story, we are left in little doubt that Myra’s patients appreciate her, where a reluctant mother says, ‘thanks for what you did for her and the kid, anyway’ (p98). In another part of the novel, Myra also receives flowers from a recalcitrant patient. (The story makes it clear that these might have come from a number of different people.) The storyline never allows the reader to stray into negative territory, maintaining a sympathetic tone in the face of these various ethical and moral considerations. By regulating the narrative, partly through the use of a close narrative point of view, Berg

never allows any significant distance to grow between the character of Myra, and potential judgement by the reader, despite Myra acknowledging the potential consequences. ('One of these days I'm going to get into real trouble for the rules I break' p71.)

In the field of mental health nursing, the work of Sayer, Crawford and Filer are the obvious examples of successful practitioner/writer. However, although I have made the point (Bladon, 2017d) that these and other works serve a valuable and often informative role, they are focused on the experience of the sufferer. My interest in terms of this process is as a practitioner/writer with a different agenda, wanting to show a greater focus on the nursing role, or at least a greater empathy with it. In this respect, it shares the objectives of user-narrative in psychiatry. This approach engages with the 'show don't tell' tradition in fiction, seeking to demonstrate through presentation rather than instruction. This goes a long way to addressing the problems of defining the role and of lack of voice identified in the previous chapter. Some support for this method can be found in a novel by practitioner/writer, Mark Radcliffe. In *Stranger than Kindness*, Radcliffe sought to convey the experience of nurse who become, in his words, 'bruised' by experience of caring (kcl.ac.uk., 2016). His novel includes mental health nurses protagonist Adam, a charge nurse working in a moribund mental hospital in 1989, who has been affected by his job. We get a hint that things are not quite right early on, hearing that it had been 'a while since Adam slept through the night' (p11).

As they are both historical novels ⁹⁵set in a mental hospital (in part one, in the case of *Stranger than Kindness*), there are inevitable similarities between this and *Missing Pieces*. We see efforts to move patients to rehabilitation, the frustration of obstructive colleagues (in this case, other disciplines), and the inevitable routines, ‘everything was about entrenched habit’ (p27). Just as we do with Ron in *Missing Pieces*, we see Adam’s closeness to his patients, a closeness that only comes through experience and the contact time I discussed earlier. That sensitivity and understanding are demonstrated in both novels is perhaps to be expected, but there are also subtle moments that show the particular skills acquired by mental health nurses in the course of their work. When, in *Stranger than Kindness*, two nurses are alerted to a patient ‘going doolally’ with a snooker cue in another room of the ward, their initial reaction is to start running to intervene. However, when they are told the patient is alone, the nurses ‘instinctively stopped running and began to walk purposefully but calmly’ (p43). They understand the situation, and they understand their patient. A similar thing happens with Adam and patient Libby during a ward round. His intervention is subtle and apparently intuitive, communicating with the patient where fellow health care professionals (notably the psychiatrist) have failed. I suggest this points to precisely the quality of unique mental nursing intervention that is only engendered through prolonged contact, understanding, and experience, a quality recognised by the earlier quote from Cutcliffe and Happell (2009), that ‘mental health nursing is generally the only professional group that consumers spend enough time with to develop the trust and rapport necessary for therapeutic relationships.’

⁹⁵ Although, strictly speaking, they would be regarded as contemporary novels set in the recent past.

Despite being mental health nursing focused, there are nevertheless differences between these novels. Radcliffe admits not feeling any responsibility towards mental health nursing, but that he approached his work in part not wanting to collude with assumptions about representation and power (Bladon and Radcliffe, 2017). Regardless of his intentions, Radcliffe confesses that the feedback he received about the novel from other mental health nurses was ‘very positive.’ Discovering no others, *Missing Pieces* is the only genuine full-length mental health nurse narrative as Radcliffe’s book does not maintain the hospital-based setting throughout. Also, I consider that there is a significant gap in Radcliffe’s narrative because we do not see Adam resolving the issues he has with his job. Ron, on the other hand, faces the dilemmas he has with his personal and professional life, and these are explored through Ron’s engagement with his professional world as well as his personal existential problems. This is demonstrated through the relationship with the institution as much as it is with his relations with Claire and his other colleagues. Then there is the difference of intention, because where we both wrote with mental health nurse knowledge, Radcliffe set out with a different agenda (he was looking into the philosophy of caring experience). I wrote with the intention to address specific concerns about the representation of the profession. In this respect, my novel has more in common with those of Barrington and Starkman.

How *Missing Pieces* addresses the issues in this thesis

Rather like Radcliffe⁹⁶, the task I faced in writing *Missing Pieces* was to locate mental health nursing directly at the centre of events. As I suggested above, there are two ways in which the problematic issue of mental health nurse representation in fiction needs to be approached to resolve the shortfall. The first is by addressing the lack of character detail, the second is by portraying a greater range of images of the nursing role.

Character detail

Missing Pieces looks at a variety of relationships, including those between staff and patients (of which there are numerous examples) and those between staff, but as I alluded to above, Forster would insist that the depth of the primary characters in a novel is important. *Missing Pieces* shows these other elements (including backstory), including the outside pressures on the nurses in the novel. This allows greater richness, such as in Chapter 29, when Jan tells us about her husband, in conversation with Ron. We also learn about her knitting hobby, and we understand about her insights when she talks about her feelings about Ron, Sam and others. As for Claire, we see her going to a music event with her sister. We also learn about her karate, that she rides a yellow scooter and she keeps a tidy house. She buys Ron a 'Love is...' book and appears to have replaced a poster in her flat in his honour. These details demonstrate her commitment to the relationship, one that is further developed when Ron loses his temper and then apologises. Even Ron's thoughts regarding Bridget's cats provide an extra

⁹⁶ But for different reasons.

dimension to a potentially cold and distant character. When she gives a kitten to Ron and Claire we are allowed a further glimpse into another dimension of her life.

Occasionally, we get a significant character subversion, such as when we learn about the issue with Sam's mother. The fact that he is caring for her (but not broadcasting the fact) allows us to see an unexpected side to him that standard texts depicting mental health nursing do not permit. Sam also drums in a band⁹⁷ and appears to wear a lot of denim when off duty. There is also his unlikely new hobby of Airfix model building, the latter providing further evidence of his sensitivity, his underlying understanding, and his thoughtful nature that becomes overwhelmed by his apparent arrogance. It also subverts what the reader has been primed to expect from the man.

Of course, Ron's story was paramount, and I showed his life outside the hospital through the troubles he worked through following his suspension, the support from Claire, and the discovery of past issues (including his mum's unhappiness and connection with Springhill) as important features to help to ground his narrative. In some of these elements, Ron is a sufferer (he gets his informal counselling from Claire and Dave), and while the issue of carer as sufferer is an important one, it is not the focus of this investigation. Ron also fails to pay his bills when he is low, builds a bike, plays records at home for solace, shops for Claire, and enjoys pickled onions. Even some of the more 'flat' characters have some detail. The loathesome Williams has suffered a

⁹⁷ The interested reader is invited to look up 'paradiddle' and 'syncopated interjection.'

work injury, Metcalfe carries a gold pocket watch and (whether he knows it or not) uses his fountain pen to signify certain junctions in meetings.

