Lives Lived at the Edges

On storytelling that honours the complexity of mental illness and trauma

A thesis submitted in partial fulfilment of the requirements of Bath Spa University for the degree of PhD by Publication

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Ethics, Data and Copyright Statements

This study was approved by the Bath Spa University Ethics Panel (application reference: 091121NF) on 01/12/2022. Should you have any concerns regarding ethical matters relating to this study, please contact the Research Support Office at Bath Spa University (researchsupportoffice@bathspa.ac.uk)

The full underlying dataset is available on request from the author, Nathan Filer. These datasets are not publicly available due to restrictions (e.g. they contain information that could compromise the privacy of research participants).

In memory of James Wooldridge

Contents

Abstract

This PhD by Publication consists of two parts: a selection of my published outputs and this accompanying critical reflection. My published works include my debut novel, *The Shock of the Fall*, my subsequent nonfiction book, *The Heartland: Finding and Losing Schizophrenia* (also published as *This Book Will Change Your Mind About Mental Health*), and my recent podcast series, *Why Do I Feel?*

The critical reflection examines these works in the context of their contribution to contemporary discourse about mental illness and trauma, aspects of human experience that I have sought to better understand throughout my professional career, not only as a writer but as a mental health nurse. It demonstrates how, by working across multiple creative forms, I have been able to advance and deepen my knowledge of this subject and bring meaningful insights into the public domain.

Guiding this inquiry is a question: How can we tell stories that honour the unyielding complexity of mental illness and trauma while remaining alert to the challenges of engaging a general audience?

I address this in two chapters. The first focuses on my fiction and interrogates the creative and ethical choices that shaped my novel. The second considers my nonfiction in prose and audio. Throughout the essay, I draw from seminal works in the field that have informed my writing, present original interview material, and evaluate mental health theory and practice.

Annotated List of Published Outputs

The Shock of the Fall (2013) is a novel about a young man grieving the loss of his brother and his experience with mental health care services for schizophrenia. It won the Costa Book of the Year, the Betty Trask Prize, the National Book Award for Popular Fiction and the Writers' Guild Award for Best First Novel. It has been translated into thirty languages. It is also listed on the CCEA Northern Ireland exam board syllabus and taught at several schools for A-Level English Literature.

The Mind in the Media (2017) is a BBC Radio 4 documentary exploring portrayals of mental illness in fiction and journalism. Shortlisted by the charity Mind for a 'Best Radio Programme' award, it was also a 'Pick of the Week' in *The Times*, *The Radio Times* and *The Guardian* and a 'Must Listen' in *Therapy Today* (the publication for the British Association of Counselling and Psychotherapy).

The Heartland: Finding and Losing Schizophrenia (2019) is a book of essays and nonfiction narratives interrogating the causes and meanings of madness. It was a *Sunday Times* 'Book of the Year' and longlisted for the Rathbones Folio Prize. The charity Rethink Mental Illness named it one of their 'Mental Health Books of the Decade'. It is published in six languages and is on the reading lists for various mental health-related degrees.

Why Do I Feel? (2021) is a five-part Arts Council England-supported podcast exploring emotions through stories, interviews and expert testimony. It charted at No.25 on Apple Podcasts UK (No.5 in the Society & Culture category) and was a *Financial Times* Top 10 podcast of 2021, praised by the newspaper for

‘counterbalancing bleak stories with moments of levity, successfully steering clear of the clichés of most mental health podcasts’. It won second prize at the 2022 Radio Academy ARIAS in the ‘Best Independent Podcast’ category.

In addition to these main outputs, I will draw from a selection of my mental health research, essays and journalism published in the *Guardian*, *Mental Health Practice, Psychology Today* and *Asylum Magazine*.

Introduction
A line at a time

Once, when I was a newly qualified mental health nurse, I said something crass and stupid to a patient. I was working on a ward, providing treatment for adults in acute phases of serious mental illness. On this particular day, I'd been allocated to do the medication round – dishing out powerful psychotropic chemicals to people living in different realities to me. I was still new to the job, not especially confident, and was perhaps overcompensating. There was a patient, a man who I occasionally played pool with in the games room. I'd played him earlier that day and narrowly beaten him. As I handed him his medication, a substance I would soon discover he both feared and reviled, I said, 'It won't make you any better at pool, mind.'

It was intended as a joke. I imagined he would laugh, that we'd laugh together. I thought it would strengthen our rapport. Or else, I simply didn't think. This was the better part of twenty years ago, and the details are hazy, except for his response, which exists to me in the perpetual present. It's easy to read too much into a look – but as he looks at me now, the narrowing of his bloodshot eyes, the slightest, almost imperceptible shake of his head, I know precisely what this look means. It means that I have no idea whatsoever. It means that I simply do not get it.

When he speaks, he removes all doubt.

'Fuck you, Nathan.'

I write, and I burn with shame. I think of the chasm between our respective experiences. And I think about how even if my insensitivity had not so starkly revealed this, it still would have existed. How could it not? I had the keys. I had the drugs. I held the power.

In her book on narrative medicine, Rita Charon reflects on how health professionals and patients can seem to each other like alien planets. 'In the end,' she explains, 'we live with one another as best we can, trying, as health care professionals, to receive what our patients emit and trying, as patients, to convey these all but unutterable thoughts and feelings and fears.'[1]

Doctors and nurses can only get so close; maybe writers can get closer.

For the past ten years, I've published stories about people living at the edges of life – people who have been overwhelmed by grief or trauma and suffered profound mental breakdowns. I've told the stories of their friendships and families and the complex relationships that are invariably part of any such portrait. And I've written about the institutions and services where dramas of madness frequently unfold.

To me, these seemed the most natural and crucial stories to tell. I was still a newly qualified nurse when I began drafting my first novel, *The Shock of the Fall* (nine years before it reached the shelves). And my more recent works of narrative nonfiction, journalism and audio storytelling continue to draw on my formative experiences from that time. My stories ask questions: What does it mean to fall apart? How does someone get to that stage? How is it to love somebody who lives in a different reality? What is madness, if we can call it that? Is our language adequate to describe this experience? Does society respond to it in the right way? And did I personally, when working as a nurse, react in the right way? Did I do more harm than good? Cautiously, with many caveats attached, my stories also seek to answer these questions, or at least to hold the ambiguity in a way intended to bring the audience to a greater emotional understanding.

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[1] Rita Charon, *Narrative Medicine: Honouring the Stories of Illness* (Oxford: Oxford University Press, 2006), p.xiii.

My publications exist in conversation with each other, not only thematically but in the more literal sense that my later works refer directly to previous ones, openly revisiting ideas and advancing my arguments. Of course, that will partly reflect the simple fact that I've been creating this work over several years, during which the mental health landscape has naturally evolved. But that doesn't explain the whole picture. My accumulating contribution to the mental health conversation is, at least partly, a direct result of my working across multiple genres and narrative forms. To quote the novelist, nonfiction writer and broadcaster Rebecca Stott: 'It is only when you've pieced together a story in several different ways that you realise where the holes are, discover the knowledge that is still missing, the questions you still want to ask.'[2] This has certainly been my experience. As each of my publications has led to the next, I've noted the shortcomings of my understanding. I've felt the gaps in my knowledge and emotional awareness and sought to fill these.

This essay's title – 'Lives Lived at the Edges' – is, in part, a response to a paraphrased John Updike quote: *'Life is lived in the middle and literature should be written towards the middle as well.'* This opinion is cited by Leslie Epstein, Director of Creative Writing at Boston University, who cautions his students to avoid writing stories about 'mad people' and others whose experiences have cast them towards the 'extremes' of life.[3]

Epstein is not alone in moving to dissuade would-be authors from writing about such people. In *Solutions for Writers: Practical Craft Techniques for Fiction and Non-fiction*, Sol Stein suggests that 'eccentricity is at the heart of

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[2] This quotation is originally from Stott's novel, *Ghostwalk* (London: W&N, 2008) but she also presents it on her website and elsewhere in the context of her working across multiple narrative forms.

[3] This Leslie Epstein advice is taken from his 'Tips for Writing and Life' document that he circulates to students at Boston University. I was made aware of this cherished tip sheet (known as TIPSY to his students) in the brilliant work of autofiction *Bleaker House* by Nell Stevens (New York: Doubleday, 2017).

strong characterisation'. Amen to that. In fiction, as in life, I am drawn to eccentricity. However, beyond this, our views diverge. Stein continues:

> Eccentric behaviour is sometimes said to be nutty behaviour, implying strange behaviour, which is perfectly suitable for fiction. But "nutty" can also mean crazy, which is not intended here for an important reason. There are two types seldom seen in fiction: people who are psychotic and habitual drunks. Readers find it difficult to engage with their behaviour.[4]

It's easy to create a strawman argument. That's not my intention. I cite Sol Stein because this happened to be the first book on the craft of writing that I read after starting my current job as a Creative Writing tutor and quickly needed material for my lessons. This was also shortly after my novel about a psychotic man became a bestseller, and it occurred to me that if I'd read the advice first, I mightn't have written it.

To be clear, I'm not suggesting there's no wisdom in Leslie Epstein or Sol Stein's guidance. On the contrary, I believe that Epstein gets to the heart of the matter with a qualifying remark: 'If you do write about these kinds of extremes,' he concludes, 'justify doing so by the empathy and freshness of insight you bring to the subject.'[5] The challenge, then, is articulating empathy and insight in a way that moves and persuades the reader. This brings us to my central question:

How can we tell stories that honour the unyielding complexity of mental illness and trauma while remaining alert to the challenges of engaging a general audience?

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[4] Sol Stein, *Solutions for Writers: Practical Craft Techniques for Fiction and Non-fiction.* (London: Souvenir Press, 1998), p.63.
[5] Leslie Epstein.

It's a question that requires a bit of unpacking. At first glance, the meaning of terms such as 'mental illness' or 'trauma' may seem obvious and universally understood. They are not. As I observe in *The Heartland*, 'there is no uncontroversial language when talking about mental illness – and that includes the phrase "mental illness".'[6] Much of the current controversy in the field, especially in the US and UK, relates to differing ideas about whether perceived patterns of distressing thoughts, feelings and behaviours should be viewed through a predominantly biomedical or psychosocial lens. In *The Heartland* and elsewhere across my work, I have examined many scientific, political and historical forces that continue to shape this debate. It is beyond the scope of this essay to rehearse these in detail. However, it is important to emphasise that the real-world consequences of these positions are profound and should not be understated. The dominant paradigm at any given time determines the structure and provision of our mental health services, including decisions around education, therapy, diagnosis, medication and mental health law – which, for better or worse, radically impacts the lives of many of the most vulnerable people in our society.

My own views on these matters were initially determined by my clinical training as a nurse in the early 2000s, during which I was taught various therapeutic skills but never encouraged to question the validity of psychiatric diagnoses or the value of chemical treatment. However, in the subsequent decades, my creative research and practice have introduced me to more critical perspectives and approaches outside the medical model. And, of course, I have been influenced by experiences unrelated to my professional life, such as my relationships with friends and loved ones, and doubtless other forces I am unaware of. As a result, my understanding continues to evolve. In recent years,

[6] This observation, which I make in the opening chapter of *The Heartland* (p.5) has since taken on a small life of its own, recently appearing as an epigraph in the psychologist Lucy Foulkes' book *Losing Our Minds: What Mental Illness Really Is – and What It Isn't* (London: Random House, 2021).

the field of mental health 'has generated contested ideas and beliefs as well as polarisation, bitterness, and intransigence.'[7] My research has positioned me close to this dynamic, as I've engaged with leading proponents from across the spectrum. My efforts to reconcile strongly conflicting views have sometimes left me deeply ambivalent. Although I increasingly settle on 'uncertain'.

In any case, I believe there are lessons to draw from widely differing perspectives, including those we may instinctively wish to reject. It is not the objective of this essay, then, to define 'mental illness' or 'trauma' – or to consciously align their usage with any specific theoretical position. Instead, they will be revisited in different contexts. For now, I simply wish to emphasise that when I write about these matters, I refer to uncertain and contested ideas rather than absolute facts. Finding ways to explore that uncertainty is central to my storytelling.

Mental health disputes are never more fierce than where schizophrenia – the psychiatric diagnosis most explored in my books – is concerned. Indeed, the psychologist and author Dr Jim Geekie makes the intriguing argument that the term 'schizophrenia' is so imbued with controversy that this might be seen as integral to the idea. He suggests it's an example of what the philosopher W.B Gallie described as an *essentially contested concept*, meaning that 'the disagreement surrounding the term is not incidental, accidental or temporary, but is an *essential* aspect of the concept itself'.[8] I included this observation in an early draft introduction to *The Heartland* that my publisher circulated for marketing purposes. But I decided to cut it from the final edition.

Why did I cut it?

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[7] Sarb Bajwa, Niall Boyce and Wendy Burn, 'Researching, practising, and debating mental health care', *The Lancet*, 5:12 (2018), 954. doi.org/10.1016/S2215-0366(18)30438-3

[8] The Jim Geekie argument is taken from his essay 'Listening to the Voices We Hear: Clients' understanding of psychotic experiences'. This is a chapter in *Models of Madness: Psychological, Social and Biological Approaches to Psychosis* (London: Routledge, 2013), edited by John Read and Jacqui Dillon, pp.178–89.

The answer relates to the second part of my research question: How to remain alert to the challenges of engaging a general audience.

By 'general audience', I mean that I am not writing exclusively for people with specialist knowledge or interest in mental health, although naturally, such people form a cohort of my readership. Instead, my work is intended to bring contemporary mental health debates into the mainstream. Achieving this, where I have achieved it, has required me to pay scrupulous attention to my subject matter *and* the experience of an audience who may be entirely new to the conversation. Returning, then, to the example in question – whether to invoke the philosophy of W.B. Gallie as a way of conceptualising schizophrenia – I concluded that this was a step beyond where my readership (at this point, mostly an imagined readership) would be willing to accompany me. The issue wasn't that the argument was more complex than others I share in the book. But rather, I felt that its positioning in the introduction was too much, too soon. I had already introduced several challenging ideas in the opening pages and so feared this would be a tipping point, resulting in overloaded readers placing the book aside, never to return to it. Evidently, that's less of a concern for me here, a point that further illustrates my notion of the 'general audience' in contrast to the intended readership of this essay.

A book left open, spine creased as if suspended in flight, is not – we can probably agree – a book that is *engaging* its reader. Can we infer that the opposite is true? If a reader devours a novel in a single sitting or a podcast listener binges an entire series, does that constitute a meaningful threshold for engagement? Or is something deeper required? To begin answering this, I'll defer to the author, George Saunders. In his book, *A Swim in a Pond in the Rain*, he recounts an anecdote from his writing life. He was on the phone with a fiction editor of *The New Yorker*, enduring what he describes as 'a series of painful edits'. Feeling insecure, he asked his editor what they *liked* about his story. After a long pause, the editor said: 'Well, I read a line. And I like it…

enough to read the next.' For Saunders, this is the perfect way of thinking about fiction. 'A story is a linear-temporal phenomenon,' he writes. 'It proceeds, and charms us (or doesn't), a line at a time. We have to keep being pulled into a story in order for it to do anything to us.'[9]

It is this notion of *doing something to us* that I suspect sits at the heart of true engagement. I keep a folder of a few hundred emails from readers of my two books and various other works. From these messages, I understand that the stories I've told have had a genuine impact on some people's lives – encouraging them to re-engage with estranged loved ones or revisit painful memories and view them differently. I've heard from readers who've felt moved to change how they conduct their healthcare work or have been inspired to write their own stories. On the other hand, I have received correspondence from readers detailing why they dislike my work: it's too critical of biomedical psychiatry or not critical enough. And messages alerting me to some other aspect of the mental health debate that I had failed to consider, for which, I will add, I am grateful. Occasionally, a reader has adopted a more personal tone, accusing me of voyeuristically using encounters with vulnerable people for my gain.

I would argue that all of these positive and critical responses indicate a level of engagement beyond turning pages. As a reader, I know how books can have the power to leave me feeling inspired, enlightened and changed. But not the books that, for whatever reason, lost my attention and so failed to convey their meaning to me, line by line, each 'small structural pulse at a time.'[10] So, yes, engaging an audience – *doing something to them* – can mean more than keeping them turning the pages, loading up the next episode or reaching the end of an article. Yet it probably can't mean less than those things.

As a storyteller, considering ways to keep my imagined audience *with me* is my most stubborn preoccupation.

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[9] George Saunders, *A Swim in a Pond in the Rain* (New York: Random House, 2021), p.11.
[10] George Saunders, p.11.

My essay's central question asks how *can* we tell stories that honour the complexity of mental illness and trauma, not how *must* or *should* we do this. I am influenced by the author, Samantha Harvey, who, in her PhD thesis, adopts similar wording for her question, which asks how a novelist *might* succeed in putting philosophical content into a novel. To borrow from Harvey's justification, all I will attempt here 'are possibilities based largely on my own writing experience and which attempt nothing definitive – a different writer might find a different set of obstacles and solutions depending on his or her ambitions and approach.'[11] Related to this, I ask how can *we* tell these stories (as opposed to *I*), but this is only to acknowledge that my published work draws from a wide field of influence; the 'we' is not intended to be in any way prescriptive.[12]

Finally, as I unpack my question, it is worth pausing on the word 'honour'. I ask, how can we *honour* these stories? It's a term that draws from Rita Charon, mentioned earlier. The subtitle of her book on narrative medicine is 'Honoring the Stories of Illness'. Charon, an American physician and literary scholar, writes that during her medical training, she came to understand that her task was to 'absorb [her] patients' multiple, often contradictory, stories of illness' and 'listen expertly and attentively to extraordinarily complicated narratives'.[13] Elsewhere, she has described this as paying 'exquisite attention' to these narratives and to 'cohere' them.[14] It is with this interpretation that I use the word 'honour'. It reflects my efforts to pay exquisite attention to human

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[11] Samantha Harvey asks, 'How might a novelist succeed in putting philosophical content into a novel?' in the thesis: 'Odd, unnatural activities: The writing of a philosophical novel', (2011), p.94.

