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has done hugely important
work that saves lives'
Sunday Times

BESTSELLING AUTHOR OF *THE JIGSAW MAN*

PICKING UP THE PIECES

PAUL BRITTON



Paul Britton was born in 1946. Following degrees obtained in psychology from Warwick and Sheffield Universities, he has spent the last twenty years working as a consultant clinical and forensic psychologist, based in Leicestershire. He has advised the Association of Chief Police Officers Crime Committee on offender profiling for many years and currently teaches postgraduates in clinical and forensic psychology. He has a growing involvement in the treatment of young offenders, forensic dysfunctional families and traumatized victims of crime and military services. He is married with two children. He is the author of *The Jigsaw Man* and *Picking Up the Pieces*.

Also by Paul Britton

THE JIGSAW MAN

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DEDICATION

Every day children are grievously damaged by those who are supposed to protect and love them. Even if we can find these children, the harm can rarely be fully undone.

It is always emotionally painful for me to reconstruct, psychologically, the ordeal endured by the victims of crime. However, my discomfort is trivial when compared to the true terror and pain they have suffered, and which their loved ones will suffer always, inescapably.

Front-line clinical staff spend whole careers treating 'forensic' patients. They constantly risk physical injury and emotional burn-out in getting close to some of the most dangerous men and women in our society.

I have worked with these people as patients and colleagues; I'm sure they have affected who I have become. I dedicate *Picking Up the Pieces* to them, and also to Marilyn who, happily for me, is still there, picking up my pieces.

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ACKNOWLEDGEMENTS

Through many criminal and other difficult, sensitive cases I have worked with the most able and far-seeing investigators of our day. They have each contributed to changing the ways in which information is gathered, analysed and acted upon. Here I pay particular tribute to:

Detective Superintendent David Cox, Detective Superintendent Michael Short, Detective Inspector John Bradley, Detective Chief Superintendent Ken John, Detective Superintendent Jon Dawson, and Detective Superintendent Gary Copson, who was prepared to direct a light into some particularly ugly corners, just because it seemed right.

My own development as a psychologist was nurtured by men and women who gave more than they realized:

At Warwick, Tom Watson, John Annett, George Kiss, Ian Morley, Richard Skemp, Elizabeth Hitchfield, Christine Hewitt, Keith Hoskin, and Steve Van Toller, who agreed to be my personal tutor even though there were more students than chairs for them to sit on.

At Sheffield, Paul Jackson and Michael West transformed students into researchers and sought-after practitioners.

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The National Health Service continues to function because the administrative, clerical, clinical and managerial staff do so much more than should fairly be asked of them. If honours were given on this basis, then Dr James Earp, consultant forensic psychiatrist, would be a worthy recipient, as would Bill Carpenter and Diane Purvis, my NHS secretary.

It is a long, sometimes bumpy journey. My most valued companions have been Mal and Emma and Rufus, and Ian and Katherine; they have taken the load if ever the axle looked as if it might begin to bend.

As before, I acknowledge those men and women who cannot be named for reasons of confidentiality or security. I am glad to have helped, and have learned much from working with you. I hope someone is preparing your successors.

‘Good things of day begin to droop and drowse,
While night’s black agents to their preys do rouse.
Thou marvell’st at my words: but hold thee still;
Things bad begun make strong themselves by ill:
So, prithee, go with me . . .’

Shakespeare, *Macbeth*, Act III scene ii

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A NOTE TO THE READER

In order for us to understand how one person's experiences and personality may lead them to abduct, maim or obliterate others, while other people are made inert and empty by what seem to be similar circumstances, we must be given sufficient detail of what it was in their lives that led them to behave as they did. At the same time, it is important to ensure that the secrets and histories of individuals I have met in the consulting room are not set out in a manner that would enable people to recognize them. To be true to both requirements, I have, with the exception of names that are in the public domain, protected the identities of the people I write about by changing names and altering a number of details when describing case histories.

However, every case is real; no dramatic strands have been added or embellished for effect. Of course those cases which are a matter of public record and criminal investigation are reported in their original detail, in the accepted manner.

I have withheld some aspects of methods of offending and injuries or defilement of victims, where full description would either show how to get away with

crime or be more graphic than was necessary to explain the significance of particular behaviour. Nevertheless this book inevitably has sections that will be uncomfortable or distressing to read. I cannot apologize for this, as my intention is not to alarm but to provide a deeper understanding of the psychological processes that underpin some of the most serious and otherwise inexplicable crimes facing us today. I hope that a growing insight into these factors will lead to increasingly early recognition of potential dangers, and the referral of those affected to the clinicians. Where it is too late for this, and a crime has already been committed, I hope that *Picking Up the Pieces* will continue my work of making available to the police and other investigators a more profound knowledge of the psychological functioning of the offender, helping them to direct their scarce resources more effectively and make detection more likely, and prevent even more people from being hurt or killed. I ask you to ride through your discomfort and give your compassion to those who have suffered so terribly.

INTRODUCTION

Over the past twenty-two years I have analysed and treated thousands of patients, each one of them unique as only human beings can be. The range of their problems is as diverse and complicated as human experience itself.

When I began my career as a clinical psychologist, I had no thought of specializing in the forensic (crime-related) area. Given the nature of the work, it was hardly the sort of choice to recommend to anyone.

Forensic psychology is a field of expertise that emerged from two separate strands. First it came from the special hospitals and regional secure units that are used to assess and treat people who offend as a consequence of some mental abnormality. Secondly, it emerged from the prison system, where psychologists have worked for many years with individual inmates, as well as researching the most effective regimes for running the prisons themselves.

This is not pleasant work. Often it involves treating people who have depraved and dangerous minds and who grievously hurt those around them. It also means seeing the vulnerable, deeply wounded victims of crime.

Among my most painful and difficult work has been

examining young children at risk of emotional, sexual and physical injury. I also have to interview their parents and advise the courts on whether the family should remain together or if the children should be sent into the loneliness and, sometimes, ineptitude of the care system.

Very little has been written about these areas of my work. The spotlight has tended to focus on my involvement in criminal investigations, yet, since 1984, when I pioneered the use of psychological profiling in the UK, my clinical practice – my experience as a psychologist – has been the bedrock upon which this work has been built. This first use of psychological profiling resulted in the conviction of Paul Bostock for the murders of Caroline Osborne and Amanda Weedon; it is now acknowledged that Bostock was the first person in Britain to be caught and convicted with the help of a psychological analysis and profile created from evidence left by an *unknown* offender at a crime scene, which, drawing on professional psychological expertise, painstakingly established key characteristics of the offender: his primary motivational driving forces; his intelligence, education and abilities; his emotions, personality structure and employment; his sexual, social and family relationships; the location of his current and previous homes and the geographical range he is comfortable with and will operate in; and, crucially important, the likelihood that he will offend again.