Realistic portrayal of the nursing role

Although the depth of characters in a novel is important, it might be argued that it is the range and more honest nature of nursing depictions that really matters here. My claim is that others fail to do this, relying on one-dimensional stereotype. *Missing Pieces* manages this issue two ways, by showing both a range of professional experiences, and by a variety of nursing interventions, including notable examples where the mental health nurses connect on a human level.

The ‘experience’ of mental health nursing

For others to fully understand the profession, it is important that it is shown doing the work it does. In *Missing Pieces* there are numerous references to the vagaries of the profession. We hear about the Nursing Office, Ron’s tutor at Nursing School, Mr Brownly, and charge nurses who are drunk on duty.

Missing Pieces demonstrates the constraints of psychiatry, the pressures of the system, and the stress of working in mental health in all its different facets. In Chapter 15, Claire has an altercation with a medic, seeming to come out on top and proud of her role. ‘Well it happens to be my job to understand about people and their suffering, and if showing disrespect is what it means to be a doctor, then I’m glad I’m a nurse.’ Another time,

Jan refers to 'the wedge', alluding to the sometimes awkward position of the profession.

The exchange between Jan and Ron is in Chapter 29.

‘And you’re in the middle.’

‘Something like that.’

‘Welcome to the wedge. The world of the mental health nurse.’

Missing Pieces also shows that negative stereotype is not an *inevitable* consequence of such literature, and that the Ratched/Lobsinger character is not the only powerful one available to fiction writers.

Many of the images of the nursing role are communicated through Ron. Ron’s exploration of personal issues and professional boundaries usefully illustrate the constraints of mental health nursing. Although *Missing Pieces* shows mental health nursing at a crossroads, facing the challenge of change,⁹⁸ many of the issues depicted in the novel are relevant to contemporary mental health nursing⁹⁹. For example, personal struggles with the ‘system’, whatever shape that takes, are perennial ones. Dave the psychologist ribs Ron about his ‘cognitive dissonance’, but this phenomenon, one that appears again in the novel with Ron’s attitude to medication dispensation, and again during his discussion with Jan in Chapter 31 about going to ECT, is still current. So where Ron and his colleagues might have been concerned about the effects of the

⁹⁸ And what was a threat to Sam became an opportunity for Jan.

⁹⁹ Suggesting, perhaps, that King (2017) has a point when he states: ‘the necessary characteristics of a good (mental health) nurse remain essentially the same now as they did 40 years ago’.

institution in which they work (or not, in Sam's case), the modern mental health nurse must still answer criticisms surrounding paternalism and control.

Although, as I showed in Chapter 2, existing mental health nurse depictions are predominantly negative, it should also be that in writing a mental health nurse narrative, the range of experiences should not eschew the 'less than good.' After all, there are examples of nurses being criticized and worse, as witnessed, for example, by McKeown and White (2015), and *Missing Pieces* does not ignore this side of nursing. It is important to note that, while considering the importance of the mental health nurse narrative, I was as careful to avoid 'fitting' the characterisations to an abstract ideal of 'positivity', just as I was mindful of the pitfall of semi-polemic (which can befall any writer, but particularly relates to those writing about psychiatry¹⁰⁰). That said, *Missing Pieces* provides a number of positive scenarios. For instance, Jan shows her willingness to embrace new ways of working, and Sam, who softens his stance, and Ron, who moves beyond the realm of Springhill (although he admits he will probably never really fully leave). Ron's long struggle against the system, a system that includes Sam ('You won't be able to get them all out, you know'), represents one of the frustrations of the job, and the limited power Ron has in his role.

Similarly, such frustrations in the role (illustrated in *Missing Pieces* by Ron in his efforts to promote his project and echoed in real-life by the experience of Felicity Stockwell discussed earlier), are also present in modern mental health nursing. The pressures of

¹⁰⁰ See Appendix 4.

conforming to the routines of the mental hospital that Ron demonstrates, such as his worries about Williams, and the aggression on Ward 6, are represented in modern mental health nursing by concerns over risk-management, stifling paperwork and limited staffing (see, e.g. the *Guardian*, 22 August, 2016; Merrifield, 2017).

Of course, in order to be realistic, *Missing Pieces* also shows the routine events of the job: the handovers, the ward rounds, the medicine dispensation, and these are as much of a feature now as ever (in a modified form, in some cases).

Representing the bond

The nursing interventions in *Missing Pieces* vary in their intensity, from Sam giving out extra cigarettes, to his Airfix favour for Martin, through Ron's self-disclosure (again with Martin) that transforms a moment, to Jan's recollection of Claire's empathetic skill in averting a serious incident. ('She probably saved two lives that day. She's incredible when she needs to be.') From simple gesture to life-saving, these are portrayals often denied to the reader by conventional fiction. Certainly, none of the examined texts can boast such a diversity of therapeutic relationship.

In terms of my lead character, the gap I identified earlier in mental health nurse presentations is addressed in *Missing Pieces*, because Ron's sensitivity, understanding and apparent altruism provide a more positive image of mental health nursing.¹⁰¹

¹⁰¹ Of course, Ron is not all good. At times his personal goals threaten to completely obliterate the considerations he may have for Tim.

Perhaps one of the simplest expressions of his caring side is what he is talking to Claire in Chapter 15 and he says of the medical staff: 'They forget there's a person inside.' The theme of Ron's belief in sensitive management in place of punitive measures is evident.¹⁰² The way he handles the young man, by giving his time and space, by demonstrating calm and ultimately receiving praise from Cooper for his skill. (You know more about this stuff than me,' Cooper confirmed. 'I admire the intuitive nature you guys seem to possess.') This scene demonstrates Ron's ability, previously hinted at, to genuinely connect with another person. As the text says: 'He waited and did nothing, allowing the silence to act as a balm.' He manages the situation (covertly flagging up the connection: 'Now we know a little more about each other, then.') so well that any hint of crisis is averted, much to the admiration of the student nurse ('That was amazing. You were incredibly calm,' she said). Of course, this scene also indirectly leads to Ron's suspension, a scenario that simultaneously represents the trials of the job. These scenes point to the phenomenology of caring, as Ron and his struggles are central to his work.

As I said, the various relationships Ron enjoys with his patients helps to address the missing thread I talked about in Chapter 3. His evident beneficence in the group, his tolerance with Martin's aggression, his shame at ECT and empathy when he talks to Heather, his ability to calm the angry man during his admission,¹⁰³ are all examples of

¹⁰² See, for example, Chapter 4: *If Sam had not driven away after the shift, he would be telling Ron that Martin's outburst was because his weekly injection was due. Ron preferred to see such events as symptomatic of something more like a representation of frustration, or isolation, or of simply being misunderstood.*

¹⁰³ In fact, in the scene with the man brought in by the police, there are echoes of a much earlier example, quoted in Foucault (1971), of a 'maniac, young and prodigiously strong,' being received in the Retreat at York by Samuel Tuke, 'he was loaded with chains; he wore handcuffs; his clothes were attached by ropes. He had no sooner arrived than all his shackles were removed' (p245).

his ability to connect on a therapeutic level. We also see Ron this range of interactions when he talks with Sid (which helps provide him with some personal perspective), and his exchanges with Tim are clearly motivated by respect (even if he misjudges Tim's desire to move). His fondness for Wendy is evident, as is his sadness at her loss. Ultimately, his anger is piqued by the anguish caused to Mike when Williams smashes Mike's guitar.