[12] I'm persuaded by the essayist Claire Dederer, who argues that 'we' turns up too often in critical writing, stating that *'We* is a way of simultaneously sloughing off personal responsibility and taking on the mantle of easy authority.' *Monsters: A Fan's Dilemma* (New York: Alfred A. Knopf, 2023), p.18.

[13] Rita Charon, *Narrative Medicine*, p.4.

[14] Rita Charon, *TEDx Talk: Honoring the stories of illness* (2011). Available online at https://youtu.be/24kHX2HtU3o

stories of suffering and complex, contradictory ideas. Of course, there will be times when my attention falters. But I hope this essay will reveal my sincerest attempts to engage in rigorous, critical and ethically sound storytelling.

Having cited the work of Rita Charon, it feels important to highlight a difference between our respective positions. Charon is a medical doctor who considers narrative core to her work with patients. It is a clinical practice fortified by patients' stories. In contrast, my efforts to honour mental illness and trauma narratives across my creative works are not part of any clinical intervention. Neither do I necessarily position myself as 'well' or make assumptions about my readers' health or mental well-being. I am fortunate that I have not experienced the sustained intensity of distressing thoughts and feelings that might lead to a diagnosis of schizophrenia. At the same time, I believe that the boundaries between what we might call 'healthy' and 'unhealthy' mindsets are highly porous; there is a psychological fragility to everyone, and many of us will have at least glimpsed the edges of madness at dark moments in our lives, even if we have never received any clinical diagnosis or required specialist care.[15]

So with all of that in mind, I'll restate my central question: How can we tell stories that honour the unyielding complexity of mental illness and trauma while remaining alert to the challenges of engaging a general audience?

This reflective commentary will address this question over two chapters, mirroring different phases of my creative journey.

The first chapter will consider fiction. I will make the case that 'madness' and 'story' are inextricably linked and explore my impulse to write fiction as a vehicle to imaginatively inhabit the experience of psychosis. I will examine my creative choices in *The Shock of the Fall*, drawing on notable works in the genre,

[15] I make a similar argument and expand on its implications in 'Mad Fiction: who has the right to write what?', *Asylum Magazine*, 27:4 (2020), 10-11. Also available online: https://asylummagazine.org/2020/12/mad-fiction-who-has-the-right-to-write-what-by-nathan-filer/

specifically J.D Salinger's *The Catcher in the Rye* and Sylvia Plath's *The Bell Jar*. As a novelist, I naturally enjoyed complete authority over the words I placed on the page, controlling everything from the plot and major themes (as much as any author can consciously control their themes) to the way a secondary character has a nervous habit of sniffing the milk before pouring it in their tea. And yet, my freedom to write whatever I wished may have come at the cost of authenticity. There are conflicts between the demands of writing a satisfying fictional narrative (replete with a neatly conceived beginning, middle and end) and the demands of accurately portraying mental illness in all its messy complexity. I will consider how I sought to reconcile this, acknowledging my compromises. These creative and ethical decisions will be presented in the context of mental health debates around 'recovery' and 'psychological formulation' and an interrogation of the 'trauma plot' in contemporary literature.

The second chapter will turn to narrative nonfiction. I will highlight influential works that have shaped the mental health conversation and consider where *The Heartland: Finding and Losing Schizophrenia* is located in this discourse – in terms of form, style and the parameters of its inquiry. I believe that writing successfully about other people, especially vulnerable people, demands keen self-awareness. With this in mind, I will reflect on how I have used my own 'persona' in nonfiction as an instrument to explore and illuminate my subject. In moving from fiction to nonfiction, I relinquished some degree of my authorial control to my interviewees. But then, a significant part of the creative process involved a series of negotiations, carefully balancing their priorities with my storytelling instincts. In this chapter, I will share original interview material in which I examine these tensions with one of my contributors. Finally, I will turn to my audio storytelling, which represents a further act of my 'stepping aside', creating a platform for contributors to tell their stories directly with minimal mediation from myself. I was arguably more

'interviewer' than 'writer' in this role. But then comes the invisible work that goes into an audio edit, shaping raw material into a story arc, choosing what to keep and cut. That raises questions about who the 'real' storyteller is. I will consider this in the context of my efforts to interview vulnerable people and elevate their voices.

Throughout this inquiry, I will pay close attention to my specific creative decisions, but that is not to suggest that I believe I approached every problem in the best way – or for that matter, the healthiest way.

There is an irony to the fact that my writing about mental health has, on several occasions, taken its toll on mine. I'll quote Flannery O'Connor: 'Writing a novel is a terrible experience, during which the hair often falls out and the teeth decay. I'm always irritated by people who imply that writing fiction is an escape from reality. It is a plunge into reality and it's very shocking to the system.'[16]

In my experience, the same can be true of nonfiction, especially when it involves writing about vulnerable individuals and painful truths. This invites even less escape from reality and a far greater weight of responsibility.

I will consider this personal dimension alongside my various creative choices. In this way, I hope this commentary will be a valuable technical resource for writers interested in contemporary mental health debates – and that it might also provide some comfort and camaraderie for those undertaking projects that raise comparable technical and ethical dilemmas.

[16] This quotation is widely shared online. It's originally from: Flannery O'Connor, *Mystery and Manners: Occasional Prose* (New York: Farrar, Straus, & Giroux, 1970).

One
Fiction

The Imaginary Patient and Diagnosis

'It takes around 30 seconds to diagnose Holden Caulfield,' writes the psychologist Lucy Foulkes. 'Sixty, maybe, if you look at more than one website.

> The unhappy protagonist of *The Catcher in the Rye* has post-traumatic stress disorder (PTSD), brought on by the death of his 13-year-old brother several years before the novel begins. The diagnosis explains a lot: the distressing thoughts, the trouble sleeping, his habit of drinking to numb the pain. Other critics say he might have depression instead, or an anxiety disorder, or maybe all three. The details don't actually matter. One thing is clear: Caulfield is a teenager in need of a diagnosis.[17]

Foulkes is lamenting a recent social trend. Increasingly, she observes, we seem compelled to reduce difficult and distressing human experiences into medical-sounding labels, including, evidently, the experiences of people who don't even exist and so cannot benefit in any way from the exercise. Foulkes doesn't limit her observation to Holden Caulfield. Dorian Gray, King Lear, and even dear Winnie-the-Pooh have been analysed by readers in the context of the disorder they're presumed to have (body dysmorphia, Bipolar and ADHD, respectively). I pause on *The Catcher in the Rye*, though, because of its

[17] Lucy Foulkes, 'Is it your personality or a disorder?', *The Guardian Saturday Supplement*, 16 October 2021, p.77.

influence on my own fiction. In truth, I feel unimaginative when I say that J.D. Salinger's most famous work influenced *The Shock of the Fall*. And yet, I say precisely this whenever I am questioned about their shared themes by A-Level students and teachers from Northern Ireland, where the two books are sometimes taught alongside each other. I'm made nervous by these emails. I've never been a reader who engages with stories through the critical lens of literary theories or comparative studies. So I message back with something vague: How the legacy of *The Catcher in the Rye* is such that even if I hadn't consciously invited aspects of its 'style' into my work, they'd have likely still found their way. My protagonist, Matthew Homes, is part of an established lineage of young, male, disaffected 'outsiders' looking over their shoulder to that most conflicted, irascible, funny, and, ultimately, sensitive of forebearers, Holden Caulfield.

As I think of Holden now, I wonder why anyone would feel a need to reduce him to a psychiatric label. What could that possibly tell us about him that the 220 pages of unfiltered access to his every vibrating thought, feeling and behaviour hasn't already told us?

As Lucy Foulkes concludes: 'Maybe Holden Caulfield does have a mental disorder. He is certainly troubled and needs support. But it takes a whole book – as it should – for us to even begin to understand him.'[18]

Another way of expressing this is that it takes his *story* to understand him. Holden Caulfield, we are led to believe through one or two of his more oblique references, is narrating from within a psychiatric institution. It would have been around 1950, so it's no surprise that he mentions a 'psychoanalyst guy' who keeps asking him questions.[19] Psychiatry at this time – especially in the United States – was still enamoured of psychoanalysis and Sigmund Freud. Holden Caulfield would have been asked a great deal about his life story; his parents

[18] Lucy Foulkes, *The Guardian Saturday Supplement,* p.77.
[19] J.D. Salinger, *The Catcher in the Rye* (London: Penguin Books, 1976 edition), p.220.

and 'lousy childhood' and 'all that David Copperfield kind of crap', as he caustically dismisses it.[20]

We might speculate on what a psychoanalyst would have written in Holden Caulfield's notes. It's safe to assume that he wouldn't have ascribed his patient's behaviour to any of the disorders that readers like to diagnose him with today. The reason: they didn't exist yet. The first edition of the Diagnostic and Statistical Manual, often abbreviated to DSM and commonly – if increasingly with a tone of sarcasm – referred to as 'psychiatry's bible', wasn't published until 1952.

The DSM was an attempt by the *American Psychiatric Association* to create a comprehensive guidebook for mental disorders – to improve the discipline's woeful reputation for diagnostic reliability. Psychiatrists at this time could seldom agree on what was wrong with their patients.[21] It's widely acknowledged that this first attempt failed in its objectives, as did the DSM-II, published in 1968. In both editions, the descriptions of each mental disorder were rather vague and brief, rendering them of little practical value to clinicians. Notwithstanding that, they serve as valuable artefacts, offering a glimpse into prevailing attitudes about 'mental illness' at the time. The disorders, as listed in the first DSM, were considered to be 'reactions to events occurring in an individual's environment.'[22] The same thinking informed DSM-II, where 'depressive neuroses', to take a commonly cited example, is described as '*an excessive reaction of depression due to an internal conflict or to an identifiable event such as the loss of a love object or cherished possession*'.[23]

Putting aside that this description lacks scientific validity, there is, we

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[20] J.D. Salinger, p.5.
[21] I explore issues around psychiatric diagnostics in greater depth in *The Heartland*, pp. 81-98. See also: Aboraya A, Rankin E, France C, El-Missiry A, John C, 'The Reliability of Psychiatric Diagnosis Revisited: The Clinician's Guide to Improve the Reliability of Psychiatric Diagnosis' *Psychiatry (Edgmont),* 3:1 (2006), 41-50.
[22] Caleb Lack, 'Abnormal Psychology: The History of Mental Disorders', available at: https://www.coursehero.com/study-guides/abnormalpsychology/history-of-the-dsm/
[23] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 2nd edition (1968), p.40.

might agree, something pleasingly literary about it.

Internal conflicts! The identifiable event! Loss of love objects and cherished possessions! It's a miniature novel in itself!

Four decades later, when Matthew Homes is first detained in a psychiatric ward in *The Shock of the Fall*, the theoretical landscape is utterly transformed. Moreover, the language of psychiatry has been severed from the language of storytelling.

We can pinpoint this change to the publication of the DSM-III in 1980. That was the moment psychiatry officially reinvented itself as a biomedical discipline. Gone was 'depressive neuroses' with its implied narrative backstory. Instead, 'major depression' had a definition that ran to several pages replete with checklists of discrete symptoms, including dysphoric mood, insomnia, loss of appetite, suicidality, etc.[24]

Crucially, the emphasis had shifted away from the 'identifiable event'.

The implication inherent to this new model of psychiatry was that what we call 'mental illness' begins and ends in the brain. That was especially deemed to be true for the most severe psychotic disorders.

I have written elsewhere about the social and political forces behind these changes – some laudable, others deeply problematic. And I've added my voice to criticisms of the increased medicalisation of distress. I am persuaded that there are fundamental flaws in the science behind psychiatry's current system of categorical diagnostics. In the words of Dr Steven Hyman, a former director of the National Institute of Mental Health in the US, the DSM is 'an absolute scientific nightmare'.[25] However, that is not to say the various diagnoses contained within it have no benefits for some people. As Lucy Foulkes acknowledges, a diagnosis can 'represent a recognition of the pain we have been

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[24] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition (1980), pp.213-15.

[25] Hyman is quoted in: Pam Belluck and Benedict Carey, 'Psychiatry's Guide Is Out of Touch With Science, Experts Say', *New York Times*, 6 May 2013.

suffering and signal to others that we need more help. When it comes to psychiatric or neurodevelopmental diagnoses in particular, a label can be – if you're lucky – a ticket to accessing treatment and support.'[26] It's beyond the scope of this commentary to devote too much more time to these arguments. However, I've highlighted psychiatry's wholesale shift to the biomedical framework to present a picture of the mental health landscape when *The Shock of the Fall* is set (the novel covers a period from the early 1990s to 2010). And also to help me remember the environment I was working in when I began writing it.

In acute psychiatric wards at this time, there was little attention given to the role that social and environmental factors might have in causing or sustaining serious mental illness, a line of inquiry that leading researchers had virtually abandoned through the 1980s and 90s.[27] That is now gradually being addressed by some NHS services, and in recent years there has been a move towards a more trauma-informed approach, emphasising social factors. That being said, psychiatry vastly proceeds in acute and secure hospital settings according to a biomedical model. As I've cited elsewhere, most people using psychiatric services are still not asked about potentially traumatic events from childhood, such as abuse and neglect, and men diagnosed with psychotic disorders, including schizophrenia, are the least likely to be asked.[28] That is all the more problematic given the strong correlation between traumatic early life experiences and mental illness: one review found that between half and three-quarters of psychiatric inpatients had suffered some form of abuse as

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[26] Lucy Foulkes, *The Guardian Saturday Supplement*, p.77.
[27] Robin M. Murray, 'Mistakes I Have Made in My Research Career', *Schizophrenia Bulletin*, 43:2 (2017), 253–256. doi: 10.1093/schbul/sbw165
[28] I make this observation on p.134 of *The Heartland*. The original research paper: Read, J, Harper, D, Tucker, I, and Kennedy, A, 'Do Adult Mental Health Services Identify Child Abuse and Neglect? A Systematic Review', *International Journal of Mental Health Nursing,* 27 (2018), 7-19. doi:10.1111/inm.12369

children.[29]

Other social risk factors such as people's experiences of poverty, isolation, migration, racism and bullying were similarly ignored by leading schizophrenia researchers – and by extension, clinicians – for decades.[30] And they were virtually never discussed when I first started working in hospitals.

It is also the case that modern psychiatry is considerably more interested in the presence or absence of psychotic symptoms than in their *content*. That is especially true where 'delusions' are concerned, often seen as the archetypal characteristic of madness. It's a source of regret for some in the profession. 'Delusions, like all thoughts produced by the mind, have meaning,' writes Joel Gold, Clinical Associate Professor of Psychiatry. 'Yet psychiatry today is not inclined to this view, has no interest in why different brains choose different delusions, and is simply interested in eradicating the psychotic symptom'.[31]

Delusional beliefs, almost by definition, are a story.

They will typically revolve around conspiracies, subterfuge and perilously high stakes. The first known 'case study' of a delusional patient describes James Tilly Matthews (1770 - 1815), a financially ruined tea merchant who believed himself at the centre of a terrifying conspiracy involving the Prime Minister of England, the Duke of York, the king of Prussia and a supporting cast of fully-realized imaginary villains with impressively creative names: 'Bill the King', 'Sir Archy', 'the Glove Woman' and 'Jack the Schoolmaster'.[32]

Reviewing this case in his book, *The Storytelling Animal*, the literature and evolution scholar Jonathan Gottschall observes that James Tilly Matthews' delusional creations had 'all the quirks and tics that turn flat characters round'.

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[29] Again, I discuss the implications of this in greater detail in *The Heartland.* The original source: Read, J., et al., 'Child Maltreatment and Psychosis: A Return to a Genuinely Integrated Bio-psych-social Model', *Clinical Schizophrenia and Related Psychoses*, 2:3 (2008), 235-54.
[30] Robin M. Murray.
[31] I include a detailed analysis of Joel Gold's work in *The Heartland* pp 178-186. This quotation is taken from his work: *Suspicious Minds: How Culture Shapes Madness* by Joel Gold and Ian Gold (New York: Free Press, 2014), p.228.
[32] The full case study is described in *Illustrations of Madness* by John Haslam (1810).

He goes on: 'When Matthews was about thirty years old his brain decided, without his permission, to create an intricate fiction, and Matthews spent the rest of his life living inside'.[33]

So we might begin to see that madness and stories are inextricably linked. There is usually a story, a comprehensible narrative – with its biological, psychological and social subplots – that can help make sense of why a person becomes mentally unwell. And for people who lose touch with reality and become psychotic, their distress often literally expresses itself *as a story*.

And yet, patient stories (at least, of the more exploratory variety for the most poorly people) were out of fashion and favour by the time Matthew Homes was admitted for his first stretch on a psychiatric ward – which coincided with my time working on one as a nurse.

I suppose, in a sense, that is how we 'met'.

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It was around 2004, the final year of my nursing degree, and I was on clinical placement. The ward was challenging to say the least – lots of extremely unwell people, not nearly enough staff or resources.

As a student, I was technically supernumerary, but it never felt that way, and besides, if I was there, I wanted to be fully involved.

However, there was one nursing intervention that trainees were never allowed to participate in, for which I was grateful. Control and Restraint: physically holding people down and medicating them against their will. There had been a few instances recently. I'd observed them from the sidelines, feeling weird and conflicted. That must have been on my mind as I walked home from a late shift. Whatever the weather, I always preferred to walk home – a bit of quiet

[33] Jonathan Gottschall, *The Storytelling Animal: How Stories Make Us Human* (Boston: First Mariner Books, 2013), p.91.

time to process what I'd learned and decompress.

So I'm walking home, knackered. It's dark and cold. I'm leaning into the wind, hands pushed deep into my pockets. When from nowhere, a couple of sentences are circling in my head. Well, no, that's not strictly true. They're not exactly *inside* my head. I'm muttering them out loud beneath my breath.

'I had no intention of putting up a fight, but these guys weren't to know that. And nobody was taking any chances.'

That's what I was saying.

Over and over.

'I had no intention of putting up a fight, but these guys weren't to know that. And nobody was taking any chances.'

