

Sanity, Madness and the Family

HILARY MANTEL

How many books go by us, in the course of a life: and how many afternoons, a book in hand? Of the questions I am asked as a writer, the one I find most difficult is: what are your influences? What shaped you? It is often too casual a question, and that's why I find it difficult: the answer should fit a line or two in a magazine interview. You should say, 'This book, or that book, built my books.' But I find it difficult to separate texts and life events: a book may mean nothing at one stage of your life, everything at another, and there is always a question of timing: what brought me to that book, or that book to me, at a moment when I was equipped to understand and change? I should like to take you to an afternoon in 1973, a place, a time, a book, a moment of inner decision, dawning knowledge. In a word, I will tell you how I came to read *Sanity, Madness and the Family*, at a decisive time in my life: almost twenty-one, on the cusp of graduating from university, and beginning to speculate, with some apprehension, about my future. If I speak personally, you will forgive me, because I am here just as a person: I am not a professional in this sphere, and I represent no one but myself.

That spring of 1973, I was already a married woman. I had married a fellow undergraduate, the man to whom I am married now. Why the hurry? When families fall apart at one seam, there's an instinct to stitch themselves together at another; and my partner's father had died the previous year: not suddenly, like a death in the street from accident or heart attack, but suddenly in the sense that a man who was well in autumn was ravaged by an aggressive cancer, and dead in January. The dislocation and distress speeded up our decision to marry, as if we were trying to save something from the wreckage.

My husband's father left a family business, into which my husband had been expected to step; but it had to be sold, and our expectations were derailed, and so my husband decided to train as a teacher. He went over to Alsager in Cheshire, to an interview at the training college there, and while he was being shown around, I went to the library, and browsed the shelves and, because I had already read *The Divided Self* (Laing, 1960), I picked up Laing and Esterson's (1964) book and for some three hours I sat transfixed.

The histories begin with Maya Abbott. Maya had been a wartime evacuee, away from her family between the ages of eight and fourteen: surely an unusually long time, but then one knew of evacuees who had never returned to their family of origin at all. I thought, as I often had, how unexamined the phenomenon of the evacuees was; I had often wondered what sort of parents they made themselves, and whether the bomb damage still so evident in the streets of my childhood suggested inner explosions in the psyche of parents and children torn apart. So immediately I thought, this is not the whole story: but when do we ever get the whole story? When I read the case histories now, what leaps out at me is the question of whether one of the things these families are covering up is sexual abuse. New times, new questions. But I did understand that the researchers did not set out to give a comprehensive account, or to judge, or to impose interpretation. Yet interpretation came naturally, spontaneously, to those well-grounded in metaphor. Before Maya was born, Mr Abbott read about the excavations of Mayan tombs and thought, 'Just the name for my little girl.' I remember the chill those words struck into me. I thought, she is born with the dead.

Of course I do not know her real name. All the identities are disguised. I assume, though, that the researchers chose a name that reflected the real one. When Maya rejoined her family, it

seems that they related to her not as the fourteen year old who had returned, but as the eight year old who had gone away. In between, she had dropped into some tomb, dungeon, oubliette. Or she had been in some suspended state in their imagination; this kind of suspension occurs in fairy tales, and keeps a girl frozen, pre-pubertal. Maya's own story about her time away was that she had been in hospital. This is how she explained it later. She thought there had been something wrong with her.

I knew that my immediate reaction might be leading me away from the facts before me, and leading me, perhaps, towards some other story, that was meaningful in the context of my own family; but my attention was prisoner to the resonances those early pages created. So I read the book in one sitting. That is my impression. I cannot have read it in any great detail but I ripped through it and then I got my own copy. I still have it. It has travelled the world with me; there are few books I have not left behind, replaced, jettisoned, to travel light, but I have always taken this one with me. The immediate effect on me was profound. I had been fascinated by *The Divided Self* but that book brought me news; I found it difficult. This book inflicted the shock of recognition, and I found it easy, and easy in the best possible way: I found it clear, and I found it clarifying. I *know* this, I thought. I have always known it. Moreover, I have lived it, in a sense I have lived it. These family conversations, I have heard them. I could, I felt, have constructed another chapter and called it *The Mantels*.

This is not the place to unfold the intricacies of my own family, but I must put you briefly in the picture so that you will see how easily I related to the families in the book. I was born in 1952, and I come from a working class family of Irish origin, migrated (long before I was born) to a Derbyshire village. I didn't have a rural childhood; it was a mill village. It was like living on a dying planet: resources depleted, air running out. The mills were closing throughout my

childhood, and there was a feeling that the future was elsewhere. The same fatigue and general air of pointlessness would soon blight pit villages. You said, why are we here? How soon can we go somewhere else? I wanted to emigrate to Australia. When I was old enough to read the papers, I used to yearn over the adverts for the £10 emigration scheme. I hoped to get as far away as possible.