Missing Pieces is similar in style to the work of Barrington and Berg, and, to a lesser extent, Radcliffe. I suggest that, as Radcliffe seems to have inadvertently achieved, mental health nurses can bring something to fiction that those less experienced in mental health do not, such as experiential detail and a deeper understanding of the role. The effect of portrayals done by practitioner/writers writing about their respective profession is potentially threefold. Firstly, it provides a more genuine image of the profession, forming part of the educative role I alluded to above. In Barrington's case, we learn about NAIs (apparently Non Accidental Injuries), and MARAC meetings, which she tells us are 'generally attended by a host of relevant professionals.' Secondly, it offers some comfort to fellow professionals, who get fed up with relentless bad press, to see more realistic portrayals, and evidence of this can be seen with Radcliffe's novel. The final result is also more personal to the writer, because of the cathartic effect of telling a story.

What do such works potentially achieve for Mental Health Nursing?

Although it should be acknowledged that such writing can have more far-reaching effects, and this would certainly be one of the reasons I am an advocate of the practitioner/writer, I limit the discussion here to the potential benefits for the profession of mental health nursing. Just as a negative image of mental health nursing creates problems, a better professional image would lead to less stigma, more understanding, better relations with colleagues, and less fear for patients. In fact, the reverse of the things that bad images do.

The mental health nurse practitioner/writer has the ability to relate the varied experiences of their work through their characters, potentially counteracting negative images. Professor of Nursing, Paul Crawford, echoes Starkman's observations above, in personal correspondence (Bladon and Crawford, 2017), he wrote that the intensity of work and experience in the mental health field 'can afford deep and detailed insights into human consciousness and behavior. This lends itself to writing, particularly fiction.' Paul Sayer has written as a practitioner/writer from the perspective of the patient, he admits that his concern was not with correcting incomplete depictions of mental health nursing, as I was attempting to do, but rather with, as Crawford and Baker (2009) would support, evoking empathy with a condition that causes frustration. As such, he succeeded in one element of the practitioner/writer's task, which is understanding experience. However, as I pointed out in the earlier discussion about depictions of mental health nursing in fiction, nurse-narratives come from a different starting point. Nurse-narratives attempt to convey something of the experience of the nurse, which can

help with health promotion programmes. In order to counter negative images of mental health nursing, it is not enough to be reactive. Raging at media representations will only achieve so much. The idea of fiction fitting into a coordinated programme of education and mental health promotion presupposes a more reasoned and structured approach. As Darbyshire and Gordon (2005) say, mental health nurses should be talking to more than just friends and family about their work. This is where the role of the practitioner/writer can prove useful, going some way to addressing the concerns about lack of voice about which Barker and Buchanan-Barker (2004) and others verify, and in this sense, mental health nurse narratives help address the apparent lack of voice exhibited by the profession.

Corrigan and Watson (2002) suggest a model where stigma is traditionally countered three ways. First, by protest, which is a reactive process. The second element is contact, where it has been shown that exposing people to the stigmatized group generally lessens the stigma. The third part is education, where members of the public are made better informed about the object of their prejudice element. This, it would seem, is where mental health nurse fiction could integrate well within this overall strategy, particularly in terms of education.

Learning strategies

Earlier, I referred to the study by McCann and Huntley-Moore (2016), where their students suggested that *Cuckoo's Nest* and other older films were irrelevant to their work. I would beg to differ, choosing to argue that the issues raised in these portrayals

have contemporary resonances. In terms of nurse education, the authors asked the students how things have changed. It would perhaps have been better to ask them how things have stayed the same. Issues of power and liberty are thorny ones in mental health and remain topical, as I have shown. Such issues raise another important benefit to mental health nursing, one that incorporates professional development.

Reflective Practice

Stevenson (2015) poses the question as to whether writing fiction could become an avenue of reflective practice for other social workers. The same question can be asked about mental health nursing. When writing *Missing Pieces*, there were many moments where I used the scenes as a tool to reflect not only on mental health nursing practice in general, but also on my own practice. In Chapter 16, Ron provides an example of where mental health nurses might consider their attitude towards reluctant clients. ('Thanks for the honesty,' he had said. He had acknowledged her assessment, but encouraged her to think instead of the positive aspects of the situation). The need for mental health nurses to critically evaluate the work they undertake is important. The process of Revalidation (NMC, 2015) has enshrined the concept of reflective practice as part of continuing professional development (CPD). This in turn has introduced the idea of mental health nurses speaking about their work. Oelofsen (2012) calls reflective practice a key skill for nurses. In terms of identifying feelings, evaluating performance and analyzing experience, I suggest that writing fiction offers this intrinsic value and can become a useful avenue of reflective practice for mental health nursing. Whether nurses choose to write full-length novels, or short stories based on their experience, the results would fall

into the three stage model of reflective practice proposed by Rolfe *et al.* (2010), where, borrowing from Schön (Schön, 1983), they talk of ‘reflection on action.’ That is, retrospectively examining how practice impacts on all those involved. It might be asked whether this would create potential conflict with the process of nursing, where the same authors note that openness and honesty are integral to nursing practice. In terms of mental health nurse-narratives, there will be a range of experiences to draw on, and the question of honesty was one I recently put to a number of practitioner/writers. In an interview at Bath Spa University (Bladon, 2016), I asked Nathan Filer about this and he said that when he knew mental health nurses would be a feature of his novel (*The Shock of the Fall*), he felt some obligation to ‘get things right.’ He admitted that his first consideration was to portray his patient-narrator well, but admitted that he had no desire to produce staff who were villains. This is interesting, because the desire to provide a contrast for the sake of conflict must have been tempting. I also posed the question to Paul Sayer (*The Comforts of Madness*) as to whether it was part of a mental health nurse practitioner/writer’s remit to promote a positive image of the profession. He rightly pointed out that all any writer can do is report the truth ‘as they find it.’ Although this is not strictly true, given that imagination can play with truth, the essence of agreement would seem to be there (Bladon and Sayer, 2016). Finally, Paul Crawford (*Nothing Purple, Nothing Black*) pointed out that, while didactic fiction can be dull, the mental health practitioner/writer will nonetheless care about the social construction of mental health problems, perhaps suggesting that this consideration is never totally absent (Bladon and Crawford, 2017).