I didn't know that I had started writing my novel yet. But when I got home, I turned on my computer and quickly typed the sentences out. I then wrote, rewrote and tweaked a scene depicting a Control and Restraint incident. I wrote this from the patient's perspective, the person who was being restrained. I have never been restrained and drugged against my will, so I don't know how close I got to capturing that sensation, but clearly, some part of me wanted to imagine what it might feel like – in the first person.

I drew on my limited experience as a student nurse to get the setting right, the terminology spoken in hushed tones by the nurses, an incongruous calm.

I spent an hour or so writing and carefully editing that scene.

Then I deleted it.

I do a lot of my writing with the delete key. The scene never made it into *The Shock of the Fall*. And yet, by the time I switched off my computer, I could see him. I gave him his name straight away.

Matthew Homes, nineteen years old, a chipped front tooth, a tentative diagnosis of schizophrenia – and a dead brother who refuses to stay dead.

It was a start.

There would be no guessing game required for readers wishing to diagnose my protagonist. It may be symptomatic of the time, or my medical outlook as a trainee nurse, that I had his diagnosis in mind from the very beginning. I knew that I would write a character exhibiting some of the thoughts, feelings, and behaviours we frequently call 'schizophrenia'. And yet, just as Holden Caulfield seems to buck against the idea of a neatly presented 'inciting event', I anticipated that Matthew Homes would reject the neatness of his label or any perception that this diagnosis might somehow be enough to contain his experience. In other words: I knew it would take me a whole book to understand him.

The Imaginary 'I' and 'You'

So far in this chapter, we have seen how psychiatry's ideological adherence to the 'biomedical model' since the publication of DSM-III downgraded the perceived significance of patients' stories in favour of 'diagnosis' and the eradication of 'symptoms'.

We've also considered what may be a cultural repercussion of this: the desire of many modern readers to 'make sense' of the psychological complexities of fictional characters by deciding what disorder they must have. It's a harmless exercise where Holden Caulfield and Winnie the Pooh are concerned, but possibly less so if we turn to our friends, family and colleagues with the same mindset. 'This classification habit comes at a cost,' argues Lucy Foulkes. '[It's] about what we lose when we reduce ourselves to something too simple – often to a single word. When you use a label to describe someone, and that includes yourself, you can turn a multi-faceted, endlessly complicated character into a flat stereotype.'[34]

[34] Lucy Foulkes, *The Guardian Saturday Supplement*, p.77.

The problem isn't necessarily that categorical psychiatric diagnoses exist. There are advantages to classification. Receiving a mental health diagnosis, however unscientific it might be, can be a source of genuine comfort.[35] A diagnosis can help people in distress, and their loved ones, to know that they are not alone. And it can open doors to treatment and support. However, a problem occurs when these labels are prioritised until they become all we can see at the expense of other narratives.

It will be no surprise that diagnosis is prioritised in acute psychiatric units. During patient handovers, ward rounds, and other staff meetings, a patient's diagnosis is typically the first piece of information shared about them after their name and status under the Mental Health Act. There is a good, practical reason for this. A diagnosis is an effective shorthand. For example, suppose I'm told that a patient has 'bipolar' and is currently 'hypomanic'. Immediately, I have a reasonable, if simplified, idea of how they might be 'presenting'. However, this convenience simultaneously invites a profoundly dehumanising outcome for some diagnoses. As a nurse, I noticed this most starkly whenever 'Borderline Personality Disorder' (or BPD) was mooted. Arguably more so than any other diagnosis, BPD obscures and stigmatises the person in distress. To put it plainly, patients carrying this label elicit less sympathy than those with other diagnoses and, occasionally, barely disguised hostility.

I found this observation so troubling that I conducted and published a literature review investigating nurse attitudes towards the diagnosis.[36] My findings helped me to understand the phenomenon and to challenge some of my

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[35] It is now widely accepted by the mental health research community that categorical psychiatric diagnoses lack scientific validity. Professor Sir Robin Murray, the UK's leading schizophrenia researcher, told me in a candid interview in 2018 that he doesn't believe the subject of his life's work exists as a 'discrete entity'. Elsewhere, he has written: 'The syndrome is already beginning to break down, for example into those cases caused by copy number variations, drug abuse, social adversity, etc. Presumably this process will accelerate and the term schizophrenia will be confined to history, like "dropsy"'. (Robin M. Murray, p.256.)

[36] Nathan Filer, 'Borderline Personality Disorder: attitudes of mental health nurses', *Mental Health Practice*, 9:2 (2005), 34-36.

own negative feelings inspired by the label. I will leave it to readers of this thesis to visit that paper if they so wish. I mention it now because it raises a question about my first and perhaps most significant creative decision: *why fiction?*

I worked on a real ward with real people. I knew how to read and interpret primary research. I used this method to unpack a complicated interpersonal dynamic I had observed within my practice. Why not simply do more of that? Why bother with make-believe?

It isn't easy to fully recall this impulse to write fiction so many years later. However, I believe my motivation was at least partly grounded in something I've already briefly touched on. I wanted to write in the *first person*; to imaginatively 'inhabit' an experience of psychosis rather than 'observe' it from the outside. This exercise was as much to do with trying to expand my own understanding as it was to illuminate the subject for potential readers. When writing an uncommissioned first novel, there is no way of knowing that it will ever be published, so it's a good idea, I think, for the process to be of some value in and of itself.

Novels invite empathy. Lynn Hunt, the Eugen Weber Professor of modern European history at the University of California, has written extensively around this observation and goes so far as to argue that novels played 'a key role in the emergence of the concept of human rights in the 18th Century'. The novel helped to popularise the view that all people 'are fundamentally similar because of their inner psychic processes'.[37] Hunt describes the empathy that can be awoken by reading a novel. However, I would add that this also occurs when writing one – and perhaps with greater intensity when writing in the first person. I have commented elsewhere that 'the creative act of imagining the life of Mathew Homes felt akin to an extended and deeply meditative exercise in

[37] These quotations are taken from Hunt's lecture 'Human Rights: A Novel Idea?' as described in an online article by John Sanford for Stanford News. Available at: https://news.stanford.edu/news/2002/april17/hunt-417.html

empathy'.[38] My writing process often felt like a kind of 'role-play', a sensation doubtless sustained by the central conceit that Matthew is sitting at a computer and physically typing out his story. I watched my fingers moving across my keyboard and saw his fingers, his bitten nails and tobacco-stained knuckles. I got to know my protagonist by spending half of my waking life being him.

I am not alone in using the imaginary first person to wrestle with complex questions about the experience of psychosis and to reflect on aspects of healthcare practice. A recent example is found in *Connections: The New Science of Emotion* by Karl Deisseroth, a professor of Bioengineering and of Psychiatry and Behavioural Sciences. This book is not a novel. It sits somewhere between a memoir and a collection of narrative essays. Still, it employs fiction, telling stories from the imagined point of view of patients experiencing psychosis. Deisseroth explains:

> Where another person's inner depths – their thoughts or feelings or memories – are depicted in this way the text reflects neither science nor medicine, but only a reaching out of my own imagination, with care and respect and humility, to create a conversation with voices I have never heard, but only sensed in echoes. The challenge of trying to perceive, and experience, unconventional realities from the patient's perspective is the heart of psychiatry, working through the distortions of both observer and observed.[39]

The first-person narrative of *The Shock of the Fall* seemed the ideal creative form through which to try to deconstruct this binary notion of 'observer' and

[38] Nathan Filer, *Asylum Magazine*, p.11.
[39] Karl Deisseroth, *Connections: The New Science of Emotion* (London: Penguin, 2021), p.4.

'observed' – or to use the terms favoured by many mental health campaigners: 'us' and 'them'.[40]

As I reflect on this now, however, it occurs to me that I may have been the primary beneficiary of the process. As the author, I was able to inhabit my protagonist's experience (to try on the imaginary 'I' through an immersive acting exercise), but where does that leave the reader? Consider this paragraph from page 5:

> I'll tell you what happened because it will be a good way to introduce my brother. His name's Simon. I think you're going to like him. I really do. But in a couple of pages he'll be dead. And he was never the same after that.[41]

We clearly see the use of the first person, but I am also employing a second-person address: 'I'll tell *you* what happened … I think *you're* going to like him'. Does this not implicitly force the reader into the position of 'observer' and so sustain the us/them dichotomy?

Well, yes and no.

'What is crucial about second person narrative,' writes Tracy Brain, professor of Creative Writing and English Literature at Bath Spa University, 'is that it establishes a relationship between the speaking 'I' and the 'you' who is being addressed. At the same time, it cements a bond between these 'I' and 'you' persona and the reader, who is made to occupy both of these positions at once. That is to say, the reader is simultaneously located as the person speaking and the person spoken to.'[42]

Tracy Brain makes this observation in the context of the works of Sylvia

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[40] For example, the 'Only Us' campaign from Talk for Health: https://talkforhealth.co.uk/the-only-us-campaign/

[41] Nathan Filer, *The Shock of the Fall* (London: HarperFiction, 2013), p.5.

[42] Tracy Brain, 'Sylvia Plath and You', in *Sylvia Plath in Context*, ed. by Tracy Brain (Cambridge: Cambridge University Press, 2019), pp.84-93 (p.84).

Plath, which brings us to *The Bell Jar*. If, as I have suggested, Matthew Homes is a literary descendent of Holden Caulfield, then he also shares a lineage with Holden's iconic contemporary, Esther Greenwood. Set in the summer of 1953 ('the summer they electrocuted the Rosenbergs…'[43]), Sylvia Plath's roman à clef protagonist is an embodiment of internal conflict and the novel devotes far more of its narrative to depicting the psychiatric landscape than *The Catcher in the Rye* attempts. Esther describes in detail her time in hospital and the treatments she receives. It is among the first notable works of fiction that deal explicitly with mental illness in the post-DSM era. It also skilfully deploys an 'intermittent, flexible second person' to 'establish the reader's close relationship with the speaking 'I', and their shared positioning.'[44] Esther Greenwood shifts between the first and second person throughout the narrative, challenging the reader to associate themselves directly with some of her most distressing thoughts and preoccupations. For example, Tracy Brain highlights a passage in which Esther is wrestling with feelings of suicidality: 'The trouble about jumping was that if you didn't pick the right number of storeys, you might still be alive when you hit bottom. I thought seven storeys must be a safe distance.'[45] Here, Esther co-opts the reader for the moment of impact. There is no escape. We're to countenance with her the agony of hitting the ground alive.

Of course, it can be easy to read more into a sentence than the author intended. As Brain acknowledges, the second person direct address in *The Bell Jar* may be principally born of the author's desire to give the effect of informal, spoken language.[46] This interpretation may be doubly true of *The Catcher in the Rye,* in which the conversational style even evokes a kind of 'turn taking', as though the narrator and reader are sharing the same physical space and time. Consider, for instance, these lines from its opening paragraph as Holden

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[43] Sylvia Plath, *The Bell Jar* (London: Faber, 2019 edition), p.1.
[44] Tracy Brain, p.91.
[45] Sylvia Plath, p.131.
[46] Tracy Brain cites Joshua Parker's observation that 'the "you"-designated protagonist in a text often seems to develop out of an author's desire to give an effect of spoken word'.

Caulfield describes his parents:

> They're quite touchy about anything like that, especially my father. They're *nice* and all – I'm not saying that – but they're also touchy as hell.[47]

The writing and teaching scholar Miles Myers notes: 'The "I'm not saying that" seems to mean "I'm not saying what you (the reader) are thinking or saying – that is, that my parents may not be nice." Thus, the narrator suggests that the reader is a participant who has taken a kind of half-turn, paraphrasing the narrator's comments in some way.'[48]

It is this intimate, participatory connection with the reader that I wanted to create in *The Shock of the Fall*. My efforts to achieve this can be seen in 'MAKE YOURSELF AT HOME' (pages 101 - 177). This chapter, which is the longest in the novel, captures Matthew Homes having a mental breakdown in real-time while he ostensibly recounts a previous mental breakdown. At the start of the chapter, we learn that he has disengaged from mental health services and retreated to his home.[49] 'I didn't tell you where I live yet,' he begins. 'It probably doesn't matter, but I'll tell you now, because then you can have some pictures in your mind as you read. Reading is a bit like hallucinating.

Hallucinate this:

> An ash grey sky over a block of council flats, painted

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[47] J.D. Salinger, p.5.
[48] Miles A. Myers, 'Fictional Narrative as Speech Event', *Educational Resources Information Centre*, (1982), 1-153 (p.20).
[49] As I got to know Matthew Homes, it became clear to me that he would inevitably withdraw from psychiatric services at some point. This presented me with a technical problem. As I have said previously, a central conceit of the work is that Matthew is physically typing out his story at a computer. Early in the novel, it's made clear that this computer is located at the Mental Health Day Hospital that Matthew's obliged to attend. So when he absconds, he has no way to keep writing. My solution: In a scene, that remains one of my favourites, Matthew is given a typewriter by his grandmother. Freedom!

> jaundice yellow. I'll buzz you up. It's the sixth floor, No. 607. Come in. The narrow, dim-lit hall is cluttered with pairs of old trainers, empty Coke and Dr Pepper bottles, takeaway menus, and free newspapers.
>
> To your left is the kitchen, sorry about the mess. The kettle's billowing steam onto the peeling lime green wallpaper. There is an ashtray by the window, and if you open those blinds you can spy on half of Bristol.
>
> It can spy on you too.[50]

In this passage, I'm attempting to locate the imaginary 'I' and 'you' in a shared physical and psychological space, inviting the reader to participate in Matthew's creeping paranoia.

The reader will briefly glimpse something untoward in the corner of the room, which Matthew later refers back to in a more challenging tone:

> You saw it in the corner, and stretching across the far wall.
> Were you too polite to say anything, to ask any questions?
> The sprawling tubes and dirt-encrusted jars.
>
> Strange, isn't it?[51]

Here, the distance between the narrator and the reader is re-established. It's a push-pull dynamic.

Later, the reader may be surprised to discover how elusive Matthew remains.

> You don't think I'm really called Matthew Homes, do you?

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[50] Nathan Filer, *The Shock of the Fall,* p.101.
[51] Nathan Filer, *The Shock of the Fall,* p.149.

> You don't think I'd just give away my whole life to a stranger?
>
> Come on.[52]

This too echoes *The Catcher in the Rye,* where the reader is initially positioned as 'a kind of interrogating enemy who will not prevail against the narrator and is kept at a distance from him.'[53] That being said, in *The Catcher in the Rye* and *The Bell Jar,* the second-person 'you' is most often simply a colloquial stand-in for 'one', achieving the conversational style that their authors epitomised. From the above extracts of *The Shock of the Fall*, it will be apparent that although I sought to emulate this style, my imaginary 'you' is seldom a substitute for 'one'. To remove any doubt, consider:

> You've probably never met my granddad. (p.14)

> I don't know if you watch Eastenders, or even if you do, I don't suppose you'll remember an episode from so long ago. (p.17)

> Do you know what I mean? I don't know if I'm explaining it very well. (p.30)

Matthew Homes (or whatever his real name is) isn't talking to an abstract, impersonal pronoun. He's talking to, well… *you!*

And yet, you remain out of reach to him. He can't be sure who you've met, what you know, whether you truly understand him. I think again of Rita Charon's observation that I touched on in this essay's introduction: how

[52] Nathan Filer, *The Shock of the Fall,* p.274.
[53] Tracy Brain, p.91.

healthcare workers and patients can seem to each other like alien planets, 'aware of one another's trajectories only by traces of stray light and strange matter.'[54] Was I unconsciously recreating this dynamic between my troubled protagonist and his imagined reader?

It's possible. In any case, we have come full circle. Though Matthew differentiates himself and the reader, they can still occupy both positions, as Tracy Brain argued. Rita Charon makes a similar point by citing Georges Poulet's claim that 'the extraordinary fact in the case of a book is the falling away of the barriers between you and it. You are inside it; it is inside you; there is no longer either outside or inside.'[55]

In his last direct address, Matthew Homes quietly acknowledges that a shared understanding with the reader has been achieved. 'You know what I'm like,' he concludes, making a fleeting reference to a vaguely suspicious thought he's just entertained, requiring no further explanation.[56] Ultimately, Matthew Homes feels *seen* by the reader. He feels understood by his ever-present confidant, who has shared many of his most intimate vulnerabilities with. Naturally, I hope readers of the novel – especially those with personal experiences that reflect Matthew's – will share this feeling of being seen and understood. Where I have achieved this, my decision to write a first-person narrator who addresses the reader directly is likely to have played a part. The sustained interaction between the imaginary 'I' and 'You' invites the reader to explore the inner psychic processes of another, to exist for a while as more than one person – and to emerge, finally, changed.

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[54] Rita Charon, *Narrative Medicine*, p.xii.
[55] Rita Charon, *Narrative Medicine*, p.108 cites Georges Poulet, 'Criticism and the Experience of Interiority'.
[56] Nathan Filer, *The Shock of the Fall,* p.306.

The Imaginary Trauma and Recovery

In an interview with me, the psychologist and author Dr Lucy Johnstone described *The Shock of the Fall* as being not dissimilar to a 'formulation' for Matthew Homes.[57] She was referring to a therapeutic intervention frequently employed by clinical psychologists. Written in a joint effort with the patient, a formulation is a carefully structured story. It summarises the patient's difficulties in a way that explains why they might be happening, making sense of them. And it will acknowledge their strengths and resources. Developing this kind of account is helpful for many patients, and some practitioners advocate for it to be used instead of diagnosis.[58]

If we can briefly overlook the fact that novelists are responsible for creating their protagonist's suffering (lousy form in a psychologist), then Lucy Johnstone's interpretation of my novel as 'formulation' offers up a surprisingly robust framework through which to examine fiction. Consider, for instance, this description of formulation from the *British Psychological Society*:

> Working on a formulation is like two people putting together a jigsaw. The pieces of the "jigsaw" are pieces of

[57] I first interviewed Dr Lucy Johnstone in February 2018 as part of my research for *The Heartland*. In that book, I present her suggestion that psychiatric diagnoses should be abandoned as a 'radical'. It is fair to say that her views sit outside of the mainstream, which is why I was keen to interview her. Similarly, I interviewed Dr Joanna Moncrieff who I knew to be highly critical of psychiatric medication. I wanted to present these views alongside those of leading researchers in neuropsychiatry and genetics to capture a wide range of perspectives.

