

# ESSAY

## SHE IS TOO FOND OF BOOKS

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I was always going to be a nurse; as far back as I can remember I had the uniform in the dressing up box and was allowed to sit up and watch *Emergency Ward 10*, even on a school night. I had ailing dolls to be nursed back to health whilst my brother was busy being the Lone Ranger (and doubtless needed my assistance whenever he fell off his horse). I was a Coronation year baby, my brother two years older, and we were a typical 1950s post-war working-class family with little money to spare but sure that hard work and application would get us everywhere, along with play, laughter and imagination. My parents, as yet unknown to each other, had both been fourteen when the Second World War broke out. My dad had unwittingly signed up for a war by leaving school the moment he could and joining the Royal Marines as a boy bugler in May 1939. He was immediately sent off to the battleships at Scapa Flow, whilst my mum's education was seriously interrupted and to her eternal regret never really resumed.

I was always an avid reader and my parents encouraged me. I can't remember returning from a shopping trip with my mum without having been bought a book, and on our Saturday walk my dad would always take me to the library, my borrowed books often finished by Sunday. Expectations for working-class children in state schools must have been very different at that time because I remember being sent home from junior school with a letter from the head teacher suggesting that I was reading too much and would become an empty shell, advising that it would be in my best interests if my bookish tendencies were curbed. I can only imagine my parents' response to this because whilst I was going to be a nurse I was also going to sit the Eleven Plus and have a 1960s grammar school education. Thankfully the Grammar had a different approach to my junior school. Wherever you are Miss Maud from Nonsuch Girls, I thank you. I value intensely the Shakespeare soliloquies

learnt by heart, even though I could really use the brain space to remember where I've parked my car.

When I pitched up at Great Ormond Street for my first day of nurse training I had Ross and Wilson's *Anatomy & Physiology* and also a box of my treasured literary books. I was soon very glad of them. I hadn't bargained for the impact of 12-hour shifts on my feet, but it was sheer bliss to collapse on my bed with a book. You could read in quiet moments on night duty too, and if you sat in the line of greatest visibility through the ward you could easily tuck a book inside the bib of your apron when Night Sister came round. Curiously the books that provided a welcome relief or distraction then, now seem to call back those times, full of what I thought I was escaping. As William Hazlitt said of favourite books:

**They are the pegs and loop on which we can hang up, or from which we can take down, at pleasure, the wardrobe of moral imagination, the relics of our best affections, the tokens and records of our happiest hours... they give us the best riches... and transport us, not over half the globe but over half our lives, at a word's notice.**

As I gaze at the cracked spines of the 30p Penguins, the Françoise Sagans, the Margaret Drabbles and the H.E. Bates, I am back there in a heartbeat, my older feet aching in sympathy with my young ones.

There was an event that changed the direction of my career. At the start of training, I had my sights set on being a hospital nurse but in the second year my brother, the Lone Ranger always falling off his horse, was diagnosed with Acute Myeloblastic Leukaemia, just three weeks after his wedding. It was a very big horse to fall off and to my sorrow this time I couldn't put it right. He died during my third year and I'd had enough of hospitals.

Newly married and living in rural Devon (now with three trunks of books) I opted to train as a health visitor, the best career move of my life, and I have worked as a health visitor in various guises ever since.

But it was always obvious that the love of books and reading would overtake me and make new demands and despite working a full-time caseload and having three teenagers, the hankering to do an English Literature degree overcame me in 1996. Truth be told, I was a little jaded with the NHS, weary of listening to other people's problems, and of the emotional detachment of clinical writing and the objective thinking required. Surely there had to be more words in the English language than bowels, stools and urine. Six years, later I had my Honours degree, blessing my family profusely for their support and bowing to the inspiration that is the Open University along the way.

It was a chance meeting with the world of Medical Humanities, and in particular narrative-based medicine at a conference in 2001 that made me realise I had unwittingly created a bridge for myself between these two unique worlds. Literature and Medicine were now recognised as mutually conversant disciplines, and my reading life took on new and exciting directions. As I listened to Arthur Franks, author of *The Wounded Storyteller*, speak of the need for people to tell stories to make sense of their pain and move towards healing I saw these two seemingly disparate routes in my life converge. As he identified the three basic narratives of illness, that of restitution and getting well again, that of chaos when the illness seems to stretch on with no end in sight, or of quest, citing the illness as transformation and a chance to become someone new, I realised how this process could be applied to much more than illness – to people struggling with life events too.

Reading recommendations were flying around the room and I came away inspired. *The Magic Mountain* by Thomas Mann; *When A Doctor Hates a Patient* by Richard Peschel; Susan Sontag's *Illness as Metaphor* and Robin Downie's wonderful anthology, *The Healing Arts*. Then there were the doctors who write, Mikhail Bulgakov's *A Country Doctor's Notebook*, the short stories of Chekhov, the writing of Oliver Sacks and the poetry of Danie Abse.

T.S. Eliot suggested that 'we read many books because we cannot know enough people' but I knew plenty, I had a caseload of 400 families and what was I doing on a daily basis as I visited them at crucial moments in their lives, if not listening to their stories? But I have long known that books can contribute much to that understanding too, the anxieties of life with a new baby, the moments when life goes painfully off track as with child abuse or domestic violence, episodes of grief and loss, depression and serious illness all the stuff of real life but also of fiction and non-fiction.