Writing creatively can be a different way of expressing the same ideas. Certainly, the discipline of creative writing for therapeutic purposes (CWTP) shows how using creative writing can be of positive benefit. Encouraging mental health nurses to share such techniques could lead to more rounded portrayals of the work they do and a better understanding of the value of their work. As Bolton (1999) says, therapeutic writing is creative, and ‘its very creativity is one of the therapeutic benefits.’ The cathartic effect of using creative writing is well-known and this is one of the chief benefits of CWTP (Kaufman and Kaufman, 2009). As Johnathan Bate says, ‘with a little effort and attention, great poems, novels and drama can serve us all as “safe places” for reflection and de-stressing in a busy world’ (www2.warwick.ac.uk, 2017). The fact is further emphasised by O’Sullivan, who, in his article about cognitive behavior therapy (CBT) and writing, points out the value of writing. ‘When we write we are putting a distance between ourselves and our troubling thoughts and feelings’ (O’Sullivan, 2017).¹⁰⁴ While this is potentially useful in certain therapeutic settings, the usefulness of writing as it relates to professional practice includes the integration of techniques from CWTP into reflective practice, and includes keeping journals and diaries, and expressing feelings in an artistic way (Nicol and Dossor, 2016). This synthesis is potentially invaluable, because as well as having cathartic opportunities for nurses, writing about practice would help them and others understand their work. Sharing story ideas with mentors and colleagues could promote a stronger self-image, and lead to greater confidence in promoting a coherent public image of mental health nursing. A recent (2015) study

¹⁰⁴ There is currently strong interest in the practice of ‘bibliotherapy’, where reading proves useful in the treatment of mental health conditions such as anxiety and depression (relit.org.uk, 2017).

showed how nursing students could use reflective writing techniques to understand their work. The authors say that ‘Students in our study perceived reflective writing as a means to empathise with patients,’ proving the value of fiction to caring (Coleman and Willis, 2015).

In *Missing Pieces*, reflecting on his role, his work, his position and his life was central to Ron’s experience. In an oblique way, Claire and Jan and, reluctantly in his case, Sam, were all encouraged to do the same and examine their position, whether that was in relation to the system, their colleagues, or the patients they cared for. As I said above, I also employed this technique to examine my own practice and that of the profession as a whole, embracing reflection as what Nicol and Dossor (2016) call: ‘a valuable lifelong learning tool which can be used to promote personal development and optimum care for patients.’

[How fiction can benefit professionals and end-users alike](#)

The introduction of film and fiction to educative programmes is part of the trend for humanities subjects being introduced to science, and there is no doubt that fiction can also be a powerful tool. Back in 1979, Lena & London outlined how *One Flew Over the Cuckoo’s Nest* has been used as a teaching aid for sociology students. The same holds true for other disciplines, and the ‘social work book club,’ established within the University of Central Lancashire’s social work department is a good example of fiction integrated into a teaching programme (McNicoll, 2013). Similarly, writing in 2016, social worker Matt Bee discussed the usefulness of fiction to his work (Bee, 2016).

The increasing interest in health humanities shows how fiction can provide insight into suffering. There are many authors who point to the ability of fiction to add to the objective nature of the work of people in the caring professions. As Oyebode (2009) points out, such experiences, although subjective, are no less real. He also notes that literature helps us understand the inner life of others as well as ourselves. (Oyebode, 2009, p ix) This is a crucial point, because it reinforces the message that can be communicated through fiction. I have suggested the same thing in my discussion on how mental health nurses can learn from fiction (Bladon, 2018, *forthcoming*). Improvements to working practices, where the practitioner engages with a deeper level of understanding, possibly through shared language, are frequently demonstrated.¹⁰⁵ The push-pull interaction between literature and mental health is a topical area of debate. The reciprocity of the two areas, where one can learn from another, is highlighted by a number of publications (Oyebode, 2009, and Baker *et al.*, 2010 for example) and is the subject of ongoing discussion.

¹⁰⁵ Oyebode, for example, has demonstrated the power of autobiographical fiction (Oyebode, 2003), while Vassilas (2003) showed how an understanding of dementia is possible through reading fiction. Similarly, Beveridge (2003) weighed the question as to whether psychiatrists should read fiction.

Summary

At the start of this thesis, I argued that this investigation was an important one, and in terms of critical engagement with mental health nursing, it contributes to the body of work examining the difficulties faced by the profession. I have highlighted a previously neglected area of research and I have indicated a gap in the array of fictional depictions of mental health nursing, despite the profession occupying an important space in mental health care. I have shown how fictional portrayals of mental health nurses are, in one way or another, predominantly negative and rely on mythology and stereotype.

Stereotypes are often adopted by fiction writers in the absence of any clarity about what mental health nurses are doing and what they say they are. As Campbell (2013) points out, stereotypes are inaccurate perceptions that often arise out of mystery. In this sense, mental health nursing is the author of its own misfortune because of the failure to adequately establish a coherent identity has affected the profession. The corollary is the absence of a strong voice, which is in turn due to the state of mental health nursing and the way in which the profession developed, which has fed preconceptions and myth and failed to correct developed stereotype. The consequences of such negative depictions in fiction are significant.

I have shown the impact negative imagery in fiction has on the profession, and also the wider implications for mental health promotion. One thing that emerged from my analysis of portrayals of mental health nursing is that fiction is a currently poor measure of demonstrating the complete truth. Although there is some real-world support for existing portrayals, I have shown how, whether deliberately or not, fiction writers tend

to write selectively and reinforce negative images of mental health nursing. Despite fleeting positives, these depictions do not adequately reflect the reality of mental health nursing. I have also shown how mental health nursing is treated adversely in comparison to other professions and that the therapeutic bond emphasized over many years of nursing research and practice is ignored. This significant omission distorts the image of mental health nursing, although as I demonstrated in Chapter 3, the difficulty for writers of fiction lies partly in the failure of the profession of mental health nursing to define and articulate its role.

This investigation strayed into other areas, such as the sociology of fictional narrative, but a thesis of this length does not permit a full discussion of all areas. Consequently, there was insufficient space to explore important issues that might find their way into a larger work, so where appropriate I have provided suggestions as to where the interested reader might seek further information. There are a number of texts that I read that I have referred to obliquely, and the decision whether or not to feature them in my discussion naturally rested on their significance and relevance. There are, inevitably, other works that I have not studied in preparation for this thesis, the limitations of length proving a necessary restriction.

At the start of this element of the thesis, I stated: the search for a realistic fictional image is largely fruitless.' *Missing Pieces* attempts to redress that balance by showing mental health nurses as people with real lives, but also doing the work for which they are seldom credited. I also attempted to clarify the work of mental health nurses, accepting

good and bad, as well as critically depict some important issues for the profession through the characters in the novel. Although I approached the task with an agenda, I was also conscious that *Missing Pieces* had to be more than symbolic, and more than a stylized or totemic representation of the profession. In this sense, the novel has a real story that extends beyond the bounds of Springhill Mental Hospital and the quotidian limitations of the institution.

The discussion on Peplau's work, grounded in the sociological tradition of humanism, gives a theoretical underpinning to the idea that mental health nurses should be portrayed in a more positive light. There is a growing tradition that suggest this is happening. In my discussion on the educative effects of fiction, I noted the lack of reliance on diagnostic criteria in many works. Ron's mention of Peplau in Chapter 16 provides a further link between the elements of this thesis.

Setting up a scenario where Ron would face obstacles allowed me to demonstrate many of the constraints that continue to affect the profession. His battle with the system is symptomatic of the limited power base mental health nursing still has in relation to psychiatry. The relationships in my novel do, at times, appear to reinforce the stereotypical image of mental health nurses (I refer in particular to Sam and his attitude to the patients under his care¹⁰⁶, and to Sister Bridget in the ECT clinic). As such, I might be accused of committing the same errors as those of the texts under investigation. However, other aspects of mental health nursing are depicted through the

¹⁰⁶ Although, as I have pointed out, Sam later acknowledges that his attitudes are outdated.

evident hard work and sensitivity of the nurses in the story. As such, *Missing Pieces* ultimately presents a more rounded illustration of the profession of mental health nursing.