In a recent email exchange, I asked Johnstone if she personally considers her views to be radical. She replied: 'In the current context where the dominant medical perspective still holds, my position, and that of a growing number of others, is seen as radical. I do, however, believe that we are seeing the painful and fractious crumbling of an entire paradigm; dissenters' views are actually common sense and evidence-based, and will one day be accepted as such.'

The quotations from Johnstone in this essay are taken from our initial meeting and subsequent email exchanges in 2022 and 2023.

[58] Again, we might ask what a diagnosis adds to such a story if it's already detailed enough to paint a full picture of what is going on for the person, and signposts the right support.

information such as:

- How you feel at the moment;
- What's going on in your life now;
- When the difficulties or distress started;
- Key experiences and relationships in your life;
- What these experiences and relationships mean to you.[59]

I would argue that these are precisely the questions that virtually every novelist must ask when developing their characters and plot, and certainly authors of 'psychological fiction'.[60] That being said, *The Shock of the Fall* can be seen to mirror formulation in a more specific way that is not quite so ubiquitous. Namely, for Matthew Homes, the very process of reflecting on and sharing his story is integral to his recovery.

Novels tell stories of change. According to the author, Will Storr, this change will often involve a protagonist identifying and accepting their flaws. 'Changing who we are,' he writes, 'means breaking down the very structure of our reality before rebuilding it in a new and improved form. This is not easy. It's painful and disturbing. We'll often fight with all we have to resist this kind of profound change. This is why we call those who manage it "heroes"'.[61]

Matthew Homes and a hundred thousand other fictional protagonists represent this kind of hero. But again, where *The Shock of the Fall* can be seen to mirror formulation more closely is that it isn't only the events detailed *within the story* that culminates in Matthew's profound change. Rather, the therapeutic process of him *telling the story* enables this. Simon

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[59] British Psychological Society, 'Working with a Psychologist: Understanding formulation' (BPS, 2019).
[60] The Wikipedia page for *The Shock of the Fall* informs me that it is 'psychological fiction', defined by the site as 'a narrative genre that emphasizes interior characterization and motivation to explore the spiritual, emotional, and mental lives of the characters.'
[61] Will Storr, *The Science of Storytelling* (London: HarperCollins, 2019), p.63.

McCarthy-Jones, associate professor of Clinical Psychology and Neuropsychology at Trinity College, Dublin, acknowledges this point in an analysis of the novel. 'We bury our dead six feet down, but memories inflated with guilt rise irresistibly,' he writes. 'They bob against the surface of our mind. They will not be pushed down. They must be let go. This is what Matthew Homes [...] is trying to do by telling his story."[62] Or, as Matthew articulates it himself: 'We place memories on pieces of paper to know they will always exist. But this story has never been a keepsake – it's finding a way to let go.'[63]

Another way of thinking about this is that Matthew is engaged in a 'meaning-making' exercise. Lucy Johnstone observes, 'The book is essentially concerned with showing that Matthew's experiences are meaningful in the context of his life – the opposite of the pseudo-medical diagnostic process of attributing them to "schizophrenia".'[64] So it will be clear enough to see why *The Shock of the Fall* might be interpreted as a fictional equivalent of a psychological formulation, at least by a psychologist.[65] The construction of stories to make sense of our lives is, according to a key text on formulation, a fundamental characteristic of human nature that's 'essential for psychological survival, enabling us to arrive at a coherent sense of identity through providing a vehicle by which we can understand the past, explain the present and prepare for the future.'[66] In this respect, Johnstone argues, 'it is not surprising if we can find examples of what could loosely be called "formulations" in all aspects of our daily lives [...] and anywhere that is concerned with exploring what it is to be human such as novels.'[67]

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[62] Simon McCarthy-Jones, 'The shock of the fall', *Psychosis* 10.3 (2018), 237 (p.237).
[63] Nathan Filer, *The Shock of the Fall,* pp.306-307.
[64] Lucy Johnstone, 2022.
[65] It's important to acknowledge that formulation technically refers only to a specific collaborative process between a clinician and a patient, which Matthew is not offered – reflecting the mental healthcare landscape during the period the novel is set.
[66] Sarah Corrie and David A Lane, *Constructing Stories, Telling Tales A Guide to Formulation in Applied Psychology* (London: Routledge, 2010), pp.106-107.
[67] Lucy Johnstone and Rudi Dallos, *Formulation in Psychology and Psychotherapy: Making sense of people's problems* (London: Routledge, 2014), p.281.

Whatever way we choose to frame Matthew Homes's 'meaning-making' in *The Shock of the Fall,* it is clear that he's processing 'trauma'. This notion sits at the heart of formulation and most other psychological interventions. Simon McCarthy-Jones recognises this central aspect of the novel: 'It vividly shows how guilt in the wake of a trauma can seed psychosis and, by doing so, it destigmatizes "schizophrenia" by making it understandable.'[68]

Though relatively few novels explicitly seek to portray psychosis or schizophrenia, I am far from alone in using fiction to consider the aftermath of trauma. Increasingly, we may be hard-pushed to find work that doesn't delve into the traumatic events of a protagonist's past to explain their current traits, behaviours, or beliefs. It's an observation lamented by the literary critic Parul Sehgal: 'Dress this story up or down: on the page and on the screen, one plot—the trauma plot—has arrived to rule them all.'[69] For Sehgal, trauma has become synonymous with 'back-story', which she argues is a recent phenomenon in literature. 'Jane Austen's characters are not pierced by sudden memories,' she writes, 'they do not work to fill in the gaps of partial, haunting recollections. In contrast, characters are now created in order to be dispatched into the past, to truffle for trauma.'[70] She concludes, 'The trauma plot flattens, distorts, reduces character to symptom, and, in turn, instructs and insists upon its moral authority.'[71]

All things considered, I don't think Parul Sehgal would like *The Shock of the Fall* very much. It principally concerns itself with the trauma Matthew endures following the childhood death of his brother, Simon, for which he holds himself responsible. This 'back-story' is woven through the present-day

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[68] Simon McCarthy-Jones, p.237.
[69] Parul Sehgal, 'The Case Against the Trauma Plot' *The New Yorker*, 27 December 2021, paragraph 4. Available online: https://www.newyorker.com/magazine/2022/01/03/the-case-against-the-trauma-plot
[70] Parul Sehgal, paragraph 13.
[71] Parul Sehgal, paragraph 26.

narrative. And as Matthew grows more disturbed during his adolescence, Simon reappears in various hallucinatory forms. 'Grief haunts' and 'trauma catches up with you', two notions dismissed as 'vague homilies' by Sehgal, would not be out of place in the novel's blurb. My defence draws upon many of the arguments I have already made in this essay. To wit: not examining back-story or trauma when writing about someone with 'schizophrenia' would be *more* problematic by necessarily reducing their character to diagnosis.

That's not to say my approach hasn't any potential pitfalls. Seeking to explain all of a character's psychological difficulties as the neatly born outcomes of traumatic experience is a problematic – and, frankly, dangerous – simplification. It was precisely that kind of reasoning, fuelled by misogyny, that led to the now-discredited notion of the 'schizophrenogenic mother', a dominant theory from the late 1940s to the 1970s that blamed mothers for causing their children's schizophrenia by either not caring for them enough, or caring too much. In writing about Matthew's complex and not entirely healthy relationship with his mother, Susan Homes, I felt a responsibility not to propagate such harmful myths while at the same time not shying away from that most vital ingredient of fiction – *conflict!*

The solution: spend time developing Susan's character, revealing her flaws in the context of her vulnerabilities. It may have been tempting to create a villain, but I wanted the friction and collisions within the Homes family to more closely reflect those I witnessed as a nurse. That is to say, the conflict is generated by good people who desperately want what is best for each other but are at a loss as to how to achieve it.

I believe that what we call mental illness often exists as much in the spaces *between* people as it does *within* people.

My defence for writing a 'trauma plot' is not to imply that I wasn't guilty of other literary tropes. Matthew's hallucinations of his brother – a reanimation of the

dead – borrows wholesale from the genre of horror. Simon McCarthy-Jones draws a parallel with Stephen King's *Pet Sematary*: 'The novel uses the classic horror trope of a protagonist bringing a loved one back from the dead,' he writes, 'only to find that what comes back is something much darker.'[72]

Portraying Simon Homes as a manifestation of grief/guilt/schizophrenia proved one of my most demanding technical challenges, requiring a careful balancing of my desire to accurately portray psychotic hallucinations with a need to drive forward the plot and create pathos. Generally, I felt most comfortable when writing Simon as an amorphous, partially hidden presence:

> In my room, at night, if I stayed awake, filling the sink with cold water to splash my face, if the tap choked and spluttered before the water came, he was saying, I'm lonely. When I opened a bottle of Dr Pepper and the caramel bubbles fizzed over the rim, he was asking me to come and play. He could speak through an itch, the certainty of a sneeze, the after-taste of tablets, or the way sugar fell from a spoon.
>
> He was everywhere, and in everything.[73]

This quality of experience, poised somewhere between a hallucinatory perception and a delusional idea, felt to me a credible representation of psychosis based on my understanding from working in mental healthcare. Where I felt more conflicted, however, was in portraying Simon as a fully formed visual and aural presence, in the way that hallucinations – or ghosts! – are typically presented on screen. I limited this approach to one pivotal scene

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[72] This McCarthy-Jones quotation is taken from a longer version of his analysis of *The Shock of the Fall*, which can be found at: https://simonmccarthyjones.wordpress.com/2018/02/05/the-shock-of-the-fall-by-nathan-filer-book-review-and-analysis/

[73] Nathan Filer, *The Shock of the Fall,* p196.

when Matthew is in hospital. Simon appears in his bedroom, crawling out from beneath the bed, and the two characters engage in an interaction that leads to Matthew absconding with a plan to take his own life (pp. 223 - 229). There was a neatness to this representation of Simon that was useful to me as a storyteller but was arguably less credible as a depiction of psychotic experience.

Here, we stumble upon a possible limitation of fiction. Or, at least, a limitation of my fiction. I have argued in this essay that 'story' is integral to the causes and manifestations of psychosis. But that is not to say a typical story of madness will be nearly as neatly cohesive – or, indeed, *sensory* – as is desirable in a page-turning, commercial novel. My brief portrayal of Simon as a fully-formed auditory and visual hallucination arriving at the perfect moment to advance my plot was a creative compromise. Or, to use the hackneyed phrase, poetic licence.[74]

I was less prepared to impose neatness and narrative order in my depiction of Matthew's recovery. If, as Parul Sehgal suggests, the 'trauma plot' currently has a vice-like grip on popular literature, the same might equally be said of the 'recovery narrative' in mental healthcare.

Mental health recovery narratives are first-person lived experience accounts that typically begin by describing elements of adversity or struggle and conclude with survival and self-defined success. These stories have proliferated in recent years as popular resources used by practitioners and anti-stigma campaigns and are widely accessible online. Recovery narratives are almost certainly inspiring and helpful for many people, but their impact has not been well-researched. And recent studies seeking to address this knowledge gap have

[74] Notwithstanding that, the underlying concept of a hallucinated recognised voice suggesting suicide in the wake of trauma has a basis in reality. Simon McCarthy-Jones cites real-world examples of this in his analysis of *The Shock of the Fall*. And here he posits that avoidant strategies to deal with shame could indeed have a causal link with auditory hallucinations: Simon McCarthy-Jones, 'Is Shame Hallucinogenic?' *Front Psychol*, 8:1310 (2017). doi: 10.3389/fpsyg.2017.01310

uncovered problems of authenticity, where narratives have been excessively edited, as well as evidence that they can contribute to distress and feelings of inadequacy in recipients if they perceive the narrator has made a 'better' recovery.[75]

As with most terminology in mental health, 'recovery' is a contested term, meaning different things to different people. For example, a strictly medical definition might focus on remission of 'clinical symptoms'. But some prefer to conceptualise recovery as a journey involving the attribution of meaning to difficult experiences over time rather than necessarily returning to an earlier mindset. I have heard former mental health patients speak passionately about this – arguing that something as profound as psychosis *should* change people. And some reject the concept of mental health recovery on moral grounds. As I interpret it, this is a backlash against the NHS 'Recovery Model'. Since I left nursing, care assistants in many community settings have been rebranded as 'Recovery Navigators' – if ever a job title was arrived at by committee! The radical campaign group, Recovery in the Bin, argue that the mental healthcare system has co-opted the term to discipline and control those 'who are trying to find a place in the world, to live as they wish, trying to deal with the very real mental distress they encounter on a daily basis' and that autonomy and self-control, necessary for true recovery, 'cannot be found in a one size fits all technique, or calibrated by an outcome measure'.[76]

The Shock of the Fall is, broadly, a coming-of-age story. As is typical of this genre, it describes a 'growth' or 'positive change' character arc. I knew that Matthew would need to experience some sense of recovery for the novel to feel complete. But I also wanted his recovery to reflect the nuance and complexity of

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[75] For a more detailed discussion, read: Rennick-Egglestone S, Ramsay A, McGranahan R, Llewellyn-Beardsley J, Hui A, et al. 'The impact of mental health recovery narratives on recipients experiencing mental health problems: Qualitative analysis and change model', *PLoS ONE*, 14:12: e0226201 (2019). doi: 10.1371/journal.pone.0226201

[76] These quotations are from the Recovery in the Bin website: https://recoveryinthebin.org/. I also discuss these conflicting notions of recovery in *The Heartland*, p.49.

the term as outlined above. For Matthew, a medical recovery (again: remission of clinical symptoms) presents its own conflict:

> My medication was changed yet again. More side effects. More sedation. In time, Simon grew more distant. I looked in the rain clouds, fallen leaves, sideways glances. I searched for him in the places I had come to expect him. In running tap water. In spilled salt. I listened in the spaces between words.[77]

To clinically 'recover' is for Matthew to accept a litany of chemical side effects and the further loss of his brother. As he explains:

> This is my care plan: As a small boy I killed my own brother, and now I must kill him again. I'm given medicine to poison him, then questioned to make sure he's dead.[78]

In no way are the specific details of Matthew Homes' psychotic experience intended to be representative of 'schizophrenia' as a whole. They could not be. There are as many iterations of schizophrenia as people given the diagnosis. But in addressing Matthew's ambivalence about his recovery, I hope that I was able to touch upon a frequently overlooked truth: Too often, mental health professionals incorrectly assume shared priorities with the people they are treating. Recovery, we must remember, is not always without cost. It is also not a fixed state. In the final pages of *The Shock of the Fall*, we understand that Matthew remains on a journey but that his 'formulation' – the act of telling his

[77] Nathan Filer, *The Shock of the Fall,* p.276.
[78] Nathan Filer, *The Shock of the Fall,* p.280.

story, piecing together the jigsaw – has offered him hope.

Upon finding me in a pit of writerly despair, the novelist Fay Weldon once offered me these words of advice: 'Novels are just essays to which you have attached names and characteristics to warring themes. Nothing special, just more work and a degree of chutzpa.'[79]

I like this way of thinking. So far in this essay, I have endeavoured to articulate some of the 'warring themes' that I believe are crucial to consider when writing about mental illness and trauma in fiction. Drawing upon seminal literature and mental health theory, I have also interrogated the major moral, creative and technical decisions that shaped my novel.

But here's the thing: I could have done things differently. I've explained my creative decisions, but I could have made other decisions and justified them instead. It was fiction, after all.

Let's say, for example, that instead of finishing the novel on a note of hope, I decided to have Matthew Homes die. Why not? I could easily justify a decision like that. In the UK, people diagnosed with schizophrenia have a life expectancy that's twenty years shorter than the general population. Young men like Matthew Homes are dying every day, having been failed by medicine and society. I could have written that story instead. But, of course, there are technical challenges to killing off first-person narrators. So I'd need to make other changes, too. I would tell that story from the perspective of Matthew's mother, describing her compounded grief.

I'd do my best, once again, to balance my decisions. To honour the unyielding complexity of trauma while thinking up ways to keep my readers turning the pages. I would strive to imaginatively inhabit the subjective experience of Susan Homes in the same way that I attempted this with Matthew.

But if I failed to achieve this, if I could not convincingly articulate Susan's

[79] Fay Weldon, personal exchange, October 2016.

grief on the page, she wouldn't suffer for it. As much as authors and readers of fiction might feel compelled to talk about our favourite characters as though they are living, breathing creations, we know they are not. Ultimately, Susan Homes is nothing more than words on a page and a consequent *idea* in the reader's mind.

If I chose ineffectual words, the novel could suffer, readers could suffer, but Susan Homes could not.

But now, suppose she is a real person. What if she's a real mother grieving the loss of her real son? He was nineteen years old, the same age as Matthew. And she has agreed – after much soul-searching and consideration – to let me write her story.

Let's turn our attention to nonfiction.

Two
Narrative nonfiction

Subject: Your Book
12.03.2014

Dear Nathan,

I wanted to say that I have just finished reading your book and was deeply affected and moved by it.

In particular the parts told from the perspective of being on the psychiatric ward and the narrator interacting with the care teams: my late son developed schizophrenia, and every word and observation you wrote rang so true it was difficult for me to read at times.

But to write about this topic I think gives the author a duty to tell the story as truthfully as he can and you have done this, and more, not compromising for the sake of the story.

Part of me hoped for a neat and happy ending, but of course there never are in real life, so thank you for that.

with very best regards.

Subject: Your Book
21.04.2014

Dear [redacted],

This is just a short email to say thank you for your message about The Shock of the Fall. That was kind of you to have taken the time to reach out. I'm touched to hear that my story resonated with you, especially in the light of your personal experience with your son.

I have a baby daughter (15 months). She's our first and as I write this she is sleeping soundly in the next room. I suppose what I'm getting at is that I cannot begin to imagine the pain you must have endured through your son's illness and loss. I don't have any good words to say, but I wanted to at least say that.

Sending you and your family my very best wishes,

Nathan

Subject: Your Book
22.04.2014

Dear Nathan

Thank you for taking the time to reply and for your thoughtful words.
I have two surviving teenage children who are a daily reminder of the myriad and wonderful possibilities in life that, despite everything, goes on.

