



I'll go, holding your arm,
where you sit I'll sit,
I'll know who I am then
and why I am.

Someone told me the medical term for what I started calling 'talking on and on', when someone seems to have become stuck in repetition. I have transcribed a number of these, and I have been struck by how rhythmic they tend to be, how controlled as to grammar and content. Repetition is an under used poetic form in our culture, and here it is:

She didn't know what to do so she left it,
she never bothered about it so that's all she knew,
she used to say, write for a fifteen,
we used to say give her fifteen and that way all we knew,
fifteen it was all right and they knew,
we used to pull this end, that's all,
that's all we knew, she didn't know so she talked,
so she just denied it, that's all I knew,

This continued with variations for a long time. A therapist I met outside the hospital said she thought in terms of this language being a 'talking in and in'. This is a different spatial notion than 'on and on', and it worries me that it might be taken to mean no one needs to listen: it's an internal monologue and that's all. So I've been wondering about 'talking out and out'. Here's another short extract from someone else:

She's got some tea, has she?
No, she's got no tea at all.
Have you got any tea?
I'm dying for a cup of tea, my mouth's really dry. . . .

What are they playing at this morning?
They don't know, they don't know,
they don't know what they're doing.
Waiting now for each other.
Yes, she's gotta wait now, she's waiting now,
where she went I don't know,
I don't know, terrible, terrible!
She's got to wait now, she's got to wait now,
but you can't find her. Well, I've been
waiting for ages and I've got nobody. . . .
You try that, you try that, try one of them. . . .
That's why she had to get a new pair of socks,
she should have socks. What am I going to do now?
I'm going to the police station.

I have transcribed these as poems, and they make most sense, it seems to me, when transcribed that way. If they make sense at all. That's to say, we might conjecture, if they are asking for a response, if a response is possible. It is a question then whether or not people talking like this should be listened to.

I want to say that if listening goes, *then* meaning goes, if listening goes, poetry is no longer possible. Poetry is essentially a speaking and a hearing. I'm suggesting poetry as in some sense essential, not a luxury, not an add-on, but a way of reminding us to hear truth and beauty in everything that is said, hard though that can seem.

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Are poetry and psychotherapy too 'wet' for serious psychiatrists?†

Not long ago I met for the first time a psychiatrist colleague whose articles I had enjoyed reading. I introduced myself, saying how impressed I was by his account of introducing cognitive–behavioural approaches in a tough inner-city general psychiatry setting. He responded graciously, saying 'Oh, but you're the psychotherapist fellow who writes those nice articles about poetry in the *Bulletin*' (Holmes, 1996). Feeling slightly put down by this male banter, implying that there was something vaguely 'wet' and irrelevant about both poetry and psychotherapy, and keen as always to establish psychotherapy as a vigorous equal player with social and psychical treatment approaches, I was reminded of how easy it is to see psychotherapy as a frivolous luxury when compared with the rock face of general adult psychiatry – and how to view it as 'poetic' might merely reinforce that view. But poetry *can* be extremely tough – Kipling, Graves and Hughes would be obvious 20th century examples – as can psychotherapy, which often outmatches other psychiatric disciplines in the rigour of its research

methods (Roth & Fonagy, 1996) and strictness of its boundaries.

Nevertheless, in considering links between poetry and psychotherapy I run the risk of confirming my new friend's prejudices. In order to confound the idea that psychotherapy and poetry are essentially 'wet' (to use a favourite word from my public school past) I have deliberately chosen to consider a poem by one of these rather 'masculine' poets, Simon Armitage (1992), who spent many years working in a related field to ours, the probation service. See Box 1 for the poem in full.

It is hard to describe why I find this seemingly simple poem so moving. It is essentially an action replay of a tiny yet significant moment in a cricket match. Like an action replay it plays with time, slowing it down to a freeze-frame where the powerful feelings aroused by a batsman's dismissal can be examined and absorbed. The event described takes place in a fraction of a second, yet the tone of the poem is languorous and sleepy – a typical afternoon in early summer, evoking nostalgic memories

†See editorial, pp. 121–122 and pp. 137–138 and pp. 140–143.

**Box 1. The Catch****The Catch**

Forget
the long, smouldering
afternoon. It is

this moment
when the ball scoots
off the edge

of the bat; upwards,
backwards, falling
seemingly

beyond him
yet he reaches
and picks it

out
of its loop
like

an apple
from a branch,
the first of the season.

of childhood, boring or forgettable perhaps, but punctuated by a single moment of beauty and brilliance where ball meets hand. Just as the affiliated sounds – full rhymes, half rhymes, internal and external to the line, assonances – reach out across the spaces between them – scoots/loop, falling/ball, reaches/branch – so the arm finds itself in the right place at the right time – a miracle of skill.