I was the eldest of three children. My father's name was Henry. When I was six or seven, a man called Jack, my mother's lover, came to live in our house. My father didn't leave; he just moved rooms. There was no point in pretence and no effort at pretence. We were, naturally, stigmatized. For four years we provided the village with a daily feast of gossip. None of the three adults seemed to know how to get out of this situation. It was like locking yourself in the village stocks and throwing away the key.

Four years on, my mother and father Henry parted company. We went to live in another town eight miles away and we changed our name to Jack's. My brothers were too young to remember their former life. They thought Jack was their father. Jack, I believe, thought the younger of the two boys was his, but time showed he was wrong. For my part I did not know which man had fathered the boys. My sense of chronology was shaky and so was my knowledge of human reproduction. My mother, possibly, did not know, but she had her preferences, and they counted far more than facts. The sins of my father, my mother told me, were unspeakable; yet for four years of my childhood, she had spoken to me of little else.

When we moved house, her monologue changed. Our former life was erased. My mother and Jack were not married, but pretended to be. I never saw Henry again: he was disappeared, like a victim of Stalin. Photographs of him were thrown away. My mother cancelled her first

marriage and purported that I too was Jack's child. We were in contact all the time with people who knew about our past, but it was supposed to be a secret, and it was a secret I was charged with keeping, and I was considered the one most likely to blow the family's future to bits by revealing the truth; so, it seems to me, I was punished in advance, in anticipation of the damage I might do. The mystification process, which the recordings in the book catch as it is happening, was a basic mechanism in my family. We ran on lies as a cooker runs on gas. No one was to blame, perhaps: no one person. Mystification is a process that can survive even the death of the mystifiers. Some families never get their story straight, generation to generation. Some extended families try to repeat patterns through generations, even when those patterns create misery and damage: as if, because they are recognizable, they are safer than anything new. As a novelist I find this fascinating: as a daughter, as a sister, I find it chilling. When I look back at my teenage years it seems to me that I was not only unhappy but caught up in profound ambivalence, like Absalom hanging from the tree waiting to be slaughtered.

This is a cursory glance at a situation which had many facets, none of them pleasant. But you will be familiar with the dynamics of a family where a parent is profoundly narcissistic, where both parents have a self-reinforcing paranoid style; and in case you think I am handing out blame, I should say that in the light of wider family history, the styles of both my mother and my stepfather are understandable. For me the difficulty was that you cannot thrive in such a family, and you cannot thrive outside it. By the time I was nineteen I was sick. I mean to say, I was physically ill. I was alive to the fact of something wrong in me, physiologically; I was also alive to the fact that in the economy of my family, illness had a particular function. So I was self-doubting, while unable to ignore my symptoms. I was aware that I was caught up in a long game, and that I could not see the end of it; yet present reality required relief. I could not get a diagnosis, but worse – I could not even get tests, or a proper examination, or a proper

hearing. I know that my symptoms were confusing, that they did not offer a clear picture, a pointer. I accept that my manner was apologetic. I asked for help but I did not insist. Self-doubting, I undermined my own credibility. Yet a sure, swift leap occurred, and I can't quite excuse it; my illness was assumed to be some sort of fiction, unless I could prove otherwise. Because the doctors I saw couldn't work out what was the matter with me, they made the extraordinary decision that it was not they who were ignorant, it was I who was mad.

I say extraordinary: it is, looked at objectively. But in those days, the early 1970s, it was happening all the time. The medicalization of unhappiness had begun, tranquillisers were being handed out like sweets, and the word 'psychosomatic' was passing into common use: it was taken to mean, 'imaginary'. I was one of thousands of young women labelled, diagnosed and drugged; the stupidity of the era did seem to impact most on women. What seemed like a medical judgement was often a value judgement, a fact to which Laing and Esterson would draw attention. The cure for my supposed illness was a range of drugs; my brain was working wrongly and needed to be helped to work right; the reason for the wrongness, the lurking first cause, was over-ambition. I really longed, a psychiatrist told me, to work in a dress shop. If I abandoned my false pride and admitted this, I would be on the way to a cure. Every time I opened my mouth to defend myself, I seemed to make matters worse, my verbal facility merely an aspect of my disease. The vicious circle, the double-bind: I knew these mechanisms, these traps. And I knew them, as traps, to be horribly successful.