Your email reminded me of when my daughter was 15 months - she was such a joy - enjoy while it lasts!

With warmest wishes, [redacted]

In this essay's introduction, I stated that my published outputs exist in conversation with each other, not only because of their shared themes but because my later works frequently refer back to previous ones, openly revisiting ideas and advancing my inquiry. This connection is most apparent between *The Shock of the Fall* and my subsequent book of nonfiction, *The Heartland: Finding and Losing Schizophrenia*, which was inspired by my correspondence with readers of the novel.

Of course, my works also exist in conversation with other books about schizophrenia, madness and mental healthcare. There is an impressive lineage of nonfiction on these subjects. The reader will recall that in the previous chapter, I considered the first written case study of schizophrenia by the 19th Century physician John Haslam in *Illustrations of Madness*, which introduced us to the inextricable connection between psychosis and story. In the late 1950s, the radical psychiatrist R.D. Laing and the psychoanalyst Aaron Esterson spent five years interviewing families of female patients diagnosed as 'schizophrenic', publishing a collection of eleven case studies in *Sanity, Madness and the Family*, which posited the then radical conclusion that mental disorders cannot be understood outside of social and family contexts.[80] More recently, we have seen the proliferation of the 'medical memoir', which in the realm of mental health typically describes the relationship between psychotherapist and patient, as in *Love's Executioner* by Irvin D. Yalom[81] and *The Examined Life* by Stephen

[80] This was originally published in 1964. I recommend the the 2016 Routledge Classics reissue, which has a foreword by Hilary Mantell. R.D. Laing & Aaron Esterson, *Sanity, Madness and the Family* (London: Routledge, 2016).

[81] Irvin D. Yalom, *Love's Executioner, and Other Tales of Psychotherapy* (New York: HarperPerennial, 1989).

Grosz.[82] Towards the neuropsychiatric side of the equation, we find Anthony David's book of case studies and professional reflections, *Into the Abyss,*[83] and delving into the physical matter of the brain is *Do No Harm* by Henry Marsh.[84] There are also critical sociological studies of illness and ethics, as epitomised by Arthur W. Frank's *The Wounded Storyteller*, which I will draw from later in this chapter.[85] Finally, we find first-person accounts of living with schizophrenia and madness, of which recent notable examples include Esmé Weijun Wang's essays, *The Collected Schizophrenias*,[86] Elyn R Sacks's *The Centre Cannot Hold* [87] and the anthology *Our Encounters with Madness* edited by Alec Grant, Francis Biley and Hannah Walker.[88]

Precisely where *The Heartland* sits in all this is an open question. It has been variously described as 'a narrative exploration of schizophrenia' (*The Observer*);[89] 'a collection of case histories and essays' (*Literary Review*);[90] and 'investigative journalism' (*Cognitive Neuropsychiatry*).[91] It weaves together true stories of people who have experienced psychosis or else witnessed it in a loved one, testimony from leading academics and clinicians and the interrogation of psychiatric literature. Collectively, these elements seek to arrive at a clearer understanding of what we mean – emotionally, politically and

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[82] Stephen Grosz, *The Examined Life: How We Lose and Find Ourselves* (London: Vintage, 2014).
[83] Anthony David, *Into the Abyss: a neuropsychiatrist's notes on troubled minds* (London: Oneworld Publications, 2020).
[84] Henry Marsh, *Do No Harm: Stories of Life, Death and Brain Surgery* (London: W&N, 2014).
[85] Arthur W. Frank, *The Wounded Storyteller*, 2nd edn (The University of Chicago Press, 2013).
[86] Esmé Weijun Wang, *The Collected Schizophrenias* (London: Penguin, 2019).
[87] Elyn R. Sacks, *The Center Cannot Hold: My Journey Through Madness* (London: Hachette Book, 2007).
[88] Alec Grant, Francis Biley and Hannah Walker (editors), *Our Encounters with Madness* (Monmouth: PCCS Books, 2011).
[89] Hannah Jane Parkinson, 'Journeys through troubled minds', *The Observer*, 2 June 2019, section The New Review, pp.44-45. Also available online: https://www.theguardian.com/books/2019/jun/02/the-heartland-nathan-filer-review-schizophrenia?CMP=share_btn_tw
[90] Paul Broks, 'Mind Fields', *Literary Review,* June 2019. Available online: https://literaryreview.co.uk/mind-fields
[91] Anthony S. David, 'The Heartland: Finding and Losing Schizophrenia', *Cognitive Neuropsychiatry*, 24:5 (2019) 386-388 (p.386). doi: 10.1080/13546805.2019.1643298

scientifically – when we talk about schizophrenia and mental illness. It is not a first-person account of living with psychosis, and, although I do occasionally reflect on aspects of my nursing practice, it is not a medical memoir – or, indeed, any kind of memoir since I am rarely the focus of its inquiry.

As a shorthand, I typically refer to it as a book of personal essays. 'Personal' because I utilise the first-person and frequently share my thoughts and feelings about the stories and subjects at hand. In the previous chapter, we considered the imaginary 'I', but who is the 'I' of this kind of nonfiction? I believe it's a crucial question and one worth spending time unpacking. In much the same way that a fictional protagonist is the vehicle through which a reader comes to know and absorb the themes of a novel, the essayist is the point of entry to the personal essay. And yet, the essayist clearly cannot offer up the entirety of their being for that purpose. Instead, they must locate and articulate those parts of themselves that are best able to *meet their subject*. 'Out of the raw material of a writer's own undisguised being a narrator is fashioned whose existence on the page is integral to the tale being told,' writes the critic and essayist Vivian Gornick. 'The narrator becomes a persona. Its tone of voice, its angle of vision, the rhythm of its sentences, what it selects to observe and what to ignore are chosen to serve the subject; yet at the same time the way the narrator – or the persona – sees things is, to the largest degree, the thing being seen.'[92] That final part of Gornick's observation is significant and we will return to it.

For Gornick, the creation of a narrative persona is vital in nonfiction. It is, she argues, 'the instrument of illumination'.[93]

So, again, I was not principally to be the subject of illumination in *The Heartland*. But I still needed to write a version of myself who could *do* the illuminating. As I argue in the book, schizophrenia is far from a monolithic

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[92] Vivian Gornick, *The Situation and the Story* (New York: Farrar, Straus and Giroux, 2002), pp.6-7.
[93] Vivian Gornick, p.7.

concept. I could not simply wave my torch in a single direction and presume to have shown the reader all there is to see. On the contrary, it is an endlessly shifting and contradictory subject with many angles and hidden sides. For my narrative persona to be of value as an instrument of illumination, I needed to access those aspects of myself that could not only embrace this contradiction but manifest it on the page. I attempt this from the opening pages of the book's introduction, during which I describe the first time I forcibly medicated a person against their will. I write about an individual patient – who I call Amit – but I am, in fact, drawing on several incidents, creating a composite character, as was necessary to protect the confidentiality of my former patients. Amit had been refusing his anti-psychotic tablets for nearly three weeks, believing them to contain a poison that the medical staff intended to harm him with. The decision was therefore made to use an injectable form of the drug.

I make clear to the reader that if I were in Amit's position and believed the things he believed, I would refuse my tablets, too. But I also acknowledge that I don't know if I would refuse with the same dignity he showed when the Control & Restraint team entered his room.[94] The scene concludes:

> Amit was sitting on his bed, smoking and tuning through the static on a portable radio. He was talking to somebody that none of us could see. He looked up. There were five of us.
>
> 'Do I have to beg you?' he asked.
>
> A colleague of mine explained his options, such as they were. But that's the bit that stayed with me. *Do I have to beg you?* It's why I struggled to keep my hands

[94] Control & Restraint, the reader will recall from the previous chapter, refers to the techniques that mental health nurses are trained in to render patients unable to fight back. As I explain in *The Heartland,* these techniques were later rebranded as Prevention and Management of Violence and Aggression.

> from shaking as he was eventually held down on his bed and I administered the injection. He didn't put up a fight. We weren't preventing and managing violence and aggression. From Amit's perspective, I don't doubt we were perpetrating it. In that moment, however good my intentions, I was knowingly participating in his suffering.[95]

In this scene, my narrating persona is highly visible on the page – complete with shaking hands. The challenge for the personal essayist (as distinct from the memoirist) is maintaining the right balance between narrator and story. It can be too easy to fall into a 'pit of confessionalism' or 'naked self-absorption'.[96] To avoid this, I took it as my task to 'keep the narrating self subordinated to the idea in hand'.[97] That idea being the power imbalance between mental health professionals and those under their care. It will be no coincidence that I instinctively began this PhD essay almost identically. The reader may recall that I described an occasion when I made a crass remark to a patient and that this brought into sharp relief the chasm between our respective experiences. 'I had the keys,' I reflected. 'I had the drugs. I held the power.'

Here it is worth pausing on some of the ethical dilemmas raised by writing from my memories of clinical practice. I have said that *The Heartland* is not a medical memoir. And yet, the scene describing my interaction with Amit has a substantial crossover with the genre, and the same can be said of this essay's opening page.

I am sympathetic to those who are made uneasy by medical memoirs. Health professionals have a duty of confidentiality to the people under their

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[95] Nathan Filer, *The Heartland: Finding and Losing Schizophrenia* (London: Faber, 2019), p.3.
[96] Vivian Gornick, p.10.
[97] Vivian Gornick, p.10.

care.[98] As a former nurse, I am no longer bound by any code of professional conduct. However, the simple truth remains that I'd be devastated if I thought any of my former patients felt betrayed by my writing. Of course, the surest way to mitigate this risk would be never to revisit my memories involving them on the page, and, for the most part, that's precisely the stance I've adopted. I remember countless encounters from my time on the wards – moments of high drama, humour, pathos and intrigue that would doubtless arrest a certain readership, but I choose not to share them.

My reason for including the story about Amit in *The Heartland*, and my brief interaction with the unnamed man in this essay, is that they invite crucial conversations. The question of power imbalances in mental healthcare resonates with me, and I explore it across my publications.[99] That said, I was not consciously preoccupied with this issue *before* writing those respective hospital scenes – and neither was I consciously considering the ethics of detention and enforced medication, the problems of institutionalised racism, the 'language of madness', or the many other pressing issues that the scenes raise and that I go on to investigate. These were revealed to me only as I allowed myself to revisit those memories from my time as a nurse with my written persona. The creative writing scholar Kylie Fitzpatrick speaks of first-person nonfiction as 'a kind of portal into the interior' that can be used to 'establish dialogues and connections with and between aspects of the self.'[100] For me, writing is a kind of growing, with the 'I' of the first-person essay not so much summoned as created in a symbiotic relationship with the material.

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[98] Nursing & Midwifery Council (NMC) code of professional conduct, known as 'The Code', can be found online: https://www.nmc.org.uk/standards/code/read-the-code-online/ Article 5 outlines rules of confidentiality.

[99] The reader may be interested in my discussion about the use and abuse of Mental Health Act 'holding powers' and 'Section 17 leave' in this article: Nathan Filer, 'Mental health care: where did it all go so wrong?', *The Guardian,* 25 January 2014, pp. 30-31. Also available online: https://www.theguardian.com/society/2014/jan/25/nathan-filer-mental-health-care-where-did-it-go-wrong

[100] These quotes are from a talk Kylie Fitzpatrick gave on 'Curative Writing' at The Research Centre for Mental Health, Wellbeing and Creativity at Bath Spa University on 23rd June 2021.

Crucially, if I felt that the scenes in question did not serve a meaningful purpose or did not reveal critical emotional truths that cannot be adequately communicated in the abstract, they would have gone the same way as great swathes of my writing before them. As stated in the introduction, I am well-acquainted with the delete key.

My belief that a given memory is worth sharing would not justify abandoning confidentiality. It would be impractical, and likely impossible, to contact my former patients from twenty years ago to seek their consent for including my memories involving them. So I adopt what I hope is an ethically sound and pragmatic approach. As stated above, Amit is not a depiction of any single individual. He is a composite character, and the C&R incident I describe draws from a range of my clinical experiences. The opening conflict in this essay is shorter, so there were fewer opportunities to create a composite narrative, but I still made specific anonymising changes. The reader of this essay will appreciate that for me to elucidate these in detail would be entirely self-defeating.

I would describe the scenes in question as existing between memory and imagination. It is not inconceivable that the people who inspired them might recognise themselves if they were to read my work. Still, in that scenario, I hope they would agree that I have used the depictions to criticise aspects of mental healthcare, including my own professional practice, but not in any way to attack them or call into question any aspect of their character. I agree with the GP Helen Salisbury, who, in a critique of medical memoirs, writes: 'When I do talk about patients, I like to think of them as a ghost presence at my shoulder: I ask myself, would they be happy to hear me talk about them in this way? If not, then I'd better shut up.'[101]

[101] Helen Salisbury, 'The ethics of medical memoirs', *BMJ*, 367:l6270 (2019) doi:10.1136/bmj.l6270

Good writing, suggests Vivian Gornick, has two characteristics: 'it's alive on the page and the reader is persuaded that the writer is on a voyage of discovery.'[102] One of the ways that I attempt to make my writing feel alive is by constructing visual, immediate scenes of the kind we see above. I could have opened *The Heartland* with a more abstract, political discussion about Control & Restraint. However, I'm not convinced it would have arrived at the same emotive place. It was by describing a specific moment – albeit partially fictionalised – and exploring it from within that my voyage of discovery took me from the physical realm of a man smoking on his bed beside a crackling radio to the abstract and thematically important concept of structural power.

In the context of creative writing, we might couch this journey from the concrete to the abstract as ascending the 'ladder of abstraction', a model popularised by S.I. Hayakawa in his 1939 book *Language in Action*. More recently, it is described by the educator Roy Peter Clark. 'Good writers,' Clark argues, 'move up and down the ladder of language. At the bottom are bloody knives and rosary beads, wedding rings and baseball cards. At the top are words that reach for higher meaning, words like *freedom* and *literacy*.'[103] This approach of starting with the specific before moving to the abstract or general unites all my writing across its different genres. 'We think in generalities,' wrote the philosopher Alfred North Whitehead. 'But we live in detail.'[104] It's an observation that I frequently discuss with my creative writing students. In our work, I suggest we try to create a space in which the reader can live.

When writing *The Heartland*, I learnt much about contemporary research. I

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[102] Here, Gornick is quoting an unnamed teacher of creative writing she admires. We can safely assume this teacher was talking about nonfiction essays and memoir as apposed to fiction, where we might expect it to be the fictional protagonist who is on a 'voyage of discovery' rather than the writer. Vivian Gornick, p.14.

[103] Roy Peter Clark, *Writing Tools: 50 Essential Strategies for Every Writer* (New York: Little, Brown, 2008), p.107.

[104] I first discovered this quote in: Francine Prose, *Reading Like a Writer* (London: Aurum Press, 2012), p. 203.

was privileged to interview around twenty leading experts across the disciplines of neuroscience, genetics and psychology. In this respect, if the reader was persuaded I was on 'a voyage of discovery', it's because I was. I approached the endeavour as a student, not a teacher. In presenting my findings, I sought to be rigorous and balanced, a point acknowledged by the neuropsychiatrist Anthony S. David:

> Filer tries to be even handed. He acknowledges that all life experiences are eventually mediated or "etched onto" our brains. He is rightly sceptical of fancy neuroimaging techniques which can be seductive but do not always provide the firm evidence they purport to.

However, he continues:

> In his heart though, it is the evidence from social science including social psychology that he finds most persuasive. The accumulation of abuse and neglect in the early and ongoing lives of people within the mental healthcare system seems unarguable. The political structures which support racism and intolerance of difference are also there for all to see.[105]

It's a fair assessment. Throughout the book, I typically emphasise ideas derived from the social sciences. As I reflect on this now, I suspect it is explained – at least in part – by my current professional engagement with what might be broadly termed the 'mental health humanities'. This discipline concerns mental

[105] Anthony S. David, *Cognitive Neuropsychiatry*, p.387.

health and healthcare's personal, political, philosophical, artistic and social dimensions. And so, it has more crossover with the social sciences than with neuroimaging and genetic studies. I still present findings from 'hard science' but arguably afford them less attention. I highlight this fact to acknowledge that I am not immune to the forces I work within. If I'd written the book while still working as a nurse in a predominantly medical system, my voyage of discovery would likely have seen me take different paths.

Here, it's worth clarifying that *The Heartland* comprises two distinct types of personal essays. Approximately half are what I have come to think of as 'ideas-led'. These explore social and psychological concepts such as 'insight', 'stigma' and 'diagnosis', as informed by my reading of research and interviews with the experts described above. These essays are ostensibly an intellectual response to a series of five 'story-led' essays, which account for the other half of the book's content and are its emotional core.

Over two years, I recorded and transcribed approximately fifty hours of audio interviews with people whose lives have been personally affected by schizophrenia. These interviews inform the five story-led pieces, which deploy various creative techniques to evoke the subjective reality of the people I interviewed, including the lived experience of psychotic episodes. For example, consider the opening from the first of these stories:

> Upon being named Britain's most wanted criminal, twenty-nine-year-old Molly went to her local supermarket, where she bought a bottle of bleach to drink.
>
> She stopped briefly to look at the rack of newspapers and her worst fears were confirmed. The *Daily Mirror* – a newspaper she had previously

> contributed articles to – had launched a hate campaign against her. The other papers each carried headlines and stories pertaining to her crimes. These included the false imprisonment and sexual assault of a friend she knew from her university days; her suspected role in the unsolved murder of a young man at a London squat party; and her involvement in a conspiracy to detonate a bomb in Canary Wharf shortly after 9/11. There were other crimes, too numerous for Molly to recall. Her double-life was coming to an end. The police were closing in. Helicopters circled the night sky.[106]

In this opening, I am presenting the narrative from 'within the psychosis, rather than coldly observing it from afar', as described by the literary critic, Stuart Kelly, in his review of *The Heartland*.[107]

In *The Shock of the Fall*, I utilised the first-person perspective. In *The Heartland*, I adopt a 'third-person intimate' point-of-view to achieve a similar effect, offering the reader no respite or objective certainty that the contributor didn't themselves have. Kelly notes this creative choice and its intended consequence: 'Was this person a killer or did they just imagine being a killer?' It is a harrowing read when there is no safe place to put your foot in the narrative.' [108]

I am indeed aiming to create a 'harrowing read' but not for its own sake.