Then suddenly the poem turns on the reader with a striking simile that sends a shimmer back through the poem right up to its title. The hand that grasps the ball is the same hand that picks the apple – the forbidden fruit, the ‘catch’ that has caught mankind, the irresistible desire for knowledge, our undoing, and what makes us human. Not just the batsman but the catcher is ‘out’ too – out of the Garden of Eden, out in the cold. Now we feel that the reflex action of the man in the slips is not so much brilliant as driven by unconscious forces over which he has no control – he cannot *not* catch the ball, even though to do so may be his undoing.

What is poetry doing here that we can learn from, and what is its relevance to psychotherapy? First, like psychotherapy, poetry has the capacity to home in on tiny moments of experience, to amplify them, put them under the microscope and so make them accessible to conscious awareness. Psychotherapy supervision, like this poem, may take a particular moment in a session, either in self-report or audio- or videotape, and subject it to detailed discussion. The minutiae of interpersonal phenomena, the quicksilver of the unconscious that makes us get it ‘right’ or ‘wrong’ time and time again, move as fast as a cricket ball and with equally devastating

or ecstatic results. As psychiatrists we are constantly making interpretations, deciding and acting in ways that deserve this kind of close scrutiny – or being blindly driven by our transference and countertransference. Poetry and psychotherapy can help us slow down and cultivate reflective function, in order to practise our art more truly, safely and deeply.

Second, like psychotherapy, poetry is based on words, but words used in a very special way. For Lacan, the word is the paternal oedipal sword, categorising and separating, and disrupting the primary narcissistic fusion of subject and object, of mother and child. So here’s a paradox: poetry uses words to re-establish that lost pre-verbal unity. Poetry’s means to make those connections are rhyme, rhythm, metre, repetition and above all simile and metaphor, which, in different ways, reach out across the divide between the words, re-establishing connectedness and attachment. This happens at the level of meaning, but also physiologically. Rhyme and rhythm link bodies across the spaces that separate them, evoke the soothing sounds of parents with their infants, and the ‘Mms. . .’; ‘Lllet’s sees. . .’ and metaphors of psychotherapists with their patients. Right brain speaks to right brain in a secure-base inducing attunement where mother/infant, poet/reader and psychotherapist/patient use similar fundamental psychoneurobiological mechanisms (c.f. Holmes, 2001). Armitage’s poem starts at the Oval and ends up beyond Eden: the moment when the pre-verbal oneness of mother and infant comes to an end, the expulsion from the garden; but its sleepy rhythms and half rhymes remind us how things were before we were ensnared by our desires – to win the game, to cause an opponent’s downfall, to revel narcissistically in our skill.

Third, in both poetry and psychotherapy (and cricket) there is a dialectic between form and content – the firm boundaries of the former allow for infinite variety of the latter. Like the all-important psychotherapy ‘setting’ – consistency of place, time, person and technique – poetry creates a structure, a container, a set of rules and parameters that allow feelings to arise spontaneously. The importance of these simple technical devices should not be underestimated. Just as the invention of the stave system of notation ushered in a new era in music, so Freud’s invention of the rules of therapy in the consulting room made it possible to put relationships and emotions under the microscope in ways that were impossible before.

Poetry, like dynamic therapy, is a device for generating ‘emergent meanings’. ‘Difficulty’ seems to be inherent in this process. Unlike prose, where meaning is usually manifest and transparent, we have to struggle to understand a poem with its concentrated latent implications and reverberations. Despite its apparent simplicity, *The Catch* resists total explication; what exactly, for example, is the function of the word ‘forget. . .’ at the start of the poem? How often do we finish a session with a patient and say to ourselves ‘I really didn’t understand what was going on there?’ We have to be able to tolerate the poem’s obscurity, and the consequent feelings of splitting and falling apart of meanings, secure in the



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

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

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

a 'transitional object' (Winnicott, 1971) or a 'poetic third' (Ogden, 1994) arising out of the intersubjectivity of poet and reader, patient and therapist.

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

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PATRICK McGRATH

Problem of drawing from psychiatry for a fiction writer†

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

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

Let me start with *Spider* (see Fig. 1). It was a novel I had begun with a simple premise: a plumber in the East End of London murders his wife, buries her in the potato patch in his allotment and moves a prostitute into the house in her place. Various complications arise, but basically this was a simple sardonic tale about a murdering

plumber, or so I thought. It was when I had settled on the plumber's son as the narrator of the story, who in adulthood remembers those desperately unhappy days of his boyhood, that I came up against the real challenge. It occurred to me that the man remembering the circumstances surrounding the death of his mother was remembering it wrong: his memories were a set of elaborate delusions. Such a possibility was intriguing, but then in answering the questions of *why* and *how* this could have come about, I realised that my narrator had schizophrenia.

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

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