There is, Laing and Esterson pointed out, a deep and pernicious fallacy at the heart of much of the treatment of mental distress. A disease process is assumed, and all the words and deeds are interpreted in the light of that assumption, which tends to validate itself. Once the diagnosis of a 'mental illness' has been made, there is no clean way to see the person to whom that diagnosis

has been attached, try as you might; all subsequent events are interpreted to reinforce a decision which has already been made, one which is in accord with the prevailing scheme, the prevailing orthodoxy. We see it happen all the time now: if you are in the US health system, the question is, what is your DSM classification? You must be fitted into one, as otherwise for insurance purposes you cannot be a patient, you cannot be suffering. If there is no classification to suit you, then wait a minute; one will come along. Pressure from the pharmaceutical industry puts the cart before the horse. If there is a cure, a disease must be found to suit it. If a pill is profitable, some consumer must be defined as in want of it. This disaster, in the era of which we speak, was a cloud no bigger than a man's hand; but in any era, once a person is viewed through the prism of a diagnosis, that person's reality is lost. And the women Laing and Esterson saw were often lost too, into a back ward. Those were the days of the long-stay institution, and once the woman had shaped herself, as she would, in response to the requirements of her new community, the chances of successful, lasting return to the world outside lessened month by month.

Laing and Esterson asked us to interrupt the process and suspend judgement; instead of assuming that words or deeds of the patient were unintelligible, therefore mad, should we look at the context in which they occur, and see if they became intelligible? Could we, by close attention to how these families communicated, cast light on why one member was so unhappy, or bore so much blame? The eleven families studied were chosen from two hundred with whom the researchers worked. The assumptions on which they proceeded are clear from each case history; these patients have been diagnosed as schizophrenic, but this study will hold 'in parenthesis' the question of whether schizophrenia has any reality, or what that reality might be. They were aware that the study would be regarded as 'anecdotal' and therefore met with derision. In the preface to the second edition (1970), attempting to meet some of the objection

already raised, they restated their case: are the experience and behaviour of their patients intelligible, in their context? The context here is the family; all the patients are young women, more or less dependent, embedded in a family network. They were at pains to say that they were not contending that parents were responsible for producing schizophrenia in their children. They were rather questioning the existence of the disease entity. It is this question that the world found so difficult to hear.

The scope of the book is carefully and precisely defined. Laing and Esterson are clear on what it is and is not. To every reader, it became perhaps a little more than the authors meant it to be, and it may be that I am as guilty as anyone of embellishing what is on the page, perverting it to my own ends. But for me it acted as a key. The room it unlocked for me was a spacious room and I still live in it. It opened up the possibility of greater knowledge, or allowed me to formulate into knowledge what I dimly perceived. I no longer regarded my situation as unique. For the three years of my degree course (I studied law) I had taken in information, not knowledge. I was like every other person of that age; the conversion into knowledge comes later, it is a life's work. But I needed, because my back was to the wall, a particular kind of assistance. The book made sense of my world. You do want to know how your particular experience attaches to the general experience, and at twenty-one you can't know; you are happy if you are taught by a book.

The book enlightened me but it did not act like a book of magic spells. It made my own situation intelligible to me but it did not at once give me the power to change it. It is easy for me to say in retrospect how I should have lived my life, what I should have done: at eighteen, I should have left my family and not gone back. But I had two younger brothers and I felt that by staying around I could help them. That was the conscious part of it; I suspect, though, that I could not

extricate myself, because families like mine are enmeshed, they are sustained by their own damaging strategies. What the book did for me, immediately, was to stop me feeling ignorant. I had been told I did not know how the world worked. But it seemed I had noticed a lot. I was qualified to comment on what I knew.

About a year later two things happened. The first is that I made a decision that come what may I would never again accept a referral to a psychiatrist nor knowingly take a psychotropic drug. The question of whether I was or was not physically ill was still open, but the question of whether I was mentally ill was closed. It was a non-question. It was not up for debate. This may sound arrogant. But I believe it was necessary for me to draw a big black line between my past and my future. I had to save my life, I felt. I did not have a solution to my problems, but the solutions offered by others had led me deeper into trouble. I had taken on other people's view of me as not just a sufferer, but a patient. I had taken the drugs they handed to me and they had produced in me symptoms which looked and felt like madness. Once I had experienced akithesia, I knew what madness felt like. So it was not a question of minimising, disguising, covering up my distress; it was a question of redefining it.