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[106] This quotation is taken from a newer edition of *The Heartland* published with the title *This Book Will Change Your Mind about Mental Health: A Journey into the Heartland of Psychiatry* (London: Faber, 2019), p.19.
[107] Stuart Kelly, 'Book review: The Heartland: Finding And Losing Schizophrenia, by Nathan Filer', *The Scotsman*, 21 June 2019. Available online: https://www.scotsman.com/arts-and-culture/books/book-review-heartland-finding-and-losing-schizophrenia-nathan-filer-1414854
[108] Stuart Kelly.

As with my fiction, I am attempting to disrupt binary notions of 'us' and 'them', of the 'observer' and 'observed'.

In another of the story-led essays, which details the experience of a man named James Wooldridge becoming manic, I use a stream-of-consciousness style to evoke the experience of 'pressured speech' and 'flight of ideas' (two common symptoms of mania). Traditional sentence structure breaks down in this section: one sentence stretches to 304 words, and the language grows more violent and coarse.[109] Again, I am deploying creative techniques that are perhaps more commonly associated with fiction to position the reader closer to the lived experience.[110] My narrative persona is intended to be less visible in these story-led essays than elsewhere in the book. Indeed, I had initially planned to write them only in the close third person with no additional layer of commentary. I wanted to keep the reader psychologically bound to the mindset of the protagonist. However, in the writing process, it became clear that there were specific practical reasons to occasionally add a more consciously overt authorial voice to the mix. For instance, to bridge gaps in the narrative where the contributor could not recall specific details. Again, this involved a careful balancing act, and I turned to Vivian Gornick, who, reflecting on her own writing, explains: 'I was never to tell an anecdote, fashion a description, indulge in a speculation whose point turned on me. I was to use myself only to clarify the argument, develop the analysis, push the story forward.'[111]

Clarifying the argument. Developing the analysis. Pushing the story forward. These represent some of the motivations behind my decision to deploy the narrative 'I' as an instrument of illumination even during the intimate

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[109] Nathan Filer. *The Heartland,* pp.67-71.
[110] More commonly but certainly not exclusively. Since the rise of the so-called 'new journalism' in the 1960s, journalists have used novelistic devices in their work. I am in no way suggesting that I am doing something new with the form. But it is interesting to note that outside of 'memoir' such techniques are less often seen in mental health nonfiction. Exceptions to this include the gloriously inventive *Into the Silent Land* by Paul Broks (London: Atlantic Books, 2003) and the previously mentioned, *Connections: The New Science of Emotion* by Karl Deisseroth.
[111] Vivian Gornick, p.10.

stories of others.

Let us now think more about those other people, and consider the practical and ethical elements involved in conducting meaningful interviews with vulnerable individuals and then writing about them. To help us examine these issues, I will concentrate on one of the contributors to *The Heartland* whose story most moved and affected me – and most challenged me as a writer.

Subject: A new book
22.06.2017

Dear [redacted]

The last time we exchanged emails my daughter was 15 months old. She'll be starting school in September and her baby brother turns two next week. Where did that time go?

I'm writing with a potential and very tentative request. Since publishing my novel, The Shock of the Fall, I've focussed more on writing non-fiction and journalism. I recently made a BBC Radio 4 documentary about portrayals of mental illness in the media, and am working on a non-fiction book about psychosis for a general readership.

The core of this book will be a series of personal stories. I want to show readers how close we all are to being touched (touched is perhaps too gentle a word) by illnesses such as schizophrenia, and I think it's important that a chapter focus on the experience of a parent who has lost a child. Our brief email exchange came to mind.

I certainly wouldn't expect you to commit to anything now (or, indeed, ever!)

but I wonder if you might be happy to have a chat on the phone, or to meet for a coffee, geography permitting? It would just be to chat through the idea and see if it resonates with you.

Sending all best wishes,

Nathan

It is no easy thing to ask a mother about her child's profound mental deterioration and death, and I am sure it cannot be easy to be asked about such things. I recorded approximately seven hours of interviews with Clare in 2017. [112] Before these interviews, we exchanged emails, talked on the phone and met in person. It was crucial to me that each contributor made their own informed decision to be involved in the project and felt no pressure to do so. In our first conversations, I would emphasise that it would be emotionally demanding and that they wouldn't necessarily be the beneficiaries.

As I explained to my editor, I almost wanted to dissuade them, or at least push back until I felt confident that they were leaning in themselves. Clare was undergoing therapy, and I was glad to know that she discussed her potential involvement and how she could look after herself with her therapist.

I tell her story in *The Heartland* in the chapter entitled 'The Mother' (pp. 99-127). It begins:

> TEN-YEAR-OLD JOE is lying on his back on the kitchen floor. His eyes are closed. His head is turned at a slight angle. The thick tangles of his blond hair have come to rest beside the plastic feet of a children's easel.
>
> From this photograph I can't make out the blade of the knife, but it appears to have plunged deep into the side of his neck. 'He was always a practical joker,' Clare says. She's showing me an album on Facebook, with maybe twenty or thirty pictures of Joe. But the timeline's all muddled up, so we flip back and forth from images of an alert, bright, boundlessly energetic little boy, showing off his

[112] Clare is a pseudonym. All decisions about anonymity in *The Heartland* were made by the contributors.

skateboard or playing with his younger brother and sister at their home in New Haven, Connecticut, to pictures of Joe as a teenager, seventeen or eighteen years old, on day release from various psychiatric units in Cardiff, Wales.

In one of these the family have gathered in Roath Park, a popular Victorian park in central Cardiff. It's a bright, cold Christmas morning and they're beside the lake. Clare is there, along with Joe's stepfather, Ed, and their other children. Joe's little sister is clambering onto her new bike. A grandparent is wearing a paper hat from a Christmas cracker. Joe's standing a little to the side of everyone, at the edge of the frame. His curly blond locks have been shaved away. He's grown extremely heavy. His face is pale and puffy. His expression – as he looks towards the camera – is completely blank.

Then a swipe of the screen and we're with the exuberant little boy again: a boy who loved slapstick comedy and Mr Bean and wildlife and dinosaurs, and who in this picture is attempting to acrobatically scale the inside of a doorframe. It's difficult to reconcile the two images; to see the same person, separated by such a short stretch of time. 'He went from a beautiful boy to—' Clare lowers her voice. She searches for the right words. 'Sometimes I found it hard to look at him.'

Less than ten years after Joe played at being dead on the kitchen floor of a bustling family home in New Haven, he would die, all alone, in a dirty flat in Cardiff, never to find the sandwiches that Clare had placed outside his door, worried that her son might be hungry.[113]

Perhaps it is inaccurate to say that I am telling Clare's story here. I am telling *my interpretation* of her story, emphasising the moments that most spoke to me and that I anticipated would engage readers. And, of course, the discerning reader is only too aware that a storyteller is at work: revealing and withholding information, selecting what to observe and ignore, controlling the tone, wielding narrative. I believe this is what Vivian Gornick was alluding to in the previously cited quotation: 'the way the narrator – or the persona – sees things is, to the largest degree, the thing being seen.'[114] And no reader could be more acutely aware of *the way I had seen things* than my interviewees upon receiving the first draft for their feedback.

Any disconnect between the interviewee's interpretation of a given moment from their history and my expression of it on the page would raise questions about the ownership of the story – questions that sit at the heart of

[113] Nathan Filer, *The Heartland,* pp.99-100.
[114] Vivian Gornick, p.7.

the ethical and creative process of writing about other people's lives.

It is something that Clare and I consider during a subsequent interview at her home in June 2022.[115] It's a warm day, and we sit in her garden. I place my audio recorder on the table between us and am immediately reminded of a small technical challenge I faced when interviewing her before. She speaks quietly, especially when talking about painful events. 'I think if you say it quietly, it's not as true,' she had told me during our first interviews. We don't anticipate that today's discussion will be as emotionally raw, but I still turn the levels up on the recorder and place it slightly closer to Clare than it is to me.

It feels strange interviewing her again. In the five years since our first meetings, we have stayed in contact and become friends. Something about placing the recording equipment between us sends me hurtling back in time.

'I felt it was important that it was told from your perspective,' she tells me when I raise the question of narrative ownership. 'I accepted from the start that it wasn't going to capture everything.'

Granting me this initial authority over her story was an act of generosity from Clare – one that the other contributors similarly afforded to me. It is true that I couldn't include every detail that emerged from the interviews. In deciding what to write, I naturally paid close attention to the moments contributors emphasised as important to them. But I was also looking for something else. I devoted many hours to each interview because I wanted the interviewees to have the time and space to explore their stories and feelings more deeply than they may have had the opportunity to do elsewhere. I am reminded of my interviews with James Wooldridge, whose story I tell in 'The Soldier' (pp. 59-80). James was a gifted public speaker who had shared his account of becoming psychotic during officer training at the Royal Military Academy Sandhurst many times before we met, including at various mental

[115] I am grateful to Clare for agreeing to this interview, which was conducted with the sole purpose of helping me to write this critical reflection.

health awareness events and training days for medics. During the first couple of hours I spent with James, I realised he was telling me polished anecdotes. These were interesting, even entertaining – such was his skill as a raconteur – but I wanted to get behind that and for us to visit deeper truths, even if they lacked the polish of the stories he was used to sharing. So we carried on speaking. I have not had any training in journalistic interviewing, so I drew on my experience as a nurse, asking open questions and actively listening.[116] It was only in the quiet spaces between James's confident anecdotes that he began to reveal fragments of a deeper story of abandonment and vulnerability, and it was this story that I ultimately told.

Consider, for instance, the attention I gave to events from early in his childhood, during which James had witnessed the disintegration of his parent's marriage:

> James suspected this was at least partly his own fault. It couldn't have helped that he so frequently woke his parents up in the middle of the night with all of his worrying. What was he even worrying about? Nuclear war. The stuff in his Gideons Bible. The way that he smelled. At school he wore a thick woollen trench coat – not dissimilar to the kind his grandad would have worn in the army – and he would push his face into the rough fabric and inhale deeply. He smelled of stale wee, he was sure of it. That kept him awake, too. But mostly it was the stuff in his Bible. *I am the way. I am the light*. Too much reading; too little sleeping.

[116] A great deal has been written on the skill of 'active listening' in nursing. I recommend this personal reflection from a nurse who lost her voice and found this to be beneficial to the nurse/patient relationship: Kacperek L, 'Non-verbal communication: the importance of listening', *British Journal of Nursing*, 6:5 (1997), 275-9. doi: 10.12968/bjon.1997.6.5.275

> He could never seem to sleep. And waking his parents up all the time. That couldn't have helped.[117]

James didn't typically talk much about his early childhood when addressing conferences. But I had asked him about it in our interviews, and these few details revealing a picture of a vulnerable and worried little boy felt crucial to me. They showed a side of James that I believe remained present in his adulthood but was too easy to overlook.

This way of working, of searching for the story behind the story, meant that my interviewees, including James, were sometimes surprised by details I had chosen to include in their respective chapters. In recognition of this possibility and the vulnerability of the people I was writing about, I took the steps of sharing my draft material with each contributor under the stated agreement that I wouldn't seek their formal consent to publish until they were satisfied with the edit.

Sitting in her garden, Clare and I reflect on this dynamic. 'I saw it as my role to clear up any inconsistencies or misunderstandings,' she explains, 'rather than tell you how you should write it. But, of course, when I read it, there were things that I wished you hadn't put in.'

I ask for an example, but I already know what she will say. 'What I'd said about–' Her voice cracks a little, and we are both surprised at how suddenly tearful she becomes. 'It's still upsetting,' she says.

> There are different kinds of parental grief and it's possible to feel jealous of the circumstances that surround other children's deaths. This is something Clare teaches me. It is possible to see news footage of young soldiers who have been killed in Iraq, returned

[117] Nathan Filer, *The Heartland,* pp.59-60.

> to their parents in coffins draped with Union flags, and to desperately try to push away a feeling of envy because those parents can be proud of how their sons died.
>
> It's possible to be jealous of the mother whose child's life was cut short by leukaemia. *What a wonderful child, what a tragic loss. What a socially acceptable way to die.*
>
> It is possible to ache with guilt for having such thoughts. For this guilt to drain your energy, to send you to your bed. To compound your own messy and horrible and shameful kind of grief. Grief suffered alone.[118]

These were some of the paragraphs that Clare had found most upsetting to read. We recall our discussions from the time: that she had expressed misgivings about its inclusion and that I made a case for keeping it. I felt I had learned an important truth about maternal grief from her, something I had never read elsewhere.

'I didn't want you to take it out,' she tells me now.

I ask her what she did want.

She laughs. 'I kind of wish I hadn't said it in the first place. But I did want it to be as true as possible.'

I committed to sharing drafts with contributors for the reasons I've stated. However, on occasion, I feared that the consequent back and forth risked losing powerful moments that had surfaced from the depths of an interview. I could see why a contributor might be tempted to present an increasingly rational and

[118] Nathan Filer, *The Heartland,* p.100.

considered version of themselves with each new revision.

My task, then, was to balance my instincts as a storyteller with my ethical responsibility to the well-being of interviewees. As with the above paragraphs from Clare's story, I would make a case for why I had included a given detail or quotation, but I would also reiterate that the final decision was theirs. For one of the chapters, I wrote four complete drafts over eight months before arriving at an edit that the contributor was satisfied with. If the reader of this essay imagines this must have been a stressful way of working, they are correct. I carried the anxiety that, at any time, a contributor might choose to withdraw. It was a worry that I tried to keep hidden throughout the process so as not to exert any implicit emotional pressure. But I ask Clare about it now. Did she pick up on it?

She doesn't miss a beat. 'Oh yes! Because you made it clear that my agreement and sign-off were crucial. I was aware that I could have a change of heart, and you would be devastated.'

Evidently, I hadn't hidden my anxiety as much as I would have liked. And so, I cannot rule out the possibility that acquiescence played a part in the power dynamics between the contributors and me. Interestingly, Clare describes her power in this arrangement as 'unwanted'. Whoever has the power must grapple with the inherent responsibility. As a nurse, I'd had significant control over other people's lives. As an author, I was determined to surrender this to the people I was writing about. And yet, it was still my interpretation of their stories that we were discussing. I remained responsible for putting the words on the page. How successfully I navigated all of these conflicting forces remains an open question. It was doubtless an imperfect process.

Writing about mental health comes with a lot of responsibility and few guidelines.[119] The parameters of my relationships with distressed people and

[119] Some organisations have attempted to address this. See the charity, Mind: https://www.mind.org.uk/news-campaigns/minds-media-office/how-to-report-on-mental-health/

their families were well-defined when I was nursing. I was part of a team offering care and treatment. Yet, in meeting people to write *The Heartland*, my role felt less defined, its emotional boundaries more porous.[120] Often the hardest thing to reconcile was that my job wasn't to help people feel better despite this being my immediate impulse. Again, I was open with the contributors that they were not the project's intended beneficiaries. I was not interviewing them in a therapeutic capacity but rather to share their stories with others – and, of course, I hoped this would help some of those other people and contribute to public understanding. As it happens, that was Clare's primary motivation for being involved. 'If some good could come from my experiences,' she tells me, 'then that would be ultimately helpful, even if it might be painful and difficult in the short term.'

Another positive outcome for Clare is that she has been able to give the book to new people in her life. 'I don't have to tell them everything,' she says. 'I can just give them the book and say, "read that". It can start a discussion.' When doing this, she adds the caveat that they will be reading someone else's interpretation and not necessarily hers. It seems the version of Clare's story that lives in the pages of *The Heartland* doesn't quite belong to either of us. It was forged in a space between us, and in this space, it remains.

The same will be true of the other stories in the book – they each inhabit a world poised somewhere between writer and subject. Does this make them less true, less real? The sociologist, Arthur W. Frank, considers this question in *The Wounded Storyteller*. In fact, he goes a step further, questioning the veracity of first-person accounts if they have been published and so subject to an editorial process. He reflects on his own experience of publishing an illness memoir:

Also, the 'trauma-informed' media training offered by Safely Held Spaces: https://www.safelyheldspaces.org/about

[120] I similarly reflect on this in *The Heartland*, pp151-152.

> By the time [it] was ready for publication, I wondered if I had compromised too much and if the story was still "mine". I had written every word, but as editorial advice accumulated, I was less than confident whose voice was being written. Now I can hardly remember what those compromises were: either the book has become my experience, or my experience always was the book.[121]

Frank concludes that this distinction is unimportant. 'The truth of stories is not only what *was* experienced,' he writes, 'but equally what becomes *experience* in the telling and its reception.'[122]

I am undecided about that. To my mind, this way of thinking risks retrospectively justifying too many factual inaccuracies. But I remain intrigued by his broader point – that there exists a fertile intersection where 'an experience' and 'the story of that experience' meet. It's something that Clare and I circle during our discussion. I confess to her that I have forgotten many details from our extended interviews five years ago. So, for me, her chapter in *The Heartland* has become a definitive version of events (even though I am more aware than anybody of the compression, revision, anonymisation and compromise that shaped it). I am curious how my now fixed and unchangeable account of her story has interacted with the version she continues to live.

'People talk about closure,' she says. 'And you're never going to get closure. But in a real way, it's a chapter in a book, and it perhaps helped me think of it as a chapter in my life, too. Rather than a traumatic event that stops anything else from ever happening.'

I'll take that.

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[121] Arthur W.Frank, pp.21-22.
[122] Arthur W.Frank, p.22.

Earlier, I reflected on the first-person essayist's role as an 'instrument of illumination'. I believe that writing about other people's lives, especially vulnerable people, requires keen self-awareness. We considered how I have tried to use my narrative persona, not to draw attention to myself but to serve as a conduit between reader and subject. And I highlighted my efforts to be more or less visible on the page at different times to serve various aims.

