

My novel – *Beyond the Veil* – was published earlier this year (2004). I was subsequently invited to write the following article about one particular thread of the story – the therapy of a young girl, Hannah.

Hannah first appears in the book when Ellen (a central character) finds her car boxed in at the car park. I remember very clearly how, as I wrote about Ellen finding she could not drive off for her meeting with a friend, I wanted to help her to think constructively about the situation. There is so much written about the prevalence of road rage these days, and I wanted a situation where a person may well feel angry, or at the very least frustrated, about not being able to drive away, but did not enact those feelings. Ellen certainly felt frustrated, but she succeeded in looking beyond her feelings – and she was glad she had, when the owner of the car proved to be a man with a thin girl in a wheelchair, who we later learn is Hannah.

Having created this girl, I decided that I wanted to know more about her, and it was because of this I conceived the idea that her father had been taking her to see someone he hoped would help with her condition. I became very deeply involved with her once she had been referred to Eva – another main character in the book. Eva is a qualified doctor, but is also a homeopath who is developing an interest in energy fields.

Hannah was not based on anyone I know or have known, although now I have been asked to write about my experience of her in my book, a thought occurs to me... I think she may well portray the inner child in many of us – undernourished and misunderstood, living in a culture that outwardly portrays caring, but which cannot yet in daily life face deeper issues of emotional need. We are all ‘allowed’, and sometimes even encouraged, to have medical conditions, and we are given a ready language about these. However, in the case of emotional needs we do not usually have a ready context in which we can express them, and a language for them is not so immediately accessible.

Eva becomes a therapist to Hannah in the truest sense of the word, i.e. ‘being with’. Eva is ‘with’ Hannah in that she shows proper concern and sensitivity towards her, and with the permission of Hannah’s father, she involves her friends Ellen and Jane who engage in caring and intelligent thought about Hannah. From the outset Eva is alert to Hannah’s fragility. She makes no assumptions about her condition, and seeks only to make authentic contact with her.

Whenever I read the section where Hannah’s father reveals the circumstances of the death in infancy of Hannah’s twin sister, Dawn, I can do nothing but cry because I find it so deeply moving. Where that account came from I do not know. I have much experience of talking to families where there has been a cot death, but the death of Dawn is unlike any of those deaths. When I was writing, it was almost as if the story was being dictated to me – as if I was a channel for it. Astonishingly, about a year later, I met someone who is a sibling of twins born in a situation that was not dissimilar to the birth of Hannah and Dawn. She told me how one of the twins nearly died, and described some of the longer term effects on the family.

The reader can see how having suffered so much distress in her young life, and having had to undergo many medical examinations, Hannah is wary of connecting with Eva. She clings to her link with her surviving family member, her father, by living out the dependence of a child younger than her years. She is holding on to something familiar, afraid of her physical body growing ahead of her emotional development and stability. At the same time I believe she is trying to ‘protect’ her father from his own personal grief.

Eva makes the first real link with Hannah by sharing something painful from her own life – something that intuitively she believes could be relevant to Hannah’s. After that link is made, Hannah begins to allow herself to trust Eva’s involvement in her situation.

In my view it is crucial that from the outset Eva had no plans to try to ‘cure’ Hannah. Hannah was able to sense that there was no pressure on her, and she was gradually able to work out how to let her story unfold. Once that story had been shared with someone who could truly receive it – in an empathic and non-intrusive way – Hannah and her father were then able to make plans about how they would search for Hannah’s mother, as they both knew they wanted and needed to know what had happened to her.

I was greatly affected by how Eva wrestled with her own sense of attachment to her special walking stick, and how she was then able to offer to lend it to Hannah to take with her on her journey to Italy where her mother was buried. She knew that its greater purpose lay in helping Hannah in that way. In her innate wisdom, the child understood and accepted this.

I have been asked to write particularly about my experience of interweaving the therapy of Hannah into my novel, and I am aware that I have thus far only addressed that question in part. Something I have not yet mentioned is that Hannah gave me a context where I could demonstrate my unshakable belief that real communication and connection between people has healing potential in its own right. Medical checks and interventions have their place, as do certain therapeutic techniques, but the bedrock of wellbeing and love of being alive is founded in real communication and connection.

Quite early in the story spiral patterns appear in the diary of Ellen's friend, Jane, and these have a considerable significance throughout the book. Strangely, a reader of *Beyond the Veil* visited Australia soon after reading the book. She brought back for me two cards bearing spiral forms, and she informed me she had learned that for Aborigines, spirals are symbols of connection and community.

I am grateful to have been given the opportunity to write this article as it has helped me to see the 'Hannah' aspect that might exist in any of us. As a therapist I am committed to helping those who come to me. I seek to potentiate the process of trying to find a language for each specific example of emotional pain, and this is with the objective of bringing it into clear focus, so that the sufferer can make decisions about how to work with it. As a therapist I also have a responsibility to continue the journey of identifying my own pain in order to process it appropriately. I knew Dr Winifred Rushforth quite well, and I remember her laughing when people asked her how old she had been when she had finally sorted everything out within herself. Her response always left the enquirer in no doubt that in her view, however long she lived, the process would never be complete. She lived well into her nineties.

I would like to end with a quote from a paper I read recently on the philosophy of chiropractic, written by the medical anthropologist Dr Morinis, as I believe that what he says is correct for practitioners of any profession that exists to improve the health and wellbeing of persons seeking help:

*A discrepancy between what one holds to be true and what one does must be squarely faced and resolved, if the practitioner is to be transformed from technician into healer.*

Eva and her friends certainly attempted to live their lives in a way most likely to minimise any such discrepancy.

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