At the same time I began to write. This was my way of redefining me. I felt the insights I had from the book in many ways empowered me to do so; I had more faith in my own judgment and powers of observation and indeed, you might say that for a while they were the only things I trusted. The book helped me to think about power relationships in the family and wider society. About duplicity. About corrupt communications. But I didn't, and I don't see writing as therapy. It was therapy, I suppose, in the way that a rope is therapy for a drowning man. But if you set out to become a communicator, not a scribbling solipsist, you must get your head up

above your circumstances; and it is in that gesture, that strategy of turning outwards that, in my view, some of the healing power of art resides.

I didn't, as you might expect, write autobiographically. The first book I wrote was not the first I published. My career had what looked at the time like a false start. After many years of work I met with rejection and had to step back and reconsider and begin again. When I wrote my first published book I chose an epigraph from Pascal:

‘Two errors: one, to take everything literally: two, to take everything spiritually.’

That could stand as an epigraph for everything I have written since, and it is a kind of watchword for me, a rule: when I ask myself, ‘what is this thing?’ I am guided, I am warned, that I must look beyond the substance of any phenomenon to its inner nature, but I must not be blind to surfaces, I must be attentive to presentation, I must look squarely at the thing I am shown. Then when I have worked out what it is, I must ask, ‘And what else is it?’

Now, I am a professional user of metaphor. No writer of fiction can breathe without it. Looking though a writer's eyes at questions of sickness and health, it seems to me that a failure to understand metaphor lies at the heart of much shaky diagnosis, and of much human unhappiness. Unfortunately, a facility with metaphor is not something that is easy to teach. It's like trying to teach someone to see in colour, when their eye is only equipped for black and white and shades of grey. A person's ability to express themselves through metaphor seems to have little to do with education or cultural level or intelligence; neither is a person's ability to perceive metaphor constrained in this way. If, as in the case of these families, the penalty for

plain speaking is too great, the sufferer must seek some other way to utter. Sometimes, for a patient, only symbolic expression of distress is safe.

But what if it is not safe? What if meaning slides from under language and tips us into the mire? What if the will is taken for the deed? What if a woman says, 'I could kill you' and so her husband calls the police? If fear simply freezes speech, distress will break out in physical symptoms, in nightmares and daymares. Or when the sufferer tries to articulate distress or ask for help, images leap unbidden to her assistance, zealous servants, too zealous sometimes; before you know it, the metaphor is out of your mouth, and you are ripe for misconstruction: for diagnosis: for treatment. A doctor who is inept with metaphor will interpret as a delusion what is, for a patient, a forceful and vivid attempt to express her reality. Once, doctors did not know this, because it was axiomatic that one did not 'talk to psychosis.' Laing knew that if you can get past that prohibition, and listen, you will hear in the language of supposed madness an art as sophisticated as the poet's art; and I say that not to valorize or glamorize the sick soul, but to express my wonder at the business of being human, at the many strategies the mind and body has available, to work for its own salvation. Doctors of all kinds, not just psychiatrists, demand that the patient communicates on one level, a level that is rational, logic-bound. For the patient this is sometimes impossible – because the communications that must be made, the news that must be told, come from a part of the self where different rules apply. When a patient is in pain then, past a point, he screams. We do not accuse him of madness because we cannot parse the scream. We acknowledge the honesty of the communication. We try to alleviate his pain. We do not try to cure him by gagging him, or by putting our fingers in our ears. But this has been, very often, the fate of those whose pain is not easily named. The miracle of this little book is that within it we heard voices: not just those of the named patient, but of the confused

and conflicted people about them; with the dead hand of the diagnosis removed, they became eloquent.

When I speak of the body and its metaphors, its ways of articulating distress, it is no news to you; nor is it news to you that listening is in itself a healing art. To a great many people in our society, it is news. To many of the doctors Laing worked with, it was news of an unwelcome sort, the kind of news you could only contrive NOT to hear by an effort of will: but many doctors did manage to live in the equivalent of a clockwork universe, long after its day had passed. Innovation, to them, meant new drugs. Thinking was always within the box. What they defined as progress was in fact redefinition and reordering of familiar premises: an intellectual shuffling of the feet.