Each working day became a sort of living, breathing experience of the oral tradition of story-telling and I learned to listen with a new intent. I quickly started to recognise the 'wounded storytellers' amongst those I was visiting, people who may not necessarily be struggling with illness but who were nevertheless somewhere on Alfred Franks' spectrum.

It's hard to convey the devastating impact of a stillbirth on a family and you hope not to meet it on too many occasions in a health visiting career, but Julia Leigh's haunting and spare prose in her novella *Disquiet* captures that grief in perfect pitch. If a writer moves onto my turf I unwittingly set them impossibly high standards; above all I need to sense a safe pair of hands and to feel some veracity to the human condition. One moment in *Disquiet* took me back to the day very early on in my career when, responsible for my first caseload after qualifying, I had sat

with a young mum who had just given birth to stillborn triplets eight months into her pregnancy. I well recall the brittle silence of her pain as we sat in her kitchen looking at the pictures of her babies. Nowadays pictures are taken routinely if the parents wish but it wasn't the case then; the young mother had chosen to create this precious memory for herself. She had washed and dressed, and held and loved her babies, and I wonder now why it was not ever thus. But I remember at the time feeling both inwardly disconcerted by something I had not seen before and acutely aware that it was crucial to this mother's well-being that I responded appropriately, acknowledged her beautiful babies and accepted this moment of sharing as a privilege. I needn't have worried, I was twenty five, I cried and I have never regretted those tears.

The relationship between medicine and literature is two-way. Often the situations I meet at work give insight into the books I read and, not infrequently, books supply some sense or detail that brings new understanding to that work. Disquiet and memoirs such as *An Exact Replica of a Figment of My Imagination* by Elizabeth McCracken have helped equip me to support parents who have had a stillbirth.

Over the years I have had cause to visit and work with many mums suffering from post-natal depression, a subject that Charlotte Perkins Gilman experienced firsthand and wrote about in *The Yellow Wallpaper*. For those who may not have read the book, the nameless young wife accompanied by her doctor husband John, arrives at a house in the country for rest and recuperation from what is clearly a case of post-natal depression, minus the baby who is being cared for elsewhere. Reading the book again recently, I thought I'd try to quell the rage that the book provokes (against the medical and social views of the times, against John), and look at the actual condition of Wife of John.

The Edinburgh Postnatal Depression Score is one of those tools which evidence-based medicine brings in and out of fashion. Ten questions, a choice of responses, the higher the score the greater the level of depression which might seem a little like diagnosis-by-numbers but the EPDS has enabled professionals to bring the subject of post-natal depression into the open, allowing mothers to tell their narrative without fear of being judged to have somehow failed at motherhood.

Years ago we never really knew what to say or how best to treat post-natal depression, leaving many women to suffer alone and in silence much as the woman in *The Yellow Wallpaper* did. I scored Wife of John on the EPDS, and I suspect she moves from an initial score of 23/30 towards 30/30 in the space of about six pages, a startling increase, but this new reading of *The Yellow Wallpaper* had one unexpected outcome for me. Feminist readings condition a harsh response to John but whilst acknowledging that his treatment of his wife undoubtedly would have

made her condition worse (and many is the time I have wished much evil to befall him) it struck me forcibly this time that we only have Wife of John's side to the story. Reliable narrator? Unreliable narrator? Reliable unreliable narrator? Even as we credit the truth of her experience, how can we possibly interpret her voice accurately?

Wife of John is very unwell, eventually psychotic, and for husbands and partners the scenario of post-natal depression can be very frightening and extremely difficult to manage. They want their loved ones to be well again, for life to resume as normal. Suddenly I sensed the presence of John's anguish too; a book I thought I knew well and could guarantee my responses to had shifted.

**Dear John! He loves me very dearly and hates to have me sick... It's getting to be a great effort for me to think straight. Just the nervous weakness I suppose... He said I was his darling and his comfort and all he had, and that I must take care of myself and keep well.**

**He says that no one but myself can help me out of it, that I must use my will and self-control and not let any silly fancies run away with me.**

His sense of helplessness (as doctor and as husband) is clear behind the seeming uselessness of his advice to 'take care of myself', the two of them, man and wife, suffering from the same cause separately. For both of them the fact that he cannot reach her is a terrible trial. Reading back through this essay, it occurs to me that much of it concerns situations that cannot be simply fixed or cured, a paradoxical state of affairs for someone in a caring role.

As I reflect on this reading life so intrinsic to who I am my thoughts return to my mum, Vera Chester (nee Griffiths) growing up at 4 Elswick Street, Liverpool 8, who died in 1996, the year I started that English degree. Evacuated from the Dingle when war was declared, Vera had fallen on her feet when placed with a well-to-do childless couple living in Chester, a couple who adored her. They settled her into Queen's School where she was blissfully happy and safe and her life could have been very different but for my grandmother's intervention. My grandmother Nellie had been in service, and she feared that her daughter may take to this happy life and its opportunities, perhaps even want to better herself and never come home. My grandfather, who worked on the docks, was dispatched to bring Vera back to a war-torn Liverpool just in time for the air raids, and that was that. Precious little state education to come and no chance of a career, leaving gaps that my mum filled ably with motherhood, reading and a flair for creativity all her life; looking back I have no doubt she passed her lost aspirations on to me. I hope I have accepted them.