

Ten books

Chosen by Elaine Murphy

Only ten books? A quandary: the fewer I can have the more I will expose my prejudices and uncertainties by choosing. 'We are our choices', as Jean Paul Sartre¹ said, probably not thinking of books. I'll throw in another of his lines. 'All that I know about my life, it seems, I have learned in books'. I would not adopt that sentiment wholeheartedly; I've learned as much from relationships and work as I have from books, but it is true that one can detect one's good and bad selves reflected in books with a clarity no other medium can provide. I am a lifelong greedy reader of anything that comes to hand. I'll read the back of a train ticket if there's nothing else available. But which books influenced me? It is well over 40 years since I chose psychiatry as a career. I can only single out books, mostly novels, which have had an impact on the way I understand other people and their lives, broadened my horizons about the often unfathomable motives and goals of patients and their families, and on the way we practise and organise our services.

Poverty and class

I grew up in a lower middle class, comfortably dull suburb of Nottingham in the 1950s, the safest place on earth where people were neither poor nor rich. No child went to a private school; for good or bad we were all children of the 1944 Education Act. Our fathers worked at Boots, 'The Raleigh', Players or 'Ericssons'; our mothers kept house. My first real shock came with my first job, at the age of 17 in the school holidays, as a ward nursing orderly at Nottingham General Hospital, where my workmates were women from the poorer areas of the City – the Meadows, St Ann's Well Road, Radford. They were shockingly bawdy, coarse and cheery, and more hard-working than a young wimp like me could keep up with. Suddenly, I was exposed to the other side of Nottingham I'd never known existed. I read my first choice, Alan Sillitoe's 1958 debut novel *Saturday Night and Sunday Morning*,² many years later after seeing the 1960 film – not the only book to have been introduced to me this way. A realistically visceral portrayal of the working-class life of those Nottingham women and their men folk is exposed through the eyes of factory worker Arthur Seaton coming to terms with what life is likely to offer him. The political and urban scene are evoked with such painful accuracy that it shifted my perceptions of the narrow world I grew up in.

We are our choices

By the time I was at medical school in Manchester in the late 1960s I was gorging indiscriminately on the classics cheaply available in Penguin paperbacks; you know, the ones with sleek black covers rather than the orange modern novels and the turquoise non-fiction. I confess to admiring still the matching effect on my interior decoration of old Penguin paperbacks all lined up in colour blocks. I plodded through the Russians but it was too early for me to appreciate Dostoyevsky and Turgenev (I had to come back to them later), but Tolstoy's *War and Peace*³ was rewarding; just a darn good read once you've got to grips with the diversity of names and that led me to *Anna Karenina*,⁴ my second choice. I have never seen a film of the book that comes anywhere near to expressing the complexity of the plot and the subtlety of the emotions. Anna's story is a telling demonstration

of how bad choices lead ineluctably to cul-de-sacs of despair and the secondary story of Kitty and Levin, the decent hero of the tale, is always satisfying even after Anna's suicide. But the one thing I don't like about this book is its famous opening line: 'Happy families are all alike; every unhappy family is unhappy in its own way'. Happy families are not all alike; they are as disparate as unhappy ones, and most families are neither happy nor unhappy – they are both, but at different times. There was an odd side-effect of my reading about Anna's suicide by throwing herself under a passing train. I wondered how common it was to die in that way in the 19th century. It turned out that throwing oneself under a moving vehicle was the most common method of suicide for women in England at that time, and it led James Lindesay and I much later to look at changing cohort patterns of suicide.⁵

Character and self

Professor Neil Kessel at Manchester was the man who inspired my psychiatric career. For several years I was one of his 'guinea-pigs', students who committed themselves to doing some psychotherapy training under weekly supervision. I was pretty hopeless. 'You're a psychotherapist, not a social worker . . . stop meddling!' was his regular unheeded advice, but he also guided my reading. He introduced me to Virginia Woolf and I devoured all her novels. The one that influenced me most was *The Waves*, first published in 1931, and her most experimental work – almost poetry.⁶ It consists of soliloquies spoken by the book's six characters: Bernard, Susan, Rhoda, Neville, Jinny and Louis. Also important is Percival, the seventh character, although readers never hear him speak through his own voice. The soliloquies that span the characters' lives are broken up by nine brief third-person interludes detailing a coastal scene at varying stages in a day from sunrise to sunset. Incidentally, it has the best description of experiencing the colour changes seen on a sunlit day through closed eyes.