Since that first case I have travelled tens of thousands of miles in my spare time, criss-crossing Britain to assist in over a hundred investigations involving murder, rape, kidnapping, arson and extortion. I have ‘walked through the minds’ of perpetrators and provided police with the psychological

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characteristics that would narrow their search for potential suspects and help to stop them killing again. Although psychological profiling remains a relatively new science, it has enabled offenders to be caught in cases of serious crime including murder by strangers – something that may involve the abduction and killing of children. This new science enables a greater understanding of why people behave in this otherwise inexplicable way, so making it possible for us to see if this risk can be reduced by the earlier identification of potential offenders and the treatment of the underlying causes. With a greater understanding of why people offend in these seemingly uncontrollable fashions, it may be possible to treat a number of, for example, rapists or stalkers in a way that would prevent them reoffending when they are released into society.

In *The Jigsaw Man* (1997), I revealed the details of my work for the police and gave an insight into the world of offender profiling. In this book I've returned to certain criminal cases and introduced new crimes to illustrate particular points about how I draw my conclusions.

My two roles have dovetailed effectively because both require an understanding of the broader psychological aspects of offending and offenders. What makes a person abduct, rape, kill, torture or abuse another human being? What were the developmental processes that moulded them and sent them along this particular path?

As a forensic psychologist, I have always known that if I could prevent just one person from committing a crime, then I would be preventing many others from ever becoming victims. For example, by the time many sexual offenders reach the middle years of their 'careers'

they will have harmed over 150 separate victims. It seems a lot, but I have examined paedophiles in their early twenties who could trace back more than 400 separate child victims before being caught. Being convicted and punished rarely changes these men. They have to be analysed and treated.

There is a wealth of scientific literature about human behaviour and psychological functioning and this knowledge underpins my work in the consulting room. At the same time, I learn new things every day with each patient I interview.

People often ask me how I can look at a crime scene in all its dreadful detail and know so much about the person responsible without ever having met them. I hope that I have managed to answer this question in the pages that follow by showing how my consulting-room work relates directly to the work I do for the police and the tasks I undertake now.

I have chosen the clinical cases very carefully. They are not sensationalized or meant to shock, but rather to give an insight into a world that very few people ever see.

PROLOGUE

A ring-bound set of photographs slid across the desk towards me. The colour prints began with a sequence of wide-angle shots of a country lane. The trees were bare and etched starkly against the grey skies.

The body was barely visible, showing up only as a splash of white against the hedge. It could have been a discarded shopping bag or an abandoned 'For Sale' sign.

Finally the lens moved closer, zeroing in. There could be no dignity or privacy about the process. The body of a lifeless and naked woman was exposed from every conceivable angle.

The marble coldness accentuated the dull whiteness of her skin. It seemed almost too white – as though somebody had dumped a naked shop-window mannequin, having dragged it backwards across the ground by its armpits.

I had to fight the urge to look away. I knew from experience that such photographs are not easily forgotten. They burn themselves inexorably into the mind and choose unexpected moments to return.

The body had been photographed through each stage of examination and post-mortem. I knew the

procedure. Every square inch would be photographed, scraped, swabbed or cut open. Body fluids, fingernail dirt and pubic hair would be sealed in plastic or glass and then passed hand-to-hand along the evidential chain; from the pathologist to the laboratory, to the prosecution, to the court and to the jury.

Violent death becomes a very public event. And no matter how much is done later to restore a victim's dignity, for those few days or weeks she (or he) becomes the most important piece of evidence in a murder investigation.

I opened a new folder of photographs of the post mortem. The difference between a person lying at a scene of crime and then washed, weighed and cleaned for the pathologist is quite startling.

Almost unconsciously, I began asking myself questions. Had she been conscious when he strangled her? How quickly did she die? Where was she killed? How did he incapacitate her?

The answers were important because they influenced the much larger issue of motivation. What did the killer seek to achieve when he murdered this poor woman? What went through his mind?

Detective Superintendent David Cox had called me the previous day in the middle of lunch. I closed the doors to the lounge so I could take the call in private.

'I'm sorry to bother you at home, Paul, but I'd like you to look at something.'

My heart sank. I knew where such a statement normally led me.

'We've found a body, but we don't have any ID at all. She's been murdered.'

I made a few notes on a foolscap pad and checked

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my diary for the following day. I had an outpatient clinic that couldn't be moved. It would have to be the evening. I arranged for David to meet me at home.

Normally, I tried to keep people connected with my work away from home, for obvious reasons. However, I knew the Leicestershire force well. If David Cox said it was urgent, then I knew it was.

At the dining table, Marilyn had started clearing the plates and I helped her pack the dishwasher. She knew without asking that the telephone call had come from the police. After nearly thirty years of marriage I would swear she is almost telepathic.

It had been a difficult few weeks. Ten days earlier I'd travelled to Gloucester, where police had found three bodies in the garden of 25 Cromwell Street. Frederick West was in custody and his wife Rosemary was helping police with their inquiries. The man heading the investigation, Detective Superintendent John Bennett, asked me if I could give them some insight into what they were dealing with.

The Wests had lived at the house for twenty-two years and came across as a cheerful couple who were outwardly friendly and good neighbours. At the same time, three bodies had been dug out of their garden – all of them dismembered.

Bennett gave me a complete briefing on the case, including statements, pathology reports and the details of a previous offence that dated back to December 1972.

Ultimately, I had to tell him and the interviewing teams that they were looking at evidence of predatory and sadistic sexual psychopathy. I had seen it before and dealt with it clinically, but this case had a particularly dreadful feature – a combined depravity where

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husband and wife had drawn energy from each other. They hadn't just killed for the sake of taking a life; their victims were playthings who were tortured and abused.

'You are dealing with prolific murderers. You have found only three of their victims.'

'But where are the others?' asked Detective Inspector Terry Moore.

'Everywhere he's lived. Everywhere he's worked. Sometimes sexual psychopathic murderers get comfortable with disposing of bodies in a particular way – some leave them in ditches, some put them in rivers, some bury them. Mr and Mrs West looked after them – they kept them close.'

'So that's why they used the back garden?'

'Not exactly,' I told them. 'They used the garden because the house is full.'

In the ten days since that conversation, four more bodies had been uncovered in the basement of 25 Cromwell Street. Every few days John Bennett had sent me the transcripts of police interviews with Mr and Mrs West. After dinner each evening, I sat down and studied the questions and answers, looking for anything I might have missed.

Now, on top of all this, I had a new case to deal with. Murderers rarely wait in line.

As I finished looking through the last of the albums, I slid them back across the desk. David Cox sat opposite, shuffling several folders to one side as if clearing space between us.

Although not a tall man he was solid and would have been an asset to any rugby team. He had fair hair, a very young face for a man of his rank and a direct but obliging manner.

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His briefing was cautious because he didn't quite know if I could help him.