I have argued that mental health nursing would be potentially better represented by those who also write about mental health care, further still by those who write about nurses, and I have outlined the usefulness of fiction in education (including mental health nurse CPD), in providing positive images of mental health, in health promotion, and in destigmatizing both mental health and mental health nursing.

Conclusion

The synthesis of creative and professional energy was always a crucial consideration for this investigation, and the relationship between my degree components has a real-world application. There is an opportunity for fiction writers of all types, particularly mental health nurse practitioner/writers, to provide portrayals that break with the former reliance on stereotype. Of course, in the desire to rid the stereotypical images of the profession, mental health nurses need to be mindful that they are not replaced by even more pernicious ones. In their discussion on this matter in relation to nursing, Darbyshire and Gordon (2005) make the point that nurses need to be aware of what would represent a 'good portrayal.' However, I do not wish to prescribe a standard for depictions of mental health nurses, because, as Darbyshire and Gordon also note, images that one person would consider acceptable, would not be for others. In her study of fictional representations of teachers, Cummins (2011) suggests that readers would prefer that teachers were placed on 'a continuum of effectiveness.' I positioned *Missing Pieces* to show how it is possible to provide alternative depictions which can start to address the issues identified in this study. Such narratives show a variety of portrayals that acknowledge the diversity of the role, the good and the bad. Although I have argued for more positive depictions, I do not mean singularly happy, overly optimistic representations, but realistic portrayals that will bring more honesty and, hopefully, more understanding of the position of mental health nursing. This interface between fiction and fact is something that might suggest an interesting area of further investigation. In fact, in assessing the potential significance of the creative component, *Missing Pieces* shows the pressures from the direct perspective of nursing staff through

a different type of novel, one that presents importance of the mental health nurse narrative as much part of the effort for nurses to make sense of their position as it is an effort to help others understand what it is that mental health nurses do. As a practitioner/writer, my novel sits alongside Barrington's work and that of Elizabeth Berg as an example of the 'inside out' approach that provides insider knowledge of both practice and experience. Following the tradition of 'show not tell', the nursing role is more effectively demonstrated than the attempts witnessed in Chapter 3.

Campbell (2013) suggests that general nurses can counteract stereotypes and enhance public trust through standing together and using knowledge to educate clients. Whether they start with the specific intention or not, those who write mental health nurse narratives can correct the identified errors through formulating a more realistic image, by educating the public, by standing up for their individuality and particular attributes. Although there are limits to this investigation, the ideas in this thesis have implications for writers, mental health nurses and nurse educators, and this work will hopefully stimulate further investigation into the area. The innovative work conducted by mental health nurses should be reflected in fiction, showing the changing role from nurturing to enabling and facilitating consumers in the 'human paradigm' that Grant (2015) writes about. *Missing Pieces* also adds a professional dimension that few mental health writers have attempted thus far. Just as Barrington has done with social work, and Elizabeth Berg has done with general nursing, it counters the imagery in the examined texts but also suggests that the professional experience can be better represented by mental health nurse practitioners who are also fiction writers.

The ability of fiction to act as a mouthpiece for the profession, and to show the process of therapeutic interaction, should encourage mental health nurse practitioner/writers to write about the realities of mental health nursing. Novels like *Stranger than Kindness* and *Missing Pieces* have the ability to demonstrate the pressures of the caring role, but also to show the qualities of the profession. They are a definite move away from stereotype and provide an indication of the uniqueness of the mental health nurse role, they also fill the gap in fiction identified in this study, and help to rebalance the portrayal of mental health care generally and mental health nursing in particular. The final quote should really be from Ron, but there is one from Sam that seems to fit: 'But we know, Ron, we're supposed to be professionals, that these situations are never as simple as they seem.'

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Appendices

Appendix 1

'Big Nurse' Ratched: An Alternative Take

In the main body of this work, I suggested that Kesey twists the nurse narrative to suit the story. Here, I will twist it back, to present an alternative perception of the character of Nurse Ratched. Kesey's position distorted Ratched's narrative to such an extent that any positive dimension was lost, because by concentrating on the negative he ignored the crucial nurse-client bond and failed to draw out any positive aspects of her work.

Peck and Coyle (1993) point out that what a critic says about a book 'depends to a large extent on the ideas he or she brings to the text' (p176). Certainly, a straight reading of this text suggests a political interpretation, the message of which is contained within the counter-culture rhetoric. In this sense, *Cuckoo's Nest* might be viewed in the tradition of Marxist literary criticism, much as one might see in a Marxist analysis of the asylum system in general, such as can be seen in the works of Andrew Scull, who propounds the central view that asylum system was little more than an attempt to enforce conformity and part of a general drive to deal with deviance through State intervention in 'social problems'. This is an important point, because how we examine Ratched is determined to some degree by the sociological mindset with which we approach the text. Part of my position in this discussion relates to the way in which her character is potentially misrepresented by the motivation of the story, which precludes the delineation of any positive elements of Ratched's character.

A close reading of this text, analyzing both the structure and content, reveals a complexity that shows why the multi-layered tale of *Cuckoo's Nest* has been subjected to enormous scrutiny over the years. It is testimony to this complexity that Kesey's narrative is capable of being analysed in so many ways. *Cuckoo's Nest* is not so much an examination of madness as it is a political tract. Other interpretations look at religious allegory, (Wallis, 1972), gender (Meloy, 2009), freedom (Foley, 2001), American society (Ware, 1986), and time (Huffman, 1977). In the main, however, the understanding of *Cuckoo's Nest* is through the allegorical journey of the protagonist, Randle McMurphy, as he challenges big society, represented by the mental hospital. Certainly, this standard view suggests a socio-political nature to the understanding of this text. In the tradition of *Animal Farm*, or *Gulliver's Travels*, *Cuckoo's Nest* provides a critique within a wider sociological context, the overriding significance of which, as I have already said, tends to overwhelm and obscure all other possible interpretations.

Literary motivation

Kesey had a political point to make, and he wanted to highlight the restrictive and dehumanizing practices within the mental hospital. In this respect, and as I noted in the main body of this thesis, his book is the literary equivalent of the Goffman's seminal sociological study, *Asylums* (Goffman, 1961). (It should be noted that attempting to assess authorial intent can be a tricky matter. Writing the endnotes of the 1996 edition of Evelyn Waugh's *Vile Bodies*, Richard Jacobs discusses the word 'plot' rather than 'spot' in the text as it refers to *Richard II*. He is uncertain whether the misquote should be attributed to the character (Ginger) or to Waugh himself (p198)). There is less debate in

Cuckoo's Nest, as Kesey's sympathetic tone towards the patients in his fictional mental hospital is an inevitable driver of the story. Likewise, his need for Ratched to be unpleasant is an essential element in the plot. There is little doubt about the nature of this character right from the start: she 'slides through the door with a gust of cold' (p5). As the novel progresses, we see how she abuses her power in the institution, insisting that patients adhere to strict routines, often reinforcing the patients' inferiority. This is a character, we are told, more interested in controlling than caring. Of course, it is clear that the mental hospital was a microcosm of society, with rules, routines and a power dynamic. That is how society works. Non-conformity is met with sanction (prison), or treatment (mental health services). Depending on your philosophical viewpoint, the mental hospital was either about trying to help people, or control them. Kesey approached the subject from the latter camp, and he drew some of his inspiration from personal experience, having spent some time as a mental hospital ward orderly in the late 1950s. But I am not directly concerned with the accuracy of Kesey's depiction of the state of psychiatry in the 1960s, or even that of a 'threatened' America. I am interested in his portrayal of Big Nurse and suggest that in choosing to depict a gender clash, Kesey exhibits negative bias that is ultimately unfair.