As the six characters speak, Woolf explores concepts of individuality, self and society. Each character is distinct, yet together they compose a silent whole. Bernard is a storyteller, always looking for the *mot-juste*; Louis is the outsider who wants to be accepted and driven to demonstrable success; Neville desires love; Jinny is a social butterfly, intensely self-aware of the impact of her beauty; Susan wants a conventional wife-and-mother role in the country; and Rhoda is isolated, introverted, wracked by anxiety and self-doubt. We follow these characters as their lives develop. For me, these characters lived in a children's world all too familiar to all of us but the insights into how characters develop out of the given genetic framework of our personalities and how external and internal worlds collide was a revelation. It's a short read and a moving one.

Bad psychiatry

My fourth book I wouldn't have read at all but for the film. I remember coming out of a cinema in Tottenham Court Road in 1976 after seeing *One Flew Over the Cuckoo's Nest*, protesting crossly that Jack Nicholson's portrayal of a psychiatric patient was unreal and that electroconvulsive therapy (ECT) would never be used as serial punishment in a UK hospital. The very next morning, Radio 4 news reported on the inquiry into the maltreatment of patients at St Augustine's psychiatric hospital near Canterbury.⁷ The casual, indiscriminate use of ECT for both punishment and control was singled out. It wasn't my first exposure to hospital scandals but the simple juxtaposition of seeing the film and then reading the shocking report and then also

reading Ken Kesey's 1962 novel changed forever my complacency about what went on in psychiatric hospitals.⁸ An iconic, classic text on madness and psychiatric institutions in the USA, the novel is narrated by 'Chief' Bromden, an American Indian who is electively mute and hence, staff assume, stupid. Bromden is in reality insightful about the abuses of power around him. Through the characters of Randle McMurphy, a more nuanced character than Nicholson portrayed, and Nurse Mildred Ratched, the passive-aggressive nurse we all fear being assigned to our team, we see how wards are ruled with a rod of iron hidden behind a slyly benevolent manner, which obscures from the doctors what is really happening.

Bad and good institutions

It wasn't long after this in the late 1970s that I went to work with the sociologist George Brown at the Medical Research Council-funded Social Research Unit at Bedford College. It was about that time that I read *Institutionalism and Schizophrenia*⁹ by John Wing and George Brown, one of the few books I have chosen based on research work. Their co-worker Jim Birley, later President of the Royal College of Psychiatrists, made the point (that I noted down at the time) in his acceptance speech of an Honorary Fellowship of the College: 'Most people's careers fly on a wing and a prayer, mine succeeded on a Wing and a Brown'. And I have to admit that my early work did too. Going to work with Brown was one of the turning points of my professional life. I was suddenly surrounded by lefty sociologists steeped in Marxist philosophy and deeply antipathetic to psychiatry, not Brown himself but many of the other faculty were convinced by Szasz and Laing and the wilder shores of anti-psychiatry. But this early work by Wing and Brown showed that some aspects of asylum life were positively dangerous for patients. It is still a valuable basic text. I unwittingly went to work with Brown because he had fallen out with Wing over a fundamental difference of opinion about how to conduct psychiatric epidemiology. I was the substitute in-house pet psychiatrist. Brown was to be rapidly disappointed on realising my pitiful level of experience and research ignorance. Wing started with known psychiatric phenomena and then asked what proportions in the population experienced them. Brown started with the population and asked what they were suffering from. In fact, the ideas of both were always much closer together than either would have admitted then. Wing was generous to me and I found his approach equally attractive to Brown's.

Finding older people

Having immersed myself in a different culture, it was surprisingly hard to feel comfortable returning to a conventional National Health Service (NHS). In *Random Harvest*¹⁰ by James Hilton (a text which rambles on but has a less cloying dose of sentimentality than his other books), a character says, 'Have you ever been going somewhere with a crowd and you're certain it's the wrong road and you tell them, but they won't listen, so you just have to plod along in what you know is the wrong direction till somebody more important gets the same idea?' NHS general psychiatry made me feel like that. I felt I had better move sideways into a speciality that seemed to need enthusiasts, one that could be practised mostly in the community. Geriatric psychiatry offered that and Tom Arie at Goodmayes Hospital pulled me enthusiastically in that direction. There are some wonderful books about suffering the frailties of great old age. My favourite is *The Diaries of Jane Somers*, comprising two short novels and written by Doris Lessing under the pen name of Jane Somers as part of an experiment to see whether her writing could get published without her famous name.¹¹ The stories are written by Jane, a widowed editor of a