'Four days ago, on Thursday 3 March 1994, a woman's body was found by a man walking his dog in a country lane at Bitteswell, near Lutterworth, about fifteen miles south of Leicester. She was lying on a grass verge at the edge of the village, on a rough dead-end road known locally as Woodby Lane. No attempt had been made to conceal the body.

'The post mortem reveals that she was strangled and killed up to twelve hours before she was found. There is no evidence of sexual assault but she did have sex with someone just before she died. According to the pathologist, she was killed elsewhere and dumped some time on Wednesday night.'

The photographs of the grass verge showed her lying starkly white against the cold winter green of her surroundings.

'How old was she?'

'Anywhere between thirty and fifty-five.'

'You don't know?'

'That's why I've come to see you. We don't even have a name. It's been four days. If she's local then nobody's reported her missing. We've trawled the missing persons files and we've asked other forces to search their records. So far we've drawn a blank.'

'Perhaps she's from overseas.'

'Interpol hasn't come up with a match.'

I could understand his frustration. Conducting a murder investigation without knowing the victim's name is like playing snooker in the dark.

'I'm not quite sure how I can help,' I said, genuinely puzzled.

'I was hoping you might tell us something about her.'

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If I hadn't known Cox so well, I would probably have laughed. He was asking me to profile an unknown victim psychologically, where the only possible source of clues was her naked body.

Normally when I work on a police investigation, there is already a wealth of detail about the method used in the crime and a reasonable amount known about the victim. This is vital if I'm properly to reconstruct what happened – not just through the eyes of the victim but also of the predator.

I have to answer four questions – what happened, how, to whom and why? And then the fifth question – who did it?

The third of these questions involves the most pain because it means discovering all that I can about the victim – her strengths, weaknesses, loves, hates and fears. Was she a careful person? Did she make friends easily? How did she dress? The closer I get to her, the greater the pain because she becomes real to me. I can walk through her mind and see the world through her eyes.

SIOs have often asked me why this is so important to me.

It's because when I know a victim, I know more about the person who killed her. I can put a precise shape to his personality and behavioural preferences. I can move back through his life from the offence and begin drawing up a picture of his family, friends, relationships and schooling. Then, moving forward, I can draw out his occupation, habits and where he might live, how he'll be affected by the crime and if he'll offend again. If so, how and where.

This is what psychological offender profiling sets out to achieve. It is like having an empty picture frame and

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filling it with pieces of a jigsaw until the image is clear.

Now, for the first time in my career, I was being asked to profile an unknown victim before I could profile her killer.

The crime scene photographs were all taken in daylight. I wanted to know how it altered in the darkness. How did it look to the killer on that night?

The following evening, I drove to Bitteswell alone in my car. I had a warm overcoat on the passenger seat and the heater at full blast.

Bitteswell is an old village and its buildings look as though they've grown up between the trees like toadstools on the woodland floor. Approaching from the Lutterworth side, the left turn into Woodby Lane is on the far side of the village and is quite awkward.

The Old Royal Oak is a typical Midlands country pub, almost on the corner of Valley Lane and Woodby Lane. In the fading daylight it seemed deserted, but soon it would be a beacon for the locals, drawing them inside. The killer had been within earshot when he stopped his vehicle to dump the body.

Woodby Lane was sometimes used by courting couples and occasionally by suspected drug users, according to David Cox. The narrow strip of bitumen was flanked on both sides by hedges and fences. It was difficult to turn a car and I needed headlights to find a field gateway to reverse into. A mile or so further down, the lane petered out among a cluster of agricultural buildings.

I almost missed the bay where the body had been dumped. It was just a short way into the lane, where the narrow grass verge broadened for a distance of twenty or thirty yards. At its widest point the verge was

about fifteen feet across from the edge of the road to a broken hedge and an empty field beyond.

I looked again at the entrance to Woodby Lane. From either direction it came into view quite late on a bend. This was not the place you would select to leave a body hidden, not if you were pre-planning it and not if you were moderately bright.

As I sat in the car, I looked at the photograph of the dead woman's head and shoulders. She had a distinctive face. Whoever she was, I had no doubt that the everyday pressures and tensions of life had shaped her looks. With such strong features and the heavy coverage of the crime in the local media, surely she'd have been recognized if she were a Leicester girl.

Yet nobody had come forward. Five days had passed and instead of a name beneath her photograph there was a question mark. I felt as though David Cox had invited this woman into my home and I couldn't let her leave without finding her name.

Back in my study, I wrote a list of facts about the victim:

5' 1" tall.

Shoulder-length naturally light brown hair, permed at least six months ago and not cut for some time.

Both ears pierced.

Blue-grey eyes.

Sallow complexion.

Bust 46½", bra size 44c.

Plain silver ring on third finger of right hand.

Hips 46½".

Has never given birth to children.

Toenails unkempt.

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Lower jaw protrudes causing lower teeth to overlap upper teeth.

Possibly an occasional smoker.

Weighed approximately 13 stone.

Dress size 22–24.

Waist 40”.

Bitten nails, fingers not manicured.

Shoe size 2¹/₂–3.

What could she tell me about herself? Her immediate personal hygiene was good. She had been frequently sexually active. She had sex shortly before she died. Her most recent partner hadn't used a condom – there were traces of semen found in her vagina. There were no bruises or abrasions to the genitals to indicate the intercourse had been forced.

There were no defence wounds. Whoever garrotted her had been close enough to take her before she could react. There were no indications that she had been bound, gagged or restrained before being strangled.

She was far too heavy for her naked body to have been carried from a house or a flat without a high risk of being seen. There was also no bruising or marking to indicate this had happened.

Nothing about this poor woman or the scene of her disposal signalled a long-drawn-out, control-based interaction with her killer. Instead, the hallmarks of her death were scornfully indifferent expediency and anger.

Her murderer may have thought this way about her, but I didn't and neither did David Cox. One way or another, she was going to tell us who did this.

How does a woman get herself into a situation where she could just disappear from a community and have nobody report her missing?

The answer lay within the parameters of my clinical practice and the women who were sent to me by the courts, or defence solicitors, or sometimes by an alert GP. They came because they had attacked a man, or another girl, or had begun to lose touch with their young child. They were prostitutes.

The lives of such women usually have only a very loose structure. They move around – often staying one week in Kings Cross and the next in Balsall Heath in Birmingham, or Hillfields in Coventry. They disappear from an area for days or weeks at a time and then re-surface again. Some drift out of prostitution and try to get a normal job but eventually find their way back onto the streets again.

The murder victim had sex frequently, and just before she died. The intercourse had not been forced. She was killed soon afterwards and dumped on a roadside verge in an area where nobody knew her. Despite a nationwide search, nobody anywhere had reported her missing.

All of this strongly suggested that she was a prostitute.

If this girl worked as a prostitute, then it was at the lower end of the scale – on the streets, in cars and from motorway service stations. At the other end of the scale, high-class call-girls and escorts can earn as much as professional athletes. They have the looks and bodies of glamour models and actresses and they can pass in glittering company without causing embarrassment. These women don't just sell sex – they sell a fantasy.