As a general rule, I simply try not to get in the way of what I am writing about. In this respect, my deeply held feelings of uncertainty about the best ways to conceptualise and respond to extreme mental distress serve my writing. I've acknowledged that I'm not immune to professional biases. But neither am I staunchly aligned to any fixed position within the current mental health debates. I approached *The Heartland* as a student and so was disinclined to prioritise my voice or opinions over those of experts by experience. My attempts to engage in rigorous, critical, and ethical storytelling invite – to my mind, at least – an unshowy prose style that prioritises direct quotations from my contributors.

Notwithstanding that, in writing *The Heartland* and meeting Clare, I discovered that the divide between storyteller and story is not always clear-cut. During a meeting five years ago, Clare presented me with a heavy cardboard box bulging with official paperwork. The lid wouldn't close properly. I still have this box. It resides in my study and will do until the day that Clare wants it back, if that day comes.

Ostensibly, she gave it to me as additional material to inform my writing of her chapter, but it wasn't quite as simple as that. As she explained to me at the time, she couldn't bring herself to look through it, but neither did she want to throw it away. And so, handing it over to help with my research felt like a good way of letting go.

As I describe in *The Heartland*:

The box is mostly filled with the reams of hospital notes, medication charts, police reports, bail applications, care plans and various other documents that followed Joe through the final years of his life, along with the official inquests and correspondence that sought to make sense of his death.

There are other things, too, including things that Clare hadn't realised were in there. There are more photographs of Joe, a certificate he was awarded upon graduating from middle school and some positive school reports from when he was little, including one from a Grade Three teacher expressing how much she enjoyed teaching 'Joey'.

I tell Clare about these and on a subsequent visit we go through the box together to remove them. She wants to put them in another box that she's keeping. This one is smaller and much less full. 'He had so few possessions in the end,' she tells me. 'Nothing really salvageable, the flat was such a mess.'

She's kept his fake Zippo lighter, complete with cannabis leaf embossed on the side. His tobacco tin, wallet, mobile phone. There's a small trophy that he won with a youth basketball team as a little boy. There's some dried foliage taken from the wreath at his funeral.

With the new things added the box appears fuller. 'That looks better, doesn't it?' Clare asks.

It does. And I feel both utterly heartbroken and

profoundly privileged to share in this moment.[123]

So, sometimes, when we enter a person's life and ask them to tell us their story, we become a part of that story. Clare is a physicist and may appreciate an analogy from that world. In physics, the 'observer effect' is the disturbance of an observed system by the act of observation. If I had not taken the box of paperwork to aid with my research, the items from Joe's life might have stayed hidden.

I'd had to describe myself on the page to evoke the moment. But to remain present for the chapter's conclusion would have been intrusive. Yes, I had become a part of Clare's story, but only in a small way. I resolved that the last words should be her own. To this end, the chapter concludes with a letter that Clare wrote to Joe after his death.[124]

I cannot overstate the weight of responsibility I felt when writing about other people's lives. So finding such an opportunity to step aside was liberating. It also represents a creative and ethical decision pertinent to my subsequent audio storytelling, as we will now consider.

Stepping Aside (sort of)

In addition to my books and referenced articles, I submit for this PhD two works of audio: a BBC Radio 4 documentary entitled *The Mind in the Media*[125]

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[123] Nathan Filer, *The Heartland,* p.125-126.
[124] The full letter is included in this essay's appendix. It is also available online here: https://www.theguardian.com/lifeandstyle/2011/feb/05/letter-to-my-late-son-who-had-schizophrenia
[125] Nathan Filer, *The Mind in the Media,* prod. by Polly Weston (2017). This was part of BBC Radio 4's 'Archive on 4' documentary series and can be found here: https://www.bbc.co.uk/sounds/play/b08hl265

and the Arts Council England-supported podcast series, *Why Do I Feel?*[126] These were collaborative projects. I was the writer and presenter, but neither piece would have been possible to make without their respective producers, Polly Weston and Kelly Burgin.

If, as we have seen, *The Shock of the Fall* and *The Heartland* are connected works, then *The Mind in the Media* was a stepping stone between them. It is a documentary about the impact of arts and the media on public perception of mental health issues. Throughout the programme, I consider Ken Kesey's 1962 novel, *One Flew Over the Cuckoo's Nest* and its subsequent film adaptation; Robert Louis Stevenson's *Strange Case of Dr Jekyll and Mr Hyde*; Evelyn Waugh's *The Ordeal of Gilbert Pinfold*; the daytime TV talk show, *Kilroy*; *The Sun* and other tabloid newspapers; the films *Me, Myself and Irene* and *Melancholia*; the soap opera, *Eastenders*; and mental health blogging. While making this documentary, I first experimented with storytelling techniques that would later characterise *The Heartland*, including weaving together autobiographical reflections with personal interviews and expert testimony. And in the course of an interview with the horror novelist Ramsey Campbell, I reflect on my decision to have Matthew Homes commit an act of violence in *The Shock of the Fall*. Was I thinking only of my responsibilities as a writer – to create conflict and drama? I will not delve deeper into the specifics of that documentary here, though naturally, I invite the reader to listen to it. Instead, we will consider *Why Do I Feel?*, which is my most recent work and so, at least to some degree, represents the culmination of my creative and intellectual journey so far, as discussed in this essay.

At the start of 2021 (the year we released *Why Do I Feel?*) there were an estimated 1.7 million podcasts available online, a number that continues to

[126] Nathan Filer, *Why Do I Feel?,* prod. by Kelly Burgin (2021). This series is widely available online, including via Apple Podcasts here: https://podcasts.apple.com/gb/podcast/why-do-i-feel/id1581258985

grow.[127] And there is certainly no shortage of what might be broadly categorised as 'mental health' podcasts. These vary widely in their content and quality. Some are informed by evidence-based medicine; others are not and may even be harmful due to inaccurate content.[128] The podcast critic Fiona Sturges wryly describes a landscape 'awash with shows that grandly claim to break taboos around mental health, while drawing on the same topics and formats as the scores of other pod series professing to do the same.'[129] Unlike the other outputs I've described, *Why Do I Feel?* is a work-in-progress. At the time of writing this essay, I've made only one series and am still working out exactly what I want to achieve and can achieve with the medium.

My initial plan was to devote each episode to a discrete emotional concept such as 'anger', 'guilt' or 'envy' and explore this through stories. However, as the series progressed, this approach began to feel formulaic and self-limiting. Moreover, I felt that it fed into a 'categorical' way of thinking about our emotional landscape that I have cautioned against elsewhere in my work.[130] And so, by the time I reached the final episode of the series, I'd all but abandoned its initial premise. Rather than examine a single emotional state, I used the last episode to open the format up, investigating the harmful effects of online content moderation.[131] If the series had been a book, readers would be right to conclude that it lacked a clear direction of travel. But I suspect many

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[127] This is the number according to Nielsen, an information, data and market measurement firm that also likes to depress authors with their book sales.

[128] Wills, C.D., 'Using Mental Health Podcasts for Public Education', *Academic Psychiatry*, 44 (2020), 621–623. doi: 10.1007/s40596-020-01268-z

[129] Fiona Sturges, 'Deep thoughts about why we feel', *Financial Times*, 27 September 2021, p.24. Available online: https://www.ft.com/content/4e47a76e-6cf5-43aa-9e24-326e1d7f8bd3

[130] In much the same way that the categorical model of mental health diagnoses lacks scientific validity, the classical model of emotions (i.e. the assumption that each emotion has a distinct pattern of physical changes in the body and brain) has been significantly undermined by current research. For more on this see Lisa Feldman Barrett's 'Theory of Constructed Emotion' as described in her book *How Emotions Are Made: The Secret Life of the Brain* (London: Pan Books, 2017).

[131] I have also written an article on this, which can be found here: Nathan Filer, 'Modern-Day Sin-Eaters: Low paid workers consuming the worst horrors of the Internet', *Psychology Today*, 23 September 2021. Available online: https://www.psychologytoday.com/gb/blog/write-delete-write/202109/modern-day-sin-eaters

podcast listeners are more tolerant given the nature of the medium, so long as – to borrow from Vivian Gornick again – they are persuaded the writer (or host) is on a voyage of discovery. 'Podcasts seem to naturally evolve,' explains Ross Sutherland, host of the acclaimed series *Imaginary Advice*. 'Sometimes shows don't even realise it's happening. It's a by-product of the intimacy of the form. Makers put their lives into their shows. Real-life bleeds into the cracks. And people change, sometimes quickly. So the shows change with them.'[132]

For all that is in flux in *Why Do I Feel?,* it consistently seeks to elevate the often unheard voices of people who, for various reasons, found themselves living at the edges of life.

In 1977, when she was 22 years old, a graduate student named Maryann Jacobi Gray drove along a rural highway in Ohio. She was returning to her student accommodation from the nearby city of Cincinnati. It was a beautiful clear day in June, and Maryann was looking forward to getting home, jumping into a swimming pool and enjoying the start of summer. She was about fifteen minutes from home when she saw a figure out of the corner of her eye – a young child darting into the road. She slammed on her brakes and tried to swerve. To this day, Maryann keeps an indelible photo album in her head: the moment of impact, the body flying into the air, blood on the road. She knows she pulled over and got out of her car, but she doesn't remember doing that. Her next clear memory finds her hiding behind a bush, screaming.

The boy's name was Brian. He was eight years old. He died before reaching the hospital. Maryann's life was irrevocably altered at that moment. Her journey since has been extraordinary.

I interview Maryann Jacobi Gray on an episode of *Why Do I Feel?* entitled 'Guilty or Not Guilty?'[133] In this, we explore, among other things, the nuanced concepts of 'guilt', 'moral injury' and 'post-traumatic growth'. Moral

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[132] Ross Sutherland, personal interview, August 2022.
[133] *Why Do I Feel?* - 'Guilty or Not Guilty?', can be found here: https://podcasts.apple.com/gb/podcast/guilty-or-not-guilty/id1581258985?i=1000535792336

injury describes 'a constellation of feelings and thoughts' that arise from 'failing to live up to our moral standards, expectations or aspirations'.[134] It was undoubtedly a part of Clare's experience, as told in *The Heartland*, and my fictional protagonist's story in *The Shock of the Fall*. However, when writing those works, I was unaware of the term or any associated research, so I wanted to dig deeper on the podcast. The reader will recall from the previous chapter that I was reluctant to portray a simplified 'recovery narrative' in my fiction and cited limitations of this ubiquitous story arc.[135] Post-traumatic growth is certainly a form of recovery but can be seen to occupy a more psychologically rich and complex space than many such narratives. It does not describe the return to a medically pre-morbid state or resilience to suffering. Instead, it is a journey of 'meaning-making' that draws positive change from the struggle with trauma and can bring a person to a place of stronger values and a more profound connection with their experience.[136]

Interviewing Maryann and the other contributors of *Why Do I Feel?* was markedly different from interviewing people for *The Heartland*. When conducting interviews for the book, I spent a good deal of time circling painful subjects with interviewees, approaching a moment, stepping back, and revisiting later. When asking about something they found upsetting or shameful, my questions were often hesitant, containing numerous parenthetical provisos intended to put them (and, I suppose, myself) at ease. It wasn't a problem if these questions weren't especially well-formed as they would never appear on the page. Similarly, although I hoped for useable quotations from the interviewees, it didn't matter if they could not precisely articulate something so

[134] This is the definition offered by Maryann Jacobi Gray's charity, Accidental Impacts. For more information visit: https://accidentalimpacts.org/moral-injury/
[135]Again, see: Rennick-Egglestone S. et al.
[136] For an overview, I recommend: Richard G. Tedeschi & Lawrence G. Calhoun, 'Posttraumatic Growth: Conceptual Foundations and Empirical Evidence', *Psychological Inquiry*, 15:1 (2004), 1–18. doi: 10.1207/s15327965pli150101

long as I got a fair sense of their meaning. On the page, I could fill in the gaps. And I could clarify any uncertainties when sharing drafts.

In contrast, when recording interviews for *Why Do I Feel?* I needed to be more precise when formulating my questions – questions that the audience would hear – and the useable quotation (or 'soundbite') was of greater importance. Of course, much can be achieved in an edit. I interviewed Maryann for over an hour but quickly chopped that down to forty minutes in the editing suite.[137] And the listener will note that I occasionally add short sections of script, recorded after the interview, to bridge gaps in Maryann's narrative and drive the story forward. It may have been a force of habit that saw me shuffling around the audio so that the first twenty seconds of 'Guilty or Not Guilty?' give a glimpse of the car accident (blood, sirens, police car…) before I introduce the episode's major themes. So, once again, starting at the bottom of S.I. Hayakawa's 'ladder of abstraction' before climbing upwards. It is also an example of *in medias res* storytelling, a technique that I similarly deploy in 'The Many Faces of Anger'. This episode focuses on the story of 'Leah' who has spent time in prison for serious crimes. Her story is one of revenge. I introduce it with a clip of her speaking animatedly over a suspenseful sound effect:

> I wanted revenge on those people. How dare you? How dare you give me the sack from there? I brought so much to that place and this is your treatment. So I seeked through some of my criminal friends, how can we get our own back on them? I just went in a dark

[137] For *Why Do I Feel?* my producer and I used an audio editing package called 'Descript'. This software transcribes spoken audio, meaning that the user can simply cut and paste the transcript as though editing a word document. This meant that, as a writer with no audio software expertise, I was still able to edit full 'drafts' of episodes. Only when we were happy with these would my producer use more advanced software to clean up glitches, add special effects and original music, and so create the podcast's aural aesthetic quality.

> place and I seeked about how … how I could get to them.
>
> (9min 10secs – 9min 42secs)[138]

Those were not the first words that Leah told me in our interviews. But I felt they made for a compelling point of entry that might seize the listener's attention. Where and how to enter a story is something that I frequently discuss with my creative writing students. 'Drop the reader in the thick of it,' I advise. 'They'll work out what's going on soon enough.' I'm influenced by Kurt Vonnegut, who said it best in one of his nine rules for writing fiction: 'Start as close to the end as possible.'[139]

It occurs to me now that I may overuse this technique. The danger is that it becomes formulaic, self-conscious. But either way, it's an example of how I work as a storyteller *behind* the storytellers on the podcast.

That raises a question: Whose story is it?

I'll return to that in the context of the podcast momentarily. But, first, it is a question worth applying to my previously discussed outputs. Or at least, an awareness of the question provides a lens through which to compare those works. When writing *The Shock of the Fall,* the story was mine and mine alone. As I described in the previous chapter, writing that novel felt like a roleplaying or acting exercise. There was no discernible distance between me as a storyteller and my protagonist. I worked to *inhabit* the character of Mathew Homes and, in doing so, explore the unyielding complexity of mental illness more deeply than I had felt able to do in my academic writing.

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[138] *Why Do I Feel?* - 'The Many Faces of Anger', can be found here: https://podcasts.apple.com/gb/podcast/the-many-faces-of-anger/id1581258985?i=1000536140764 (Leah is a pseudonym. All decisions about anonymity were made by the contributors.)

[139] Vonnegut's nine rules are ubiquitous online. They originate from the introduction of his short story collection *Bagombo snuff box: uncollected short fiction* (New York: Putnam, 1999). For an enjoyable interrogation of these rules, I recommend Fay Weldon's blog: https://fayweldon.co.uk/writing-tip/the-nine-rules-of-vonnegut-blessd-be-his-name/

In contrast, when writing *The Heartland,* there was necessarily a distance between storyteller and subject. I was the writer, but I didn't own the stories. I haven't lived their unflinching truth in the ways my contributors have. Yes, I got close to them, felt them move and change me, and let them teach me – and, by extension, my readers – about the multiplicity of experiences inherent to schizophrenia. But I never attempted to inhabit them, per se. Instead, my role as a storyteller was to create a narrative persona – not quite me, but not anyone else either – that could *mediate*, to bridge the gap between my reality and that of another.

In *Why Do I Feel?* my role was subtly different. In creating that work, I sought to provide a framework into which other people's stories could slot and be safely held. I was still a storyteller in this process: asking a careful question here, making a judicious edit there. But I saw it as my principal role to *bear witness*. 'Guilty or Not Guilty?' runs to forty-two minutes. The listener hears Maryann's voice for thirty-four minutes and mine for just eight. I will not minimise the importance of those eight minutes. I use them to frame the episode, to ask what I believe are helpful questions, to draw out unvisited aspects of Maryann's story, reflect on the wider picture and show compassion. I am not trying to be invisible. I needed to be present with Maryann, very much *with her*, but at the same time unobtrusive. Returning, then, to the question of whose story it is. I do not have a definitive answer to this – and arguably it is too reductive a question given the collaborative nature of an interview – but my stated objective to elevate the words and voices of my guests, in all their emotional complexity, prevented me from interfering too much or editing too neatly.

Nevertheless, I was still conscious of the interaction between my desire to share authentic, meaningful, complex portrayals of people's mental states and what I perceive to be the dramatic demands of storytelling. My editorial decision to start Maryann's and Leah's stories *in medias res* is evidence enough that I

wasn't *only* bearing witness. But I believe that I was able to do so far more than had been possible through my previous work. Curiously, I think this change in my role also positioned me closer to my audience. Writing a book is self-evidently different to reading one. But interviewing for an audio broadcast is not so fundamentally removed from hearing an interview, especially given my preference for asking just a few open questions and then allowing the interviewee to speak with minimal interruption. It occurs to me that I have come full circle, my contribution closer to that of a mental health nurse again: asking careful questions to elicit an honest response, then listening.

And yet, it is perhaps a different quality of listening to that of the health professional. As a nurse, I heard many stories and thought a lot *about* those stories. As Arthur W. Frank observes, 'Professionals understand stories as something to carry a message away *from* – as in, "What did you learn from that history?"[140] He notes: 'To think about a story is to reduce it to content and then analyse that content.'[141] But as I listen to the testimony of the *Why Do I Feel?* contributors, I believe that I am able to think *with* their stories as well as *about* them. To think *with* a story, suggests Frank, means to take the story as already complete rather than seek to go beyond it. It means to join with it, 'allowing one's own thoughts to adopt the story's immanent logic of causality, its temporality, and its narrative tensions.'[142]

I hope that listeners of *Why Do I Feel?* will think with its stories, too. I do not present them to support arguments. But simply to be with them, to let them resonate, let them lead the way. 'One of our most difficult duties as human beings,' writes Frank, 'is to listen to the voices of those who suffer. The voices of the ill are easy to ignore, because these voices are often faltering in tone and

[140] Arthur W. Frank, p.159.
[141] Arthur W. Frank, p.23.
[142] Arthur W. Frank, p.158.

mixed in message, particularly in their spoken form before some editor has rendered them fit for reading by the healthy.'[143]

I am an editor of people's voices — both on the page and in my work in audio. But I am not an editor who seeks to fix a faltering tone or straighten out a mixed message. On the contrary, I am drawn to these things and what I believe are the deeper human truths woven through them.