We both can and cannot blame Kesey for his apparent bias towards Ratched. As an author, and therefore ultimately responsible for his characters, his motivation was to tell a gripping story that required powerful antagonist to contrast his equally powerful main character, Randle McMurphy. The standard view is that of our hero - spirited male protagonist, downtrodden and misunderstood - embarks on a journey of allegorical significance to empower a group of lost souls. Along the way, he confronts the nasty

Combine (society), locating his conflict directly with society.

The essence of the novel - the struggle between Big Nurse (Ratched) and McMurphy - is more, it seems, than Good vs Evil. Certainly, it is possible to view this on three distinct levels: the metaphorical, the literal and the sexual. The first being man and society (where, as had been seen, Ratched represents the society, or, what the narrator calls the Combine). The second level is to accept that what we see is a straightforward personal duel. A battle of wills. A clash of personality. The third level is about gender struggle (men and women), and can be read as a direct concern about how women of the era were becoming more powerful in 1950s USA. The threat to male dominance was a very real one, and a cause of anxiety for some men.

Ratched as positive

We are only rarely permitted a glimpse of Ratched's positive side. In one of the group meetings, when Ratched is attempting to enforce rules, Narrator 'Chief' Bromden talks of her 'regret for the job she has to do' (p185). In these meetings, Ratched makes an effort to encourage participation, faced with challenging circumstances, but her efforts are regarded as a cynical attempt to reinforce the perceived 'weaknesses' of her patients. Additionally, over-protectiveness towards her 'boys' is seen as another example of emasculation. Another view might suggest she is cosseting the patients against the inimical influence of the new arrival.

When McMurphy's challenge culminates in a night of revelry on the ward with two

prostitutes, Ratched discovers the carnage, her reaction is predictable and (despite Kesey's bias that suggests otherwise), probably justifiable. When she takes Billy Bibbit to one side, we see what might well be evidence of her compassion: ('You poor boy, you poor little boy' p301). We have to understand that Ratched is rightly concerned about the consequences of the disturbance. On the same page, Bromden tells us 'it was strange to hear (her) voice, soft and smooth and warm as a pillow.'

Rather than to see her ability to stand up to McMurphy as bloody-mindedness, we could perceive it as an example of a strong woman. She could then be lauded for her ability to remain resolute. If she were a man, no doubt her steadfastness would be regarded as an asset.

Ratched as victim

The simple contrasting view is that Ratched is being goaded by an overbearing and sexist bully. Despite Harding telling McMurphy that, 'she always wins' (p69), he persists with his challenges. There are, however, even more serious reasons to consider Ratched as victim. A closer inspection of the text reveals that Ratched might well be a victim on a number of counts, both within and without the novel. There are two that I will refer to here: the needs of the plot and the situation into which that plot places her, and the nature of the job.

Ratched as a victim of plot

Cuckoo's Nest is not so much examination of madness as the treatment of individuals

and groups by the system. When it comes to Ratched, her function in the book is to represent the system. As such, she must be prickly, proper, stern and many more adjectives that might signify oppressive officiousness. In the end, rather than merely a symbol of the Combine, an agent of the system Kesey wants us to believe is repressing its citizens, particularly those who do not conform, she becomes a victim of Kesey's prejudice. In a sense, it would be easy to view Kesey as another in a long line of biased male authors. After all, a male-driven norm in the portrayal of female characters has a strong tradition. From Ovid's *Pygmalion*, through Shakespeare's Kate, who must be 'tamed' and taught to be obedient, we pass by Hemingway's spiteful females (the coercive Catherine Bourne in *Garden of Eden*), Nabokov's Lolita, who exists simply to gratify the sexual immorality of his perverted male protagonist, and see women often portrayed by men according to negative stereotypes. Ratched is supposed to serve a purpose greater than this negativity, but it is questionable whether, despite being far removed from the aestheticized but vacuous female character who does little but add romantic love interest, she achieves the purpose for which she was created. She is demonstrably lacking in depth, serving principally as a stereotyped image of the overbearing woman.

As much as Ratched represents society, McMurphy's constant challenges are as much an attempt to defeat her sexually as a straightforward rebellion. He is frustrated by her, and we see her constantly denying traditional male pursuits (watching the World Series on TV, playing cards, fishing, drinking). McMurphy is a man who thinks women should submit. (metaphorically, literally and sexually.) We know that he wants to assert his

individuality as a matter of virility. It is important to his male pride that he 'defeats' her. But Ratched holds the power, and his sexual assault at the end of the book is confirmation that she has thwarted him. Rather than a triumph, his resort to physical dominance with violence and sexual aggression is admission of failure. This leads us to the notion of Ratched as a victim of male oppression. She is put under extreme pressure from a powerful and devious male figure.

To change the lens and look at the plot another way, when McMurphy arrives, we are supposed to see a 'lovable rogue,' the anti-hero who quickly integrates with the patients and shows that he has their interests at heart. After all, he encourages independent thinking and motivates them to see what they have failed to do until now, that the hospital is subjugating them. This runs into the sexual theme woven into the narrative. Ratched is representative of society, but to McMurphy she also represents women's oppression of men.

How do we think this narrative might look from Ratched's perspective? From her point of view, he is disruptive, he upsets the rhythm of the ward and starts to agitate the other patients. He represents a threat, physically, socially and, with his history of sexual assault including rape, certainly sexually. His intimidating techniques are clear and his threatening message is relayed from the start. When he tells the doctor how his uncle 'dealt' with a woman, he refuses to say how, 'in case I need to use it myself someday' (p43). Ratched sees a non-conforming, manipulating criminal who is coarse, sexist and disrespectful. He is not mad and does not belong in the hospital.

Nursing is one of the few professions where women are dominant, or at least professionally equal to men. Symbolically, McMurphy cannot handle this unusual power relationship. Given the rivalry between Ratched and McMurphy as representative of sexual struggle, his position (a very contemporary view at the time) that women, as the 'weaker sex', and are inferior is destined for conflict. (Hence the reason that the only two women who are non-threatening in the novel are prostitutes.)

Ratched as a victim of her job

We know Ratched is a metaphor for the wider system. But as we have seen, as *part* of the system, Ratched is duty bound to uphold rules. As Goffman's work (Goffman, 1961) would predict, she is, in effect, institutionalized. She is under pressure to maintain order. It is order and regularity that she sees as crucial for the mental well-being of her charges. We are told about the supervisor (also female, but who, admittedly, is Ratched's good friend) who clearly has greater power even than Ratched. The tenuous nature of the nursing role might lead us to believe that failure to manage her charges could have certain deleterious consequences (as it did for Ron, in *Missing Pieces*).