By comparison, the woman found in Woodby Lane was significantly overweight for her height. She had a long-standing, uncorrected dental problem that affected her appearance. Her hair wasn't particularly well cut, or cared for with costly conditioners and treatments.

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Her complexion hadn't been well looked after by a regime of skin-care products and her fingernails and toenails weren't manicured.

Her make-up was inexpensive and applied without a great deal of subtlety or care. This was in keeping with her overall presentation.

This woman – as harsh as it may sound – did not sell dreams or fantasies. She was merely a facility for sex. She was also careless enough to allow a man who paid for sex at this level to have intercourse without wearing a condom. Girls who work at the higher end of the market tend to be more careful.

How did this particular woman find her level in prostitution? I suspect because she wouldn't have been able to establish herself in a different career. I knew that she had never given birth, so she wasn't left with a child and no other means of support.

Perhaps an unscrupulous boyfriend had wooed her into the job, or a girlfriend had shown her the ropes. She would have been easy to exploit, particularly by people who lived in the same social stratum.

She would be of no more than average intelligence, perhaps a little below, given her inattention to her overall self-care. Her schooling would have been indifferent. She would be from a working-class family who hadn't been able to compensate for her lack of achievement and poor prospects. Nor could they stop her becoming a prostitute.

A day later, I presented my analysis to David Cox and his senior colleagues. We met in a hot and stuffy room at the new force headquarters on the western edge of Leicester.

As I finished the briefing I asked if there were any questions.

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‘You’re sure she was a prostitute?’ asked David.

‘As sure as I can be with the information available.’

‘And you think she’s a traveller, not a local girl?’

‘Yes. You’d know her if she was local.’

‘So where is she from?’

‘I would look at the red-light areas and big motorway service centres with established prostitution. Focus on those areas within an hour or so of Bitteswell. Whoever killed her didn’t put her out for display. He dumped her for his own preservation. He wanted to get her a good way off from where he picked her up because he knows that makes it harder for you to trace him. But there’s a limit to how long he’s willing to drive about with a dead woman in his vehicle. He also had to strip her somewhere en route. That’s not easy in a car. I’d say an hour or so – depending on the traffic and the weather. You’re probably looking at a radius of fifty miles.’

‘Birmingham?’ asked a detective.

‘Could be. It might be Coventry, Northampton or Nottingham – anywhere with an established red-light area that’s also close to trunk roads or the motorways.’

After the briefing David Cox asked if I’d prepare a psychological offender profile of the killer. In the meantime, the murder squad had been following up on the scant number of leads.

Two people, passing in a car, had seen a middle-aged man on the grass verge near Bitteswell Football Club just over an hour before the body was discovered. He was described as being in his forties or fifties, with greying hair and a short-sleeved shirt. He looked either lost or agitated.

The police had been door to door in the area and set up a mobile incident room to question motorists. At the

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same time, a sketch of the victim was released to the media and printed on a poster.

Despite these efforts, the body still hadn't been identified by 10 March – a week after its discovery. A new artist's impression was prepared, in colour, using a hairdresser and a beautician to give advice on how the victim looked in life.

The impression was shown nationally on GMTV. On the same day an advertisement was placed in the *Sun* newspaper, accompanied by a story asking for public help in identifying the woman. The police revealed that she might have been a prostitute from the Black Country, who worked in the Birmingham or Wolverhampton areas.

Within hours came the breakthrough that David Cox and his team had been hoping for. A family in Stafford saw the artist's impression on TV and thought they recognized the woman. A short time later, police sealed off a nearby flat-fronted terrace cottage.

The victim had a name – Tracy Lyn Turner, aged thirty. She was a prostitute who worked out of motorway service stations and lorry stops, mainly in North London. She was last seen alive at 4.30 p.m. on 2 March, plying for trade on the southbound slip road of a service station on the M6 near Birmingham. Earlier that day she had withdrawn money from a building society and gone shopping.

Tracy was almost totally deaf and relied on an amplifier aid about the size of a personal stereo. There was no sign of it in her house, or where the body had been found.

Cox and his team now had a new challenge – to piece together all they could about Tracy's lifestyle and movements. Did she have regular clients? Who were her

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friends? Where did she normally work? What were her hours? Did she offer any specialist sexual services?

My role in the murder inquiry was only just starting. I now had to draw up a psychological profile of the killer, telling the police all that I could about him.

He was out there somewhere, remembering what he had done. Although he had taken a risk, he felt good. They wouldn't catch him. The slag had wanted her money, but he'd had her for free. Then he showed her what he thought of her kind. That's the good thing about slags – they know their place and there are always plenty more.

I didn't know this man's name or address, but I had met others exactly like him during consultations. I had examined their minds and listened to their rationalizations and their deviant fantasies.

Sadly, I had also interviewed women like Tracy. There is a stereotyped image in the public's mind whenever the word 'prostitute' is mentioned. People are very quick to jump to conclusions. I make no such judgements. There may be similarities in their occupation and background, but each prostitute is a separate and unique human being. They are someone's daughter, sister, niece, wife or mother.

Yet the sad reality is that most of them suffer dreadful experiences in their daily lives. Prostitutes, as a group, make up the largest number of unsolved murder cases in Britain. I can vouch for this because I've seen more dead prostitutes than I care to remember.

I sometimes ask myself how I ended up where I am, doing what I do.

When I started my career as a clinical psychologist, I had no idea that I'd eventually spend my spare time studying post-mortem photographs and walking

murder scenes. My real work is about picking up the pieces of damaged lives and trying to make people whole again.

When I told police the true nature of Frederick and Rosemary West and that Tracy Turner was a prostitute, I could do so because I had seen people with very similar lives in my consulting room – where I gathered my knowledge of human behaviour and psychological functioning.

It is where my story has to start . . .

1

‘Mum isn’t here. I can’t find her. I keep looking.’

‘Where is she?’

‘I don’t know.’

‘Is she far away?’

‘No. She should be here. I want her.’

‘Tell me about your mother.’

He didn’t answer immediately. His eyes were closed and the tempo of his breathing had changed slightly. Fingernails dug sharply into the palms of his hands.

‘We go on picnics to Stratford-upon-Avon and eat sandwiches by the river and drink orange squash. My brother and me dangle our feet in the water and watch the bubbles where the fish are feeding.

‘After lunch, Mum lies back in a deckchair and has her “forty winks” but I don’t think she really sleeps. Sometimes I lay my head on her lap and look up at the sky through the leaves. I like that.

‘In the afternoon we buy ice creams. I choose strawberry but Tom always has chocolate. You should see his face afterwards. Mum has to spit on a handkerchief and wipe his chin and his cheeks.’

‘What day do you go?’

