and vulnerability of our fellow human beings. We must recognise that relatives are vulnerable and that reliable, round the clock service is taken for granted and obtained for low wages.

Jane Austen would not have completed her novels had she not relatives who were of substance, who could sustain and support her, both in London and in her country home. When considering the current costs of care in the community, psychiatrists should indeed review the literature.

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Jones the patient

Rosalind Ramsay reviews Hollywood's latest warning to psychiatrists.

Another film about psychiatrists and psychiatric patients has been showing in Britain. At the première of *Mr Jones*, Richard Gere, who stars in the leading role spoke about "working hard" to get the role "symptomatically and emotionally correct". Mr Jones has bipolar illness and the film allows the audience a vivid look at how the illness affects a person. The history of the presenting condition begins with Mr Jones, expansive and grandiose, asking a workmate "Do you ever feel like flying?" Minutes later Mr Jones has climbed to the top of the roof where they are working, saying "I'm going to fly..."

Prevented from leaping to his death, Mr Jones finds himself a patient in an American state mental hospital. The senior psychiatrist, overworked and cynical, explains to visiting medical students that times are difficult, and resources scarce. The doctor's job is simply to "evaluate, medicate and vacate". The students join a round of patients in seclusion. They see Mr Jones, lying on a bed, his ankles and wrists in handcuffs. It is time to medicate him forcibly: "He won't bite, we hope".

But this is more than a film describing the life of a person with bipolar illness, or the philosophy of care in mental health services. In best Hollywood style it is also a film about a relationship between two people, in this case a man with bipolar illness and the young female psychiatrist responsible for his care. Mr Jones is intrusive but engaging, a textbook case of infectious gaiety, and breaks through the psychiatrist's professional defences. We see his doctor as a person with her own feelings and needs. In one scene in which staff and patients are mingling Mr Jones poses as a doctor and pointing to the three people talking together, he asks his visitor which one is the patient. The visitor identifies the psychiatrist.

The psychiatrist's thinking, initially driven by her wish to establish a therapeutic relationship with the patient and to understand his symptoms, slips into a less professional role when she starts to investigate his past. Working more as a private detective than as a psychiatrist she visits his ex-wife. Roles between doctor and patient reverse when Mr Jones rescues his psychiatrist from a violent incident with another patient on the ward and asks her if she is OK. The other doctors in the hospital are busy and although they are perhaps aware that something is happening between Mr Jones and their colleague, they are not able to offer guidance to the young woman. The drama escalates until the doctors intervene, telling her not to see Mr Jones and to transfer him to another hospital.

The film may be looking at mania through rose-tinted glasses as Mr Jones sweeps his doctor off her pedestal, but it does illustrate some of the difficulties psychiatrists face when developing rapport with patients. Her situation is made worse because she is too busy treating patients to consider her own need for support from her peers or from the senior psychiatrist. Although she has a high reputation in the hospital, she fails in the task of maintaining

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the doctor–patient relationship, and she loses Mr Jones' trust as a patient in her as a therapist almost, it seems, because she tries too hard to be caring, and allows him to become too close to her.

The film shows the dangers of ignoring the warning signs of breaking barriers in the doctor–patient relationship. When social or sexual contact develops between the two, each is left disorientated and unsure how to respond to the other as a doctor or patient, friend or lover.

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The magical mind

Larry Culliford

Magical thinking co-exists with rational, logical thought. It may be eclipsed by reason, but not extinguished. Magical thinking is an ever-present component of the mind's activity.

Magical thinking arises most clearly in childhood, fostered by fairy tales, legends and myths. The magical mind is omnipotent and omniscient, all-powerful and all-knowing. It knows no boundaries of time or space. When challenged by reason, it sees itself beyond logic. Above all, it cannot admit of its own extinction.

Even in adult life people identify themselves with heroines and heroes, with those of flawless beauty and with the powerful: not just some people, all people. This is the magical mind. In fiction, and so-called *reality*–that is, non-fiction.

But what is non-fiction? Do we not influence the world and make it what it is with our imagination?

Magical thinking is best acknowledged. Attempts to ignore it or suppress it will fail, and it may then be destructive. Magical thinking and logical, rational thinking are best integrated.

Reasoning, it is said, may be convergent or divergent; but it may also be systematic, thorough, comprehensive. This is best. When systematic thinking and magical thinking are integrated, creative, intuitive thought patterns emerge.

In creative thinking, the magical mind is sometimes in control and sometimes subordinate to reason; neither predominates absolutely. Both are of value. They integrate spontaneously in the night; in sleep and in dreams. The products of this integration, this creativity, are most accessible when conceptual thought is set aside; in contemplation, prayer, worship, and at best in regular, disciplined meditation.

How else could I write such a piece?

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