As a senior nurse, and a woman in a position of power, she is (certainly at the time) likely to face criticism and judgement from male counterparts. Her presentation is more than likely influenced by her perception of how she is expected to behave. Accordingly, Ratched eschews the 'traditional' stereotype of femininity: softness, sensitivity, emotionality, vulnerability. Her need to appear strong makes her behave in a

traditionally male style. This goes a long way to explain her aggressive stance, her aloof manner, her emotional detachment.

In the end, when Ratched orders that McMurphy undergoes surgery for his uncontrolled violence and has a lobotomy, rendering him ineffectual and powerless forever, the act in itself designed to reinforce Kesey's message of fear.

Certainly, Ratched was the perfect vehicle to allow Kesey's story to unfold. He takes liberties with the facts, but produces a powerful narrative about individuality and the potential for abuse of power in general. We have seen that Ratched was an exaggerated character, necessary for Kesey's to make his political statement, and as a vehicle for his male/female power narrative, the story skews in favour of the apparently oppressed male. (See, e.g. Hague, 1993, Meloy, 2010.) But was it fair? Not many readers have sympathy for the bad guy, and Kesey's overblown portrayal of Ratched leaves little room for any positive sentiment towards her. She must not be likeable, because that would weaken the narrative.

There is more that can be said about this, but from this brief overview it is clear that there is a case for an alternative interpretation of this classic text, one that regards the events from a nursing point of view, which leads to a different understanding of Ratched as a character.

Appendix 2

The Evolution of Mental Health Nursing in Britain

As Laing and Nolan (2015) point out, mental health nursing has been in a constant state of change. Originally developed in Britain from the original asylum attendants, with people drawn mostly from local populations to assist with the management of the patients, it was some while before any hint of professionalization was to occur. As Davis (2013) points out, at first there were regular newspaper adverts making it clear that previous experience was not necessary.

The suggestion that the work of mental health nurses has always been undervalued and/or misconceived is a powerful one. Right from the early days of the asylum, the demands of the role were onerous. A booklet from 1876 shows a daily routine starting at 6am and ending at 10.15pm, and a period of half an hour was permitted for lunch. (In Crammer, 1990.) Other historians have noted that the ‘conditions were poor, the work difficult and their public image negative’ (Brimblecombe, 2006). These early years were dominated by medical patronage. The words of the John Conolly, physician at the Middlesex Asylum at Hanwell in the UK, are sufficient proof of the relationship between mental health nursing and psychiatry. ‘All of his (psychiatrist’s) personal labour must be counteracted, if he has attendants who will not observe his rules’ (Conolly, 1856).

In Britain, the first register of asylum attendants was formed by the Royal Medico Psychological Association in 1890, a medical organization who were to dominate the

regulation of nursing staff for a long time. In fact, the first *Handbook for Attendants on the Insane* was published in 1885, by the same association. This book listed the qualities required, including self-control and a grasp of hygiene (Carpenter, p128). There were nevertheless early efforts at professionalization (Adams, 1969). All training was conducted by psychiatrists, even publishing books for nurse education (Harding, 1894), and this medical patronage set the tone for one of the ongoing obstacles for mental health nursing that is discussed below. The early nurses worked hard, slept on overcrowded wards and frequently endured shifts of over sixteen hours (Crammer, 1990). Even at the end of the nineteenth century, their working conditions were exhausting (Russell, 1988). Their training, such as it was, continued to be provided by medical authorities, who simply regurgitated the credo of their discipline. Little wonder, then, that medical thinking was paramount in the asylums.

There was a brief period in the middle of the twentieth century, when, perhaps in response to the therapeutic community ideal conceived of by Thomas Main (Main, 1946), mental health nursing introduced a more sociological framework to their approach. With this came the embracing of psychological theory, which no doubt influenced the work of Peplau (1952). As Boling (2003) points out in her optimistically entitled paper: *The professionalization of psychiatric nursing: from handmaidens to empowered professionals*, nurses at this time started to take charge of their profession. These advancements enjoyed some success, with mental health nursing adopting the ethos into proactive measures in an attempt to provide for their patients. This era was supposed to represent change and a new paradigm in mental health nursing. Efforts to

improve the relations in asylum wards were genuinely enthusiastic. 'There is need to examine every activity of the day...in the light of its potential therapeutic value.' Hays (1962), Eaton (1955), and Simonson (1956), describe cheerful surroundings, and patient improvement due to 'favourable conditions.'

Therapeutic communities are a rich source of information for fiction writers. Fictional examples from Sigal, Self and Faulks all draw upon the efforts of Laing, Jones, and Cooper. The main problem with therapeutic communities was the threat to the hegemonic position of the psychiatrist, because aside from the few enlightened individuals who embraced true democratization, they (the psychiatrists) didn't want democratic teamwork (Somerville, 1955), despite what they might have said.

Since that time, mental health nursing can be broadly conceived of in three phases:

1 - 1950s and 1960s – The Therapeutic Community and antipsychiatry. This period can be broadly characterized by the transition from custodial management to therapeutic innovation.

2 - 1970s and 1980s - Closure: This period is best defined by 'deinstitutionalization' and the switch from institutional to community care in the late twentieth century. The advent of community working saw the first Community Psychiatric Nurses (CPNs).

3 - 1990s onwards – This time is significant in mental health nursing for bureaucratic

change, professional convergence, and risk aversion. The move towards increasingly academic-minded and so-called evidence-based working was theme shared with other health and social care professions at this time. The period was characterised with an obsession for measurability, outcomes, and a scientific, some have suggested technocratic, style of working. This extends through to the current ‘management climate’, as Laing and Nolan (2015) point out.

All these periods were significant in their own way, and illustrate the constant challenge of change in the profession. They perhaps hint at the ongoing problems with identity described in the main body of this work. Nevertheless, from the early days of the asylum attendant, mental health nursing in Britain grew through professionalisation, with the General Nursing Council’s first specific mental health exams in 1922, through further development post-war and eventually a move for nurse training into higher education as we see it today.

Appendix 3

Other Recurrent Themes in Narrative Fiction

Certain minor themes emerged from the investigation which are potentially contributory factors in the poor perception of mental health nursing.

Detached Nurse

This nursing ‘type’ is exemplified in the detachment that can result from working under pressure or becoming inured to the conditions of the job (such as might result from institutionalization). Certainly, pressure on staff can lead to alienation from their role and the dehumanization of those in their care that Goffman (1961) outlines.

Alternatively, it can lead to stress and burnout. In *The Shock of the Fall*, for example, Matthew’s case worker, Denise, is frequently depicted as overworked and tired. As he tells us, ‘she looks stressed out, and to be honest, I can’t help but feel a bit sorry for her’ (p217). Shortly later, ‘she looked tired. She looked upset as well’ (p230). Again, there would appear to be some support for the depiction of this behaviour, in 2016, The British Journal of Nursing claimed that mental health is ‘one of the most complex and demanding areas of nursing’ (Br J Nursing, 2016).