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'Sunday. School the next day.'
'Do you like school?'
'I guess.' He shrugged ambivalently.
'What are your best lessons?'
'English.'
'Who's your teacher?'
'Mrs Jenkins.'
'What is she like?'
'Nice. She's always nice. She doesn't shout or get uptight.'
'What about your friends?'
'No, I haven't really got any. Not many.'
'What do you do at playtime?'
'Ordinary stuff. Sometimes there's a fight.'
'What about after school?'
'I stay out as much as possible. I don't go home.'
'Why?'
'I just don't. I go looking for Mum.'
'Why? Where is she?'
'She should be there. I want her to be . . .'
'Does she have a job?'
'Um . . . I don't think so.'
'When do you go home? You can't stay out all day.'
'No.'
'What happens?'
'It's dark inside. I don't like it.'
'What do you do?'
'I try to go to my room. I want to get to my room.'
'What's in your room?'
'Maybe I'll be OK then. Maybe I can go to sleep.'
'It's a bit early to go to sleep.'
'Yeah, I know. I'm frightened. I want Mum.'
'And . . . ?'
'I just want her.'

‘But she’s not there, you say. Isn’t there anybody else to look after you?’

‘He’s there . . .’ His voice shook, and his face had become pale and strained. A long pause followed. Every muscle seemed tense as he sat forward in the chair, but still he wouldn’t open his eyes.

‘I’m scared. I can hear his footsteps on the stairs. I know he’s coming.’

‘What happens?’

‘The door opens and he’s standing there. I’m in the corner. He grabs me by the hair and puts his face up against mine. I can see the spit in the corners of his mouth. “Where is she?” he says. “Where is the bitch?”

“I don’t know, Dad. Don’t call her that.”

“Ah, yes, you do know. Where is she? Whose bed is she in now?”

“No, Dad. She wouldn’t . . .”

“Why are you covering for her, you little bastard? They’re all the same – you’ll see! Where is she?”

“I don’t—”

“Lying little bastard!”

“Please no, Dad, don’t hit me.”

“Come with me.” He drags me by the hair along the hallway to their bedroom. My head is twisted back so I can only see the ceiling and I have to walk on tiptoes so he doesn’t tear my hair out. He shoves me towards the bed and throws back the bedclothes.

‘He screams, “Look at it!” I don’t know what I’m supposed to do. “Look at what that disgusting slut has left behind!”

‘He forces my face against the mattress. What should I see?’

“Smell that! Where is the bitch?”

“I don’t know. Please. I want my mum.”

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‘He forces me down and locks my head between his knees. Then he starts hitting me with his belt. “WHERE IS SHE?”

‘“I don’t know. I don’t know.”

‘“You’re not even mine, you little bastard. What do you think of that? Ask the bitch about your father. She won’t even remember.”

‘“No. No.”

‘“Where is she? You’re shielding her. You didn’t come home from school because you were out running a message for her.”

‘“No.”

‘“Where were you?”

‘“Nowhere.”

‘“Liar!”’

This final accusation echoed off my consulting-room walls. Ray Knox cowered in his chair, as if trying to become smaller. His head had dropped almost apologetically and his voice had trailed off. Slowly he dissolved into tears. I didn’t see them. He didn’t raise his face. But I watched him wipe them away with his shirtsleeve, as children often do.

Without warning, his eyes snapped open as if spring-loaded. On his feet, he spun away from the desk with clenched fists. Every bit of power in his six-foot frame was put behind the punch. It smashed into the side of a filing cabinet, buckling the metal.

‘My life was ruined by that fucking abuser,’ he announced in a quiet voice that was nevertheless filled with a driving energy.

The statement seemed to hang in the air between us, as though he’d issued a challenge.

His face was contorted by grief, but his eyes were blazing. He challenged me to contradict him.

‘Don’t you believe me? Don’t you believe what I’m saying? Every word of it is true.’

‘I can see what it’s done to you.’

‘And it doesn’t matter that he’s an old man now. Justice isn’t only for the young. You won’t talk me out of it. He has to die.’

Outside the sun had turned the parked cars into ovens and the newly surfaced road had become a sticky pudding of tar and gravel. Heat reflected against the windows, and the inside walls were warm to the touch.

I don’t particularly enjoy the summer. On hot days I can almost feel the energy being sapped out of me and a headache waiting to happen. The glare hurts my eyes and the mandatory suit, collar and tie only make it worse.

The police have often told me how the heat affects the crime rate, and I’ve seen it reflected in my own case records. On hot days patience wears thin and tempers fray easily. Overheated motorists hammer steering wheels and patrons stumble out of pubs having had too much to drink.

Raymond Chandler described it best when he wrote about ‘those hot dry Santa Anas that come down through the mountain passes and curl your hair and make your nerves jump and your skin itch. On nights like that every booze party ends in a fight. Meek little wives feel the edge of the carving knife and study their husbands’ necks. Anything can happen.’

Ray’s chair had toppled backwards and now lay on its side. Someone had stuck chewing gum to the bottom. It neatly punctuated a stencilled notice warning of the fire dangers of the foam padding.

The outpatient clinic was in an old schoolhouse, now

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used by the local health authority. On the wall it still had a picture of the Queen that must have gazed down upon generations of youngsters.

The consulting room was a good size, with two windows side by side. It overlooked a small garden in which rose bushes were now competing with dandelions for space. Maintenance budgets didn't stretch to hiring a full complement of gardeners. The money was needed elsewhere.

In the distance I could see Portakabins on a building site and the darkened brick of an incinerator chimney that was soon to be demolished. It would no doubt make the evening news. The public has a morbid fascination with seeing things blown up. Someone has probably written a psychological thesis on the subject.

Ray righted his chair and self-consciously sat down. He glanced fleetingly at the filing cabinet and then lowered his eyes. If his punch had landed a fraction nearer to the drawer he'd have broken every knuckle in his fist.

Above his head the ceiling was decorated with plaster squares, each divided by metal strips. A fluorescent light sat in the centre. As with all of my consulting rooms this one was purely functional. There were no decorations or surplus furnishings. A desk, two chairs, a clock, blotter, foolscap pad, case file and a few pens were all I needed. The filing cabinet was optional – particularly now.

A neutral room is like a blank canvas. There was nothing to distract a patient. I work to create a timeless, placeless environment where a patient can eventually relax and talk.

A room such as this may well say something about my working principles. There are no family

photographs, books, magazines or diplomas. I don't wear a wedding ring or an old school tie. Nothing that can give any notion of what I might be like. Preconceptions create problems that colour how easily I can establish a rapport with a weary or distressed patient.

Suppose, for example, I had a golfing trophy on my desk. (It's hardly likely, I can promise you.) A patient arrives who was never very good at sport. Perhaps they were mocked or ridiculed at school for their lack of ability. They were always the last to be chosen for teams and were belittled by coaches. They spent years finding excuses to avoid gym and swimming practice.

Now, as they walk into my consulting room, they see a trophy. What do they think? How do they react towards me? It's another hurdle to get across that shouldn't be there.