I do not want to stigmatize one profession; it's common. Historians do it; they pass the ball of received opinion from one generation to the next. That is an intellectual vice, but it does not have immediate, personal consequences. Weak powers of analysis, closed minds: when exhibited by clinicians, these blight lives. Where stupidity is willed, it becomes not a misfortune but a vice. A failure to ask difficult questions, to challenge your own assumptions, can call in question your ethical status. Sometimes, when you look at what has been done in the name of health, you ask, are these interventions not profoundly diseased? Are these actions, undertaken to cure, the actions of decent men? We assume humane intentions. Perhaps we should not. We assume a certain ethical fastidiousness, and we know we should not. You may remember the passage (Laing, 1985, pp. 69-70) in *Wisdom, Madness and Folly*, where Laing relates an experience as a medical student. His group were shown films produced by prolonged X-rays of the human body, displaying joint movement and the process of digestion. These films had been made by Nazi experimenters, and the experimental subjects would all have died in

great pain. When Laing realised what he was being shown, he says, he walked out, along with another student. The other two hundred remained, unperturbed. When he approached his teacher he was told that the material was unique, and this contribution to knowledge should be used; otherwise, the victims would have died in vain.

It is a viewpoint. There is something to be said for it. The thing that appalled Laing, and I am sure we have all met similar instances, is that his fellow students were oblivious to the difficulty. They did not see that there was an issue. He felt, he says, 'terror.' It is an awful warning; those bright enough to become doctors can be, in many ways, dull. We assume it is a prime desire in those who wish to study medicine, that they alleviate human misery; we assume they wish to be good people; we should not assume they know *how* to be good. There is no parity between doctor and patient. A patient can be stigmatized a neurotic or a fraud. But a patient never calls a doctor a fraud. They may call them unethical, uncaring, but they assume they are competent and intellectually equipped for their task. But it seems to me that much medicine is fraudulent, in that much accepted practice depends on assumptions, about individuals and society, that bear radical re-examination.

I was reminded of this when a few years ago I wrote about Laing in a column (Mantel, 2008) in the *Guardian*, explaining how I thought he had influenced me as a writer. I concentrated chiefly on *Sanity, Madness and the Family*, and readers wrote to me, to set me straight. Only one letter-writer, and that was Anthony Stadlen, appreciated what I was trying to say. The others made the familiar objections which, in later editions (1970a, pp. vii-x; 1970b, pp. 11-14), Laing and Esterson themselves engage with. They were resigned correspondents, more in sorrow than in anger; I was a lay person, they felt, who had been misled. Did I not know that Laing was a covert Marxist? Did I not know that he was a drinker? They themselves, in their

many years as mad-doctors, had known many young schizophrenics emerge from families whose saintly qualities shone out from their medical notes. The same mechanisms the book had identified, they argued, could be found in families where no one was schizophrenic. I feel I can endorse that last point. But it does not affect the book's observations. I wrote back, and reiterated what I have said above: Laing and Esterson did not set out to show that family interactions cause schizophrenia. They questioned the existence of the condition, and observed that the behaviour described as psychotic became intelligible, seen in context; to understand the context, you had to listen when the families told you about themselves.

This long failure to engage seemed to me dishonest. My letter-writers set up a man of straw, in order to knock him down. In their case study (Laing and Esterson, chapter 4) of the family they call the Danzigs, the researchers listened to the things the family said about the patient, Sarah, and remarked, 'They seem to be talking about wickedness, not sickness.' In the same way, my letter-writers were confusing Laing's personal qualities, to which they objected, with his arguments, which they had not evaluated. My correspondents appealed to me to trust their lifetime of experience. But that was the very thing I distrusted. It is hard even to entertain the notion that you may have founded your professional life on a giant misperception, and it is easier to deal with what crosses your desk, day by day, in the way it was dealt with yesterday: it is easier to deal with a symptom than with a person, and easier to deal with a sick person than to confront cultural malaise. It took me some years to see my story in a cultural context, as well as an individual one. The sense of wrongness – not of doing wrong, but being wrong – afflicted a couple of generations of women, caught between old expectations and new demands. A working class girl with an education might not necessarily know what to do with it; that was part of my problem. No one knew *how* to be a young woman in those days. I'm not sure anyone knows now. When you applied for a job, they would say to you, 'When are you going to start

your family?’ as if you were going to work some trick on them, or had ill-disguised criminal intent. If you said you had no man or children in mind, they would say, ‘What? A lovely girl like you? You’ll soon change your mind! Or some man will change it for you!’

I wish, looking back, I’d carried a tape recorder with me for a decade. It is hard to get your head up above circumstances, and see the big picture. That is the value of this book, which has endured all these years. You can leave the big picture to form itself. Just read the simple words the people speak.

Hilary Mantel is a writer. Her latest book is a short story collection, *The Assassination of Margaret Thatcher* (Fourth Estate). She is working on *The Mirror and The Light*, the final book in her trilogy about Thomas Cromwell; the two earlier novels, *Wolf Hall* and *Bring Up The Bodies*, were both awarded the Man Booker prize.