glossy London fashion magazine. Jane is in her mid-50s and exudes competence, not only in her job, but in her impeccable appearance, home and relationships. In the first and better story, *The Diary of a Good Neighbour*, Jane helps out Maudie, an elderly woman who she runs into at a pharmacy. She gradually gets drawn into Maudie's life. As Jane gets to know this bitter and fierce old lady, Jane's own life changes as she becomes emotionally tied to Maudie. There is a perfect description of the feebleness and descent into increasing squalor and loss of dignity, with Maudie herself battling against the odds. It is worth reading too for the terrifying picture of the geriatrician on a domiciliary visit; supercilious, not listening, protecting his beds and generally the geriatrician from hell. Worth reading for how not to carry out a home visit.

Community care realities

Another 'how not to' book is my next choice by Hilary Mantel. Her recent scholarly novels about the French Revolution and Thomas Cromwell have overshadowed some of her brilliant early work. *Every Day is Mother's Day*,¹² written in 1985, is a scintillatingly funny satirical novel about a nutty spiritualist, her half-wit daughter and the attempts by beleaguered social care services to manage an impossible situation. A recognisable sort we've all met, the social worker is a plain woman with limited expectations, who is having an affair with an unsatisfactory middle-aged loser; one feels for her plight and that of every social worker carrying society's impossible expectations. Mantel's language and black humour convey so much of what makes community psychiatry such frustrating fun.

Our history

After retiring from psychiatry it was a joy to do a PhD in medical social history with much-missed historian Roy Porter. I thought very hard about whether to choose Porter's massively readable account of 18th century mad-doctoring *Mind Forg'd Manacles*¹³ but in the end chose a book spanning a broader historical canvas that speaks directly to psychiatrists today about their origins – Andrew Scull's *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900*.¹⁴ When I was a trainee, Scull's sociological castigations of historical and current mental health services were perceived as threatening to establishment psychiatry. He profoundly disagreed with the Whiggish 'everything's getting better' philosophy espoused by the social scientist Kathleen Jones and many psychiatrists of that era. When Roy Porter introduced me to Scull, I found him to be an entrancing, learned man of exceptional scholarship, convincingly showing that we were not quite what we thought we were. The breadth of his historical knowledge and understanding remain unbeaten and every psychiatrist should read Scull if they want to understand our speciality.

The impact of mental illness

If I had more than ten choices, I'd add Enoch & Trethowan's *Uncommon Psychiatric Syndromes*,¹⁵ but everyone reads it as the psychiatric equivalent of good short stories. But one of those uncommon syndromes, De Clerambault's syndrome or erotomania, is better described in my next choice, *Enduring Love*,¹⁶ still in my view Ian McEwan's finest novel and the best exposition of the destructive impact of stalking on the victim and his relationships.

Our secret emotional lives

My final two choices are from the USA. John Updike's four Rabbit novels, about an everyday American guy, Harry Angstrom,

a middling man with middling aspirations, mustn't be missed. I would suggest reading all four novels – they're written at intervals a decade apart and reflect the contemporary age they were set in. If I have to choose one, it will be *Rabbit is Rich*,¹⁷ the third in the series. Updike's ability to evoke both the bleakness and comfort of relationships and the internal mental machinations of an everyday man across a vast canvas of American life is unbeatable. For me, discovering Updike was a joy and remains so. He is a master of style and language with an ear for dialogue and silence. Rabbit is everyman.

Race

My final choice is about racial identity, but also crucially about identity and self-reinvention, and a much better book about changing one's identity than Fitzgerald's *The Great Gatsby*.¹⁸ *The Human Stain*¹⁹ by Philip Roth is the third masterpiece in the trilogy following *American Pastoral*²⁰ and *I Married a Communist*,²¹ both of which I could have chosen instead. Each reflects periods of American life in the 20th century. Ostensibly, *The Human Stain* is simply about an East Coast academic who for many years hides his African American origins and the personal and public consequences of that. It's a very American book; we probably pride ourselves in the UK in being less race-obsessed. But it is worth reading to understand how the Zeitgeist of modern Western culture can trigger the personal rejection of racial identity. Psychiatrists need to absorb the pain and anger racial differences cause. Roth is a better read than any policy paper from the Equality and Human Rights Commission.

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