Ray opened and closed his fist, wincing slightly. Thin white scars ran along the back of his hand. These were knife cuts, possibly self-inflicted. They were likely to cause pain rather than long-term injury. At some point I would have to ask him about them, but that could wait.

For the moment, I had to make sure he was functioning properly before he left the outpatient clinic. I had ten minutes before the next patient was due.

'Is your hand OK?'

He nodded.

'Do you want a few moments?'

'No. I'm OK.'

He moved slowly now. The explosion of anger had drained his energy. Grey flecks of paint from the filing cabinet dusted his knuckles.

His black hair had been combed across his scalp and

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edged down his cheeks as sideburns. In his early forties, Ray was above average height and had a physical self-assurance that showed in the way he moved.

He wore a checked shirt with the sleeves rolled up above his elbows and a pair of trousers that stretched beneath the beginnings of a paunch.

I had met Ray Knox only forty minutes earlier. All I knew of him came from a referral letter from his doctor. Apparently he had complained of feeling depressed, stressed and 'out of control'. When asked to explain, he said, 'I think I might hurt someone.'

The local GP wasted no time in passing the case along. Clearly, Ray wasn't the sort of patient a doctor wanted in a crowded waiting room of young mothers and distracted children. It was also impossible to assess such a problem in the eight or ten minutes a GP allocates to each patient.

The case had been referred to the forensic psychology service at its central base in Leicester. According to the referral letter, Ray had seen two psychiatrists over the previous three years. In each case they had vaguely described the problem as a 'difficulty with managing anger'. This covered a huge range of possibilities and was like pointing to a group of haystacks knowing only one of them held the needle.

Despite his own fears, Ray had no recorded history of trouble with the police or of violence. No complaint had ever been made against him. At first glance, I doubted if he'd ever incurred so much as a speeding ticket.

Like any new patient on a first visit, he had seemed slightly self-conscious. He wanted immediate answers or hoped that I could put a hand on his head or give

him a pill that would instantly make him better.

Clinical psychologists can't work like this and I had tried to explain that to him at the outset.

'There are two things I need to know, Ray. Who you are. And how you came to be who you are. These are two very general questions but out of them we will learn everything else. We'll discover if you have a clinical problem and whether or not I can do anything to help.'

He nodded.

'So tell me, what brings you to see me?'

Ray pressed his palms against his knees. 'Doesn't the doctor say?'

'I do have a referral letter, but I'd prefer to hear it from you.'

'Well, I'm just depressed. I wake up OK, but then I get bad during the day.'

'What happens?'

'I just feel bad.'

Ray struggled to tell me his thoughts. Partly this came from wariness. He avoided answering even the simplest questions about what was going on in his life. At the same time he put up a wall of measured pleasantness.

In many instances, this first telling of the present-day difficulty is the hardest part of the first consultation. It means establishing trust very early.

Slowly, I managed to glean some details of his life. Ray worked in a brewery moving barrels. He didn't drink – he'd given up four years earlier, although he didn't say why.

'I used to be pretty sociable and outgoing,' he said. 'But I don't feel like it any more. I don't go out. I'm missing days at work. My wife . . .'

The sentence trailed off.

'What about your wife?'

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‘She’s wonderful. She’s been really patient with me. I’m a lucky man.’

‘Do you have any children?’

‘Two girls. Julie is thirteen and Rita is ten.’

‘The referral letter suggests that you have aggressive feelings.’

‘Yeah. I lose my temper.’

‘How often does that happen?’

‘I don’t know really.’

‘When was the last time?’

He shrugged.

‘So what makes you feel you’re going to lose your temper?’

‘It’s hard to explain. It’s just a feeling I get.’

‘Tell me about it.’

Again, he struggled to find the words.

Despite his defensiveness, I could see that Ray wanted to engage. Nobody had forced him to come and see me. The courts or the probation service hadn’t stipulated he attend. It had been his own choice.

‘Tell me about your mum,’ I asked.

‘She must be in her sixties now.’

‘What sort of woman is she?’

‘I don’t know really . . . I haven’t seen her for a long time.’

His voice hadn’t faltered, but I could see the tension in his forearms. Physical signs like this are important to a psychologist. Sometimes they tell me just as much as the words spoken by a patient.

‘What about when you were little? Was she at work, or at home?’

‘Well, it’s difficult to say.’

‘Why is it difficult? What about your dad? Were you all at home together?’

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Ray shifted uneasily in his chair and glanced out of the window. His hands were pressing hard on his knees, as though he was forcing himself to stay seated.

I kept probing – asking simple questions about his childhood.

‘Where did you grow up?’

‘Reading, in Berkshire.’

‘Any brothers or sisters?’

‘No.’

‘What sort of work did your dad do?’

Ray’s jaw tightened. He didn’t want to answer. I could see a man who was used to holding things away, but I was giving him only two options. He could either say, ‘I can’t do this,’ and walk away; or he could stay with it and let me help him.

Easing the pressure slightly, I changed the subject.

‘So tell me more about your mum.’

‘What’s to tell?’

‘You haven’t said if she went out to work.’

‘Maybe she did.’

He was still trying very hard to hold the door closed on me. But each time he answered a simple question, I pushed it open a crack. I asked him about his father again, probing gently. From being slightly ajar the door suddenly swung open.

In just a few moments I witnessed a transformation. I no longer had a forty-year-old man in front of me. Ray was a little boy again. He was back there, cowering on the floor of his parents’ bedroom, feeling the blows and hearing the abuse. He held his arms over his head and pleaded his innocence.

This man had a remarkable ability to visualize scenes internally. He wasn’t simply describing events in the past tense or in the abstract. He was back there,

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reliving them; feeling his face pushed into the bedsheets and seeing the spittle in the corner of his father's mouth. The sounds, colours, smells and sensations were as real to him as they had been over thirty years earlier.

Then came the explosion of rage that nearly destroyed my filing cabinet. The small boy had become a man again – a tortured individual who believed his father deserved to die.

The childhood scene that Ray described wasn't based on an isolated beating. A child has to learn to be that afraid. Instead, everything pointed to a violent, unpredictable father who had battered and tormented his son for years.

'Whose bed is she in now?' his father had screamed. 'You're not even mine, you little bastard!'

Thirty years on and the injured little boy was now a damaged man. What had he shouted? 'My life was ruined by that fucking abuser! . . . You won't talk me out of it. He has to die.'

People say things in the heat of the moment. They get angry and make groundless threats or empty promises. Was this Ray? Is this what he meant by losing his temper? Were these the 'aggressive urges' mentioned in the referral letter?

If so, I asked myself, why now?

Despite a brutal childhood, Ray had obviously managed to put a reasonable life together. He seemed to be happily married, with two children he loved, a secure job and a house. What had happened to upset this so suddenly?

'Can you give me an example of when you lose your temper?'

'You've just seen one.'

'Another example.'