Detachment can result in apathy, but also in the dehumanization of the subjects over which the person has control, in this case, patients in a mental hospital. Goffman describes the ‘degradation ceremony’, where in-patients are expected to subject themselves to institutional rules which deprive them of their identity. For example, in

Faces in the Water, Janet Frame's mental health nurses are overworked and as a consequence, they become 'sadistic custodians' (p98). Carpenter (in Davies, 1984) makes the point that 'the asylum became a disciplinary force against the subordinate staff as well as the patients' (p128). It is a problem contemporary mental health nursing is still faced with, with Stickley *et al.* (2009) noting the danger of modern mental health nurses becoming relegated to 'custodians in the community.'

The Glass Bubble

The notion of surveillance was important to Foucault when considering mental institutions. He borrowed from the work of Jeremy Bentham, who described the 'panopticon', or all-seeing phenomenon. Foucault extended the concept as a metaphor to describe power in society (Foucault, 1975). The idea of control through scrutiny is commonplace in fiction. Other examples of this phenomenon in fiction include Orwell's telescreens in *Nineteen-Eighty-Four*. More blatant evidence is seen in the glass structures in Huxley's *Brave New World*. Contemporary references, both real-life and fictional, can be seen in CCTV usage, government (and other) monitoring of Internet usage and personal data communications. The recent book, *The Transition*, by Luke Kennard, contains a heavy undertone of surveillance. (Of course, the success of the TV programme *Big Brother* suggests a certain fascination with a more benign form of voyeurism.) In the case of mental health nursing, this tendency has the effect of separation of staff and inmates (in this case, patients), which is a feature also described by Goffman. (In total institutions, he says that there is a basic split between a large managed group, called inmates, and a small supervisory staff (Goffman, 1961, p18)). As

virtual contemporaries, Foucault and Goffman studied social structures, particularly mental health, from differing but complimentary perspectives.

In fact, Foucault says that observation became ‘essential’ to the 19th century asylum. (Foucault, 1971) This representation of ‘us and them’ in fiction is done by using the nursing office as an artificial ‘glass bubble’. This appears in *Stranger Than Fiction* as ‘the goldfish bowl.’ ‘Three sides of reinforced window and one brick wall, designed like someone had circled the wagons’ (p33). In *The Shock of the Fall*, narrator Matthew tells us that the staff ‘keep disappearing into the back office’ (p214), and that ‘the nurses sit in an office behind fortress- thick glass.’ (p270) We see the same phenomenon in Janice Galloway (*The Trick is to Keep on Breathing*), who talks about the man at the glass partition. The inference is that the nurse behind the glass is indifferent at best. ‘I ask if it’s OK to go for a walk. He doesn’t look up, just keeps shuffling cards’ (p115). Again, in *The Comforts of Madness*, narrator Peter tells us that the nurse John leaves people to their own devices and was ‘rarely inclined to leave the smoky comfort of his office’ (p53), In *Cuckoo’s Nest*, Ratched ‘spends all day sitting at her desk and looking out of her window.’ Her ‘glass station’ is referred to as a hideaway and a place of oppression. *Missing Pieces* contains a number of examples of how Sam cocoons himself within his personal domain.

Other portrayals might *Comforts* take in the lazy, detached, disinterested and the unmotivated. For example, in *The of Madness*, we see John as lazy, his character having echoes of Sam’s character in *Missing Pieces*, with Sam’s fondness for his office, for reading the papers and sharing hospital banter with colleagues. We also see examples of

his reluctance to engage in what might be considered professional development,
apparently opposing Ron's project.

Appendix 4

Pitfalls for practitioner/writers

Pathologizing

When Barker *et al.* (2010) suggest that fiction and autobiography do not have to be ‘clinically accurate in a strict diagnostic or symptomological manner’ (p193), they are partly correct but are, I believe, making the wrong distinction. Their point that literature should not further stigmatise suffering is valid, but inviting diagnosis has a tendency to do exactly that. Rather like Duisfield, in *The Good Patient*, who does not actually name the apparent borderline personality disorder of her character, I made a deliberate decision not to pathologize the patients in *Missing Pieces*. This was partly due to the inherent difficulties or validity and reliability that shroud the process, and partly because to do so introduces an unwelcome medical bias. The choice to avoid being explicit about a so-called ‘condition’ might reflect a specific philosophical stance, or simply the desire to avoid distancing the reader. This trap is similar to the use of technical language.

Polemic

As tempting as it may be to make a point, the leakage of an author’s opinion is a dangerous occupation. I mentioned in the main text how Paul Crawford described didactic fiction as ‘dull,’ and his point is a valid one, because such fiction can have the tendency to remove vivacity. There is also the fact that readers generally do not want to be lectured. Clare Allan’s book *Poppy Shakespeare* comes close to polemic, but remains at the edges through her skillful and unusual depiction of the setting. Will Self

is another who flirts with sneering at psychiatry, but the satirical take delivered through his characters avoids the chance that the reader will see personal opinion.

Technical Language

There is a danger that practitioner/writers produce a work that is pseudo medical fiction, potentially deterring readers. The fact that writer/practitioners have access to the ‘inner thoughts’ of their clients, might lead one to assume that fiction writing should be easier. However, writing should be informed, but it should also be entertaining, and another obstacle for potential ‘psychiatrist fiction writers’ is technical language. Beveridge suggests that writers are attempting to do crudely what modern psychologists do in a sophisticated manner. This is missing the point of fiction, but it is a point he later seems to correct. In 2010, he says, fiction can ‘deepen our understanding of people with mental illness’ and divert from the narrow evidence based approach to psychiatry. Potential writers should always think about the reader, so psychiatrist/writers should resist the desire to overdo psychiatric terminology. As Crawford and Baker (2009) note, it should be remembered that fictional texts are representations of illnesses. They also reiterate the fact that fiction is not written for the purposes of diagnosis. To ‘diagnose or not,’ is a consideration practitioner/writers will face. Oyebode (2003) points out that novels are not scientific studies of psychopathology, and in a discussion I had with award-winning novelist, Nathan Filer (*The Shock of the Fall*), Filer pointed out that, despite the protagonist in the novel having a strong psychotic dislocation, the term ‘schizophrenia’ was only used twice in the book (Bladon, 2016). There are other writers, Nicola Barker, for instance, (*Reversed Forecast*) who similarly convey a sense of suffering without

resorting to psychiatric terminology.

Ethics

Ethical considerations will always be a factor for writers. Hansen (2007) says that writers, like doctors, should 'do no harm.' These words seem to be supported by those of Ezra Gandolfo, who says: 'The writer is a member of society and therefore has ethical and moral responsibilities. We need to take care in the construction of our own 'make believe' worlds.' (Gandolfo, 2011). How far mental health nurses need to consider the ethical dimension of writing is debatable. There will be those who claim that fiction is fiction. Gandolfo would disagree on the basis that fiction has the power to make a difference to people's lives. He has argued that writers should 'rigorously question both themselves and their writing.' (Gandolfo, 2006) The choices writers make are, to a great extent, influenced by the story they wish to tell. For mental health nurses, there is an additional consideration. The fiction produced by mental health nurses will be governed not only by the desire to get the story out, but it will also be tempered by the need to provide honest and realistic portrayals of the subject matter. Of course, the ethical dimension can be productive. Beveridge (2009), points out that writers might want to explore moral quandaries, a subject particularly prevalent in mental health.