As I previously stated, I am still relatively new to working in audio and still figuring out what I can achieve with the podcast form and how best to utilise my narrative persona. But I am persuaded, at least, that the medium can serve and advance the mental health conversation. And it represents an important step in my own creative and intellectual process: not to *inhabit*, not to *mediate* but to *bear witness*. To think with the stories of others, to hear their voices, and, in doing so, honour them.

[143] Arthur W. Frank, p.25.

Conclusion

What Happens Next

Madness, in its myriad forms, cannot be understood if examined only through a single lens. Research from health and science-based disciplines is essential. So, too, is input from the arts and humanities, uniquely placed to explore personal, political and cultural dimensions. I have been privileged to move between these disciplines. My formative experiences in healthcare are woven through the fabric of my creative work. And yet, I have approached this work not as a nurse but as a storyteller.

In this essay, I have reflected on my significant publications of the past ten years, alongside seminal creative texts and mental health theories that my work exists in conversation with. I have been guided by a question: how can we tell stories that honour the unyielding complexity of mental illness and trauma while remaining alert to the challenges of engaging a general audience?

Of course, there could never be a simple or definitive answer to this. Nevertheless, I hope I've adequately articulated a rigorous response to the challenge – and one that might be instructive to other writers engaged in similar work. At the heart of my approach has been an impulse to revisit themes, ideas and questions through different storytelling forms. I have considered fiction as a means to imaginatively inhabit an experience of schizophrenia, narrative nonfiction as a mediation between lived realities, and, in audio work, the act of stepping aside to bear witness to wounded storytellers. My creative journey can be seen to mirror changes in the wider landscape. Aminatta Forna, an author and academic who writes extensively on trauma, notes that in recent years 'the world of literature has seen a shift in narrative power from the hands of observers into the hands of the sufferers.'[144] This

[144] Aminatta Forna, 'Civil Conflict, Trauma & Resilience: A Reflection on My Own Work', PhD thesis (2020), p.41.

notion of 'observer' and 'sufferer' (or 'us' and 'them') has been a recurring theme in this essay and is something that my work consistently seeks to deconstruct.

When *The Heartland* was published in paperback, my publisher rebranded it as *This Book Will Change Your Mind About Mental Health*. It was a marketing exercise, and I didn't protest. But neither did I feel comfortable with the boldness of the claim.

'Madness', 'mental illness', 'psychological trauma': as we have seen, these are vast and endlessly contested concepts. I still hold so much uncertainty in my own mind, let alone presuming to change anyone else's. Or at least, I have not set out to change people's minds in any specific way or with a particular agenda. But it would be fair to say that I have aimed to bring my audience closer to the subject and illuminate it. In doing so, I hope to foster a greater 'emotional understanding'.

I often talk with my creative writing students about what separates our writing from what we expect in scientific journals, textbooks or instruction manuals. We tend to settle on the emotional dimension. Creative writing is intended to make us *feel* things as well as *think* things. In attempting to bring my audience to this emotional understanding, I have told stories of real and imagined people who have suffered greatly. That is a considerable responsibility. It has required me to work with empathy and respect.

It has also required me to make judicious creative choices and, at times, compromises, as I have reflected on throughout this essay. The title change of my book can be seen as a microcosm of this central dilemma. It is an overt creative compromise, deploying bold rhetoric over nuance to attract a wider readership.

I sometimes confess to my students that I had no idea how I wanted to end *The*

Shock of the Fall until writing the last page. In the event, I concluded with a scene that shows its protagonist looking forward beyond the story he has shared.

> I'll stack these pages with the rest of them, and leave it all behind. Writing about the past is a way of reliving it, a way of seeing it unfold all over again. We place memories on pieces of paper to know they will always exist. But this story has never been a keepsake – it's finding a way to let go. I don't know the ending, but I know what happens next. I walk along the corridor towards the sound of a Goodbye Party. But I won't get that far. I'll take a left, then a right, and I will push open the front door with both hands.
>
> I have nothing else to do today.
>
> It's a beginning.[145]

I ended *The Heartland* with the same final line: 'It's a beginning.'[146] In the case of the latter book, it is the reader who I am trying to persuade to look beyond the book's pages. I make the case that they are now part of a crucial conversation and ask them to carry it on.

As I bring this essay to a close, it is my turn to look to the future. I have reflected on my previous publications, my creative and ethical choices, writing about the past, reliving it. But what happens next?

It is unlikely that I will write another book about schizophrenia or return to the subjects of mental health and healthcare quite so directly. In making my podcast, I have already moved towards exploring emotional responses that are

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[145] Nathan Filer, *The Shock of the Fall,* pp.306-307.
[146] Nathan Filer, *The Heartland*, p.230.

less bound up with notions of ‘mental illness’ or ‘pathology’. Perhaps I will follow this path and see where it leads. I have shown my inclination to work across narrative forms; maybe that will remain a feature of my practice. I am convinced that revisiting a complex subject through multiple creative disciplines enriches understanding. In this essay, I’ve focussed on fiction, narrative nonfiction and audio, but I also work with poetry and film and may return to these.

I don't know. I haven't decided.

However, this investigation has reaffirmed my belief that people ‘living at the edges’ have stories worth telling and worth telling well.

None of us is immune to illness, accident or trauma. It serves us all to engage with these stories: to think about them and *with* them.

So I’ll keep doing that.

A line at a time.

References

Aboraya A, Rankin E, France C, El-Missiry A, John C, 'The Reliability of Psychiatric Diagnosis Revisited: The Clinician's Guide to Improve the Reliability of Psychiatric Diagnosis' *Psychiatry (Edgmont),* 3:1 (2006), 41-50.

Accidental Impacts (website): https://accidentalimpacts.org/moral-injury/

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 2nd edition (1968).

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition (1980).

Bajwa, S, Boyce, N, and Burn, W, 'Researching, practising, and debating mental health care', *The Lancet*, 5:12 (2018), 954. doi.org/10.1016/S2215-0366(18)30438-3

Barrett, Lisa Feldman, *How Emotions Are Made: The Secret Life of the Brain* (London: Pan Books, 2017).

Belluck, Pam and Carey, Benedict, 'Psychiatry's Guide Is Out of Touch With Science, Experts Say', *New York Times*, 6 May 2013.

Brain, Tracy, 'Sylvia Plath and You', in *Sylvia Plath in Context*, ed. by Tracy Brain (Cambridge: Cambridge University Press, 2019), pp.84-93.

British Psychological Society, 'Working with a Psychologist: Understanding formulation' (BPS, 2019).

Broks, Paul, *Into the Silent Land* (London: Atlantic Books, 2003).

Broks, Paul, 'Mind Fields', *Literary Review,* June 2019. Available online: https://literaryreview.co.uk/mind-fields

Charon, Rita, *Narrative Medicine: Honouring the Stories of Illness* (Oxford: Oxford University Press, 2006).

Charon, Rita, *TEDx Talk: Honoring the stories of illness* (2011). Available online: https://youtu.be/24kHX2HtU30

Clark, Roy Peter, *Writing Tools: 50 Essential Strategies for Every Writer* (New York: Little, Brown, 2008).

Corrie, Sarah and Lane, David A., *Constructing Stories, Telling Tales A Guide to Formulation in Applied Psychology* (London: Routledge, 2010).

David, Anthony S., 'The Heartland: Finding and Losing Schizophrenia', *Cognitive Neuropsychiatry*, 24:5 (2019), 386-388. doi: 10.1080/13546805.2019.1643298

David, Anthony, *Into the Abyss: a neuropsychiatrist's notes on troubled minds* (London: Oneworld Publications, 2020).

Dederer, Claire, *Monsters: A Fan's Dilemma* (New York: Alfred A. Knopf, 2023).

Deisseroth, Karl, *Connections: The New Science of Emotion* (London: Penguin, 2021).

Epstein, Leslie, 'Tips for Writing and Life' (Epstein sent me this document following our personal correspondence in 2021).

Filer, Nathan, 'Borderline Personality Disorder: attitudes of mental health nurses', *Mental Health Practice*, 9:2 (2005), 34-36.

Filer, Nathan, *The Shock of the Fall* (London: HarperFiction, 2013).

Filer, Nathan, 'Mental health care: where did it all go so wrong?', *The Guardian,* 25 January 2014, pp. 30-31. Also available online: https://www.theguardian.com/society/2014/jan/25/nathan-filer-mental-health-care-where-did-it-go-wrong

Filer, Nathan and Weston, Polly, *Archive on 4 - The Mind in the Media* (2017). Available to listen online: https://www.bbc.co.uk/sounds/play/b08hl265

Filer, Nathan, *The Heartland: Finding and Losing Schizophrenia* (London: Faber, 2019).

Filer, Nathan, *This Book Will Change Your Mind about Mental Health: A Journey into the Heartland of Psychiatry* (London: Faber, 2019).

Filer, Nathan, 'Mad Fiction: who has the right to write what?', *Asylum Magazine*, 27:4 (2020), 10-11. Also available online:

https://asylummagazine.org/2020/12/mad-fiction-who-has-the-right-to-write-what-by-nathan-filer/

Filer, Nathan and Burgin, Kelly, *Why Do I Feel?* (2021) Available to listen online, including at: https://podcasts.apple.com/gb/podcast/why-do-i-feel/id1581258985

Filer, Nathan, 'Modern-Day Sin-Eaters: Low paid workers consuming the worst horrors of the Internet', *Psychology Today*, 23 September 2021. Available online: https://www.psychologytoday.com/gb/blog/write-delete-write/202109/modern-day-sin-eaters

Fitzpatrick, Kylie, 'Curative Writing' (a presentation given at Bath Spa University for the Research Centre of Mental Health, Wellbeing and Creativity on 23 June 2021).

Forna, Aminatta, 'Civil Conflict, Trauma & Resilience: A Reflection on My Own Work', PhD thesis (2020).

Foulkes, Lucy, *Losing Our Minds: What Mental Illness Really Is – and What It Isn't* (London: Random House, 2021).

Foulkes, Lucy, 'Is it your personality or a disorder?', *The Guardian Saturday Supplement*, 16 October 2021, p.77.

Frank, Arthur, W., *The Wounded Storyteller*, 2nd edition (The University of Chicago Press, 2013).

Gold, Joel, and Gold, Ian, *Suspicious Minds: How Culture Shapes Madness* by Joel Gold and Ian Gold (New York: Free Press, 2014).

Gornick, Vivian, *The Situation and the Story* (New York: Farrar, Straus and Giroux, 2002).

Gottschall, Jonathan, *The Storytelling Animal: How Stories Make Us Human* (Boston: First Mariner Books, 2013).

Grant, A, Biley, F and Walker, H (editors), *Our Encounters with Madness* (Monmouth: PCCS Books, 2011).

Grosz, Stephen, *The Examined Life: How We Lose and Find Ourselves* (London: Vintage, 2014).

Harvey, Sam, 'Odd, unnatural activities: The writing of a philosophical novel', PhD thesis (2011).

Haslam, John, *Illustrations of Madness* (G. Hayden, and sold by Rivingtons, Robinsons, Callow, Murray, and Greenland, 1810).

Johnstone, Lucy, and Dallos, Rudi, *Formulation in Psychology and Psychotherapy: Making sense of people's problems* (London: Routledge, 2014).

Johnstone, Lucy, personal correspondence, 2018, 2022 and 2023.

Kacperek L, 'Non-verbal communication: the importance of listening', *British Journal of Nursing*, 6:5 (1997), 275-9. doi: 10.12968/bjon.1997.6.5.275

Kelly, Stuart, 'Book review: The Heartland: Finding And Losing Schizophrenia, by Nathan Filer', *The Scotsman*, 21 June 2019. Available online: https://www.scotsman.com/arts-and-culture/books/book-review-heartland-finding-and-losing-schizophrenia-nathan-filer-1414854

Lack, Caleb, 'Abnormal Psychology: The History of Mental Disorders'. Available online: https://www.coursehero.com/study-guides/abnormalpsychology/history-of-the-dsm/

Laing, R.D., and Esterson, Aaron, *Sanity, Madness and the Family* (London: Routledge, 2016).

Marsh, Henry, *Do No Harm: Stories of Life, Death and Brain Surgery* (London: W&N, 2014).

McCarthy-Jones, Simon, 'Is Shame Hallucinogenic?' *Front Psychol*, 8:1310 (2017). doi: 10.3389/fpsyg.2017.01310

McCarthy-Jones, Simon, 'The shock of the fall', *Psychosis,* 10.3 (2018), 237. An extended version of this is available online: https://simonmccarthyjones.wordpress.com/2018/02/05/the-shock-of-the-fall-by-nathan-filer-book-review-and-analysis/

Mind (website): https://www.mind.org.uk/news-campaigns/minds-media-office/how-to-report-on-mental-health/

Murray, Robin M., 'Mistakes I Have Made in My Research Career', *Schizophrenia Bulletin*, 43:2 (2017), 253–256. doi: 10.1093/schbul/sbw165

Myers, Miles A., 'Fictional Narrative as Speech Event', *Educational Resources Information Centre*, (1982), 1-153. Available online: https://files.eric.ed.gov/fulltext/ED252857.pdf

Nielsen, 'The Podcast Audience is Growing, But Advertiser Focus Should be Sharpening', February 2021. Available online: https://www.nielsen.com/insights/2021/the-podcast-audience-is-growing-but-advertiser-focus-should-be-sharpening/

NMC, 'The Code'. Available online: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

O'Connor, Flannery, *Mystery and Manners: Occasional Prose* (New York: Farrar, Straus, & Giroux, 1970).

Parkinson, Hannah Jane, 'Journeys through troubled minds', *The Observer*, 2 June 2019, section The New Review, pp.44-45. Also available online: https://www.theguardian.com/books/2019/jun/02/the-heartland-nathan-filer-review-schizophrenia?CMP=share_btn_tw

Plath, Sylvia, *The Bell Jar* (London: Faber, 2019 edition).

Prose, Francine, *Reading Like a Writer* (London: Aurum Press, 2012).

Read, J., et al., 'Child Maltreatment and Psychosis: A Return to a Genuinely Integrated Bio-psych-social Model', *Clinical Schizophrenia and Related Psychoses*, 2:3 (2008), 235-54.

Read, J and Dillon, J (eds), *Models of Madness: Psychological, Social and Biological Approaches to Psychosis* (London: Routledge, 2013).

Read, J, Harper, D, Tucker, I, and Kennedy, A, 'Do Adult Mental Health Services Identify Child Abuse and Neglect? A Systematic Review', *International Journal of Mental Health Nursing,* 27 (2018), 7–19. doi:10.1111/inm.12369

Recovery in the Bin (website): https://recoveryinthebin.org/

Rennick-Egglestone S, Ramsay A, McGranahan R, Llewellyn-Beardsley J, Hui A, et al. 'The impact of mental health recovery narratives on recipients experiencing mental health problems: Qualitative analysis and change model', *PLoS ONE*, 14:12: e0226201 (2019). doi: 10.1371/journal.pone.0226201

Sacks, Elyn R., *The Center Cannot Hold: My Journey Through Madness* (London: Hachette Book, 2007).

Safely Held Spaces (website): https://www.safelyheldspaces.org/about

Salinger, J.D., *The Catcher in the Rye* (London: Penguin Books, 1976 edition).

Salisbury, Helen, 'The ethics of medical memoirs', *BMJ*, 367:l6270 (2019). doi:10.1136/bmj.l6270

Sanford, John, 'Human Rights: A Novel Idea?', *Stanford Report*, 17 April 2002. Available online: https://news.stanford.edu/news/2002/april17/hunt-417.html

Saunders, George, *A Swim in a Pond in the Rain* (New York: Random House, 2021).

Sehgal, Parul, 'The Case Against the Trauma Plot' *The New Yorker*, 27 December 2021. Available online: https://www.newyorker.com/magazine/2022/01/03/the-case-against-the-trauma-plot

Stein, Sol, *Solutions for Writers: Practical Craft Techniques for Fiction and Non-fiction*. (London: Souvenir Press, 1998).

Stevens, Nell, *Bleaker House* (New York: Doubleday, 2017).

Storr, Will, *The Science of Storytelling* (London: HarperCollins, 2019).

Stott, Rebecca, *Ghostwalk* (London: W&N, 2008).

Sturges, Fiona, 'Deep thoughts about why we feel', *Financial Times*, 27 September 2021, p.24. Available online: https://www.ft.com/content/4e47a76e-6cf5-43aa-9e24-326e1d7f8bd3

Sutherland, Ross, personal correspondence, August 2022.

Tedeschi, R. G., & Calhoun, L. G., 'Posttraumatic Growth: Conceptual Foundations and Empirical Evidence', *Psychological Inquiry*, 15:1 (2004), 1–18. doi: 10.1207/s15327965pli150101

Vonnegut, Kurt, *Bagombo snuff box: uncollected short fiction* (New York: Putnam, 1999).

Wang, Esmé Weijun, *The Collected Schizophrenias* (London: Penguin, 2019).

Weldon, Fay, personal exchange, October 2016. For Weldon's discussion of Vonnegut, see: https://fayweldon.co.uk/writing-tip/the-nine-rules-of-vonnegut-blessd-be-his-name/

Wills, C.D., 'Using Mental Health Podcasts for Public Education', *Academic Psychiatry*, 44 (2020), 621–623. doi: 10.1007/s40596-020-01268-z

Yalom, Irvin D., *Love's Executioner, and Other Tales of Psychotherapy* (New York: HarperPerennial, 1989).

Appendix

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