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He described an incident that had happened the previous week. He and his wife had been having a coffee at a café when a couple of young lads wrestled open the door and loudly jostled their way inside.

They were brash and self-confident, bantering with the middle-aged owner, who admonished them for being so noisy and disruptive. The youths, perhaps recognizing a figure of authority, gave way and left.

Ray didn't hear the actual conversation. He didn't have to.

'I just sort of snapped. I lost it. One second I'm sitting having coffee and the next I'm on my feet screaming at this bloke behind the counter. I wanted to rip his heart out.'

'Why?'

'He was throwing his weight around. How dare he treat those lads like that! Who died and made him God? They were only fooling around. I wanted to hit him. If Stella hadn't been there, I mean, I don't know what would have happened . . .'

'Do you know why you reacted like that?'

'No.'

'Has that sort of thing happened before?'

'A few times.'

'When?'

'In the past couple of years. That's about when my behaviour started.'

'What do you mean when you say "my behaviour"?''

'The pictures in my head. The thoughts.'

'Tell me about the pictures.'

He looked at me nervously. He didn't know whether to say anything more.

'What is it about these thoughts and pictures that worries you?'

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His voice dropped to a whisper. 'The violence.'

Ray might not have been particularly well educated but he was bright enough to realize that having violent thoughts was unhealthy. But he didn't know what they meant. Did they make him another Frederick West? Would he be locked up for telling me? I didn't know what they meant yet either; 'violent' covers a wide area.

He pulled back and I looked at the clock. Our time was up. It wouldn't be appropriate to press now.

'I hope you'll come and see me next week, Ray.'

'What's wrong with me?' he asked imploringly.

'We've only just started talking. I don't know enough about you yet, or how you came to get here. That's why I want you to come back again.'

He nodded and stood slowly. His muscles had been so taut that they had locked up.

After he'd gone, I made more notes on a foolscap pad. There was something about Ray that worried me. Initially I'd struggled to put my finger on the problem. Then I understood that he had an ambivalent quality; he seemed to be able to separate himself from his actions.

Everything I'd seen and he'd told me suggested that his behaviour and personality might oscillate between extremes. Did that make him a potentially or a truly violent man?

It was too early to tell.

2

Soon after joining the Leicestershire District Psychology Service in 1978, I was politely shanghaied into teaching an adult education class at Daventry, a small town in Northamptonshire. On the first night I arrived feeling incredibly nervous and daunted. I hadn't done much public speaking.

What am I going to tell them? I thought, as I sought refuge in the toilet.

I had never had any desire to teach, yet there I was fresh out of university, with the ink still drying on my degree, having agreed to present an introductory course in psychology. What would they expect? What would happen if I just went home?

At three minutes to eight, I realized that I couldn't stay in the men's room for ever. With a deep breath that did nothing for my fraught nerves, I walked into the classroom, wrote my name on the blackboard and then turned to see about twenty expectant faces. There were men and women, young, old and middle-aged, all with their eyes focused on me.

Is my voice going to work, I wondered.

'Good evening. My name is Paul Britton and I'm a psychologist. I work in the National Health Service.

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Have any of you ever had any previous experience or contact with psychology or psychologists?’

The silence that followed threatened to become embarrassing until a young woman near the front said that she’d read several books. This prompted a few others to nod their heads.

‘Would anyone risk giving us an idea of what psychology is?’ I asked.

A stillness descended and I could hear the shuffling of feet beneath chairs. My hope to ease my own anxiety by getting the class involved straight away didn’t seem to be working. I tried once more. ‘It’s not a trick question or a test. I just want to know what you think psychology is. What is it about?’

None of the class knew each other, which made it difficult to break the ice. Moreover they were there for different reasons. Some, I discovered, passionately wanted to learn more about psychology or wanted to go on and study it further, while others were there because it was a pleasant way to spend an evening, or because they couldn’t get into some other class next door.

‘It’s about people,’ said a woman, about forty-five years old, in a linen jacket.

I wrote the word ‘*people*’ on the blackboard beneath the heading ‘*Psychology*’.

‘It’s about knowing how to get people to do what you want,’ said another woman who had moved her chair closer to the radiator.

I scribbled, ‘*Getting people to do what we want.*’

Thoughts and ideas now came in a steady flow.

‘It’s about analysing your dreams and subconscious thoughts.’

‘*Analysing dreams.*’

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‘And knowing what people are thinking by looking at their faces.’

‘Analysing body language.’

‘It helps us understand why we do the things we do.’

‘Human behaviour.’

A young woman with braided hair added, ‘And it helps us understand children so we can be better parents.’

I didn’t comment on any of these ideas, but simply wrote them on the board.

Eventually, I put down the chalk. ‘Well, I can tell you that not one of these suggestions covers it all, except perhaps “*Human behaviour*”. Yet every one of them does have something to do with psychology.’

Instead of giving the class a definition, I began to write headings on the blackboard.

‘This is what we’ll be talking about over the next twelve weeks,’ I said, continuing to write. ‘People tend to assume that psychology is simply about helping people in the consulting room, without perhaps realizing that there is an enormous submerged iceberg of knowledge that must be dealt with first. They fail to appreciate that the basics – the scientific, experimental and theoretical work done at universities and in research departments – provide the foundation upon which clinical, forensic, organizational and all the other psychological specialities are built.’

Human Learning.

Developmental Psychology.

Memory.

Motivation.

Emotion.

Personality. **Copyrighted Material**

The Brain and Nervous System.

Social Behaviour.

Research and Statistics.

The World of Work.

*Clinical Problems and Treatments – Anxiety, Phobias,
Sexual Difficulties, Anger, Depression and Mental
Illness.*

Romance, Dating and General Social Skills.

As soon as I wrote the word ‘statistics’, the noise level increased.

‘I’m no good at maths. I can’t do maths,’ said the woman in the linen jacket.

‘Me neither. I didn’t know we needed that,’ echoed an intense man in his early twenties.

‘Relax, you don’t have to be mathematicians,’ I reassured them. ‘But you do need to understand how psychological work is conducted and evaluated.’

The experimental study of the human mind is now 130 years old yet it remains largely uncharted. We are unlikely ever to understand it all because the parameters are so broad and encompass everything we do and say; all that has gone before and is still to come in our knowledge of the world and human behaviour.

There have been times when this exploration and experimentation has been rather hit and miss. A lecturer of mine once explained the origins of Electro Convulsive Therapy (ECT) or electric shock treatment.

Many years ago, mental health scientists observed pigs being electrocuted during slaughter. Every so often the power supply varied and some of the pigs survived the electric shock. These animals seemed to be energized and boisterous.

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The scientists began pondering whether a small electrical charge applied to the heads of very depressed patients might revitalize them.

After a period of trial and error, ECT became widely used across the Western world. It is still used today as a frightening and last-resort treatment for otherwise intractable mental illness. Its decline has been the result of dramatic progress in drug development and also strong opposition from families of patients who became aware of the negative side effects. These included interference with memory and the patient's sense of independence.

This major psychiatric intervention was used for decades without anybody really understanding how it worked. Of course electricity wasn't a mystery, but nobody understood the gross (let alone the detailed) connection between brain function and the mind. How did the electricity revitalize a patient? What happened inside their head?

When brain experts describe how the mind works, they tend to use models based on the technology of the day. Once they talked of mechanics, fluids and 'humours'. Now they refer to circuit boards, processors and neural networks.

I told my class of students to imagine the mind as being like a fishing net formed by a matrix of hundreds of lines with thousands of knots connecting them. Any single knot may be interesting in itself, but if you try to pick it up, all the others come with it. They are all interconnected and you can't truly understand any single knot unless you understand the principles of those around it. That's what makes psychology so fascinating. It's like having a three-dimensional map that you journey upon and through.

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According to biologists there are more potential connections between the cells in a single brain than there are stars in the universe. The identification and understanding of what flows from these connections will not be achieved in my lifetime or that of my children; however, the quest is still exhilarating.

After an hour we had a coffee break and then spent the rest of the evening looking at different models and the various approaches to psychology. From the very beginning I tried to balance the lectures with exercises that got the whole class involved.

This started out as a way to ease my own performance anxiety, yet had the effect of galvanizing the whole group so that they grew very committed and excited. It became a challenge for me to keep up with their desire to learn more.

The enthusiasm of beginners is infectious and during those weeks I was often reminded of why I chose a career in psychology. It had been only a handful of years since I too was a beginner.

In the autumn of 1972 I was working as an export liaison officer at Automotive Products, a motor-car parts company in Leamington Spa. The job was reasonably demanding, but it didn't excite me. Nor was it something I imagined doing for the rest of my life.

Psychology fascinated me, but I knew only a limited amount about it. The parameters seemed so broad and challenging that I'd never grow bored or run out of things to investigate.

At the same time I had a wife, a mortgage and two children under the age of five. I also had no O-levels or A-levels – hardly the ideal preparation for higher education.

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I left school with none of the badges that most people collect. After the age of eleven I was sent to a secondary modern school, which didn't prepare children for tertiary education. Despite this, I always wanted to go to university. I just had to find a way.

While working full time, I started an O-level course in the same sort of adult education centre that I later lectured in. I sat the exams in the summer of 1973 and then began studying for my A-levels, cramming two years' worth of learning into less than a year.

In 1974, at the age of twenty-eight, I gained a place at Warwick University to study management science. A month after I started, a separate psychology department was established and I was able to transfer across.

For the next three years we lived frugally, surviving on a student grant. I'm still amazed at how far Marilyn could make so little money stretch.

After graduating with a First, I accepted an advanced postgraduate studentship at Leicester University. Soon afterwards I became an unpaid trainee clinical psychologist with the Leicester Health Authority, the largest in the country. By the time I began lecturing in Daventry, I had started working in a full-time post at Carlton Hayes Psychiatric Hospital in Narborough, Leicestershire – a large Edwardian hospital that had been built as the county asylum in 1905.

The psychology department was set away from the main hospital buildings in the former Medical Superintendent's house. Known as The Rosings, this was a two-storey red-brick house with a large bay window overlooking a small stone terrace.

My day-to-day work centred on assessing and treating people who were damaged by unfortunate events in

their lives. Some suffered recurring nightmares or acute anxiety. Others had sexual problems or personality disorders. People couldn't sleep, or stop cleansing, or bring themselves to walk out of their front door to post a letter.

There were patients with psychosomatic complaints – genuine bodily symptoms, such as limb paralysis, visual impairment or disabling skin conditions – that had psychological origins. Others came with exotic illnesses and disorders that doctors had failed to diagnose.

One of my patients thought he was paralysed. Another poor woman couldn't go anywhere without having to rush off to the toilet.

I had two interview rooms during my time at The Rosings. One of them had probably been a bathroom in a former life and still had white tiles on the walls and a window so high up that it offered no view other than of passing clouds.

Patients waited wherever they could sit down, usually on a chair in the secretary's office outside.

I was at the beginning, finding my way, and it was amazing to see the textbooks and lectures come to life. With each new patient who arrived in my consulting room, I learned a little bit more about human functioning and motivation.

If I was concerned about reaching a wrong conclusion, I could always find a more senior psychologist and ask advice. Far more worrying was the possibility that I might not *know* that I had it wrong.

One of my first cases involved a young married woman in her late twenties who came to see me suffering from anxiety problems. Claire Brooks was a pretty woman, of medium height, with hair down to her shoulders and not a strand out of place. Everything

about her presentation showed neatness and care. Her shoes gleamed and her blouse and skirt were precisely ironed, without so much as a button loose or a thread pulled.

She sat down and looked at me nervously. I began with some of the housekeeping details – name, address and date of birth. This helped us both to discover that her mouth still worked.

‘Most people don’t know what to expect when they come to see me for the first time,’ I told her, trying to put her at ease. ‘They don’t know who I am or what I am going to talk about. Some try to predict what I’m going to ask them and spend time beforehand working out all the answers. Then as soon as they sit down and I ask them to tell me something about the problem, their minds go blank. It’s as though I’ve wiped a black-board duster through their heads.’

Claire’s hands were pressed tightly into her lap and she smiled weakly.

‘Sometimes they’re anxious that I’m going to ask them all sorts of terrible questions. I hope I’m not – at least not today. First I want to find out about you and what has brought you here. Then we’ll decide how to take things forward.’

She nodded.

‘I have a letter from your GP with some sketchy details but I’d prefer it if you’d tell me, in your own words, how you come to be here.’

‘Well, my doctor sent me along.’

‘Yes.’

‘I haven’t been able to sleep and the sleeping pills don’t seem to help.’

‘Are there any other problems?’

‘Well, sometimes I get all panicky and . . . frightened.’

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‘Exactly what feelings do you have?’

I wanted her to relate the physical symptoms so I could be sure they were applicable to anxiety and not something else. She described heart palpitations and feelings of closing and tightening in her throat. Her hands would perspire and the light seemed to grow dimmer.

As Claire straightened in her chair, she quickly put her hands in the pockets of her cardigan. Very briefly I glimpsed the raw, inflamed skin on her fingers.

‘What do you feel anxious about?’

She bit her bottom lip, leaving a carmine mark on the skin. ‘Well, I’m frightened of someone breaking into the house.’

‘Has that happened before?’

‘No.’

‘Do you live in an area where it happens often?’

‘No, not really. The village is really nice. I can’t remember even a bicycle being stolen since we moved in seven years ago.’

‘When do you get worried about someone breaking in?’

‘At night mainly.’

‘What do you do?’

‘Well, I go around the house and check all the doors and windows are locked.’

‘And then?’

‘Well, then I double-check them.’

‘How many times?’

‘I know it sounds silly, but I want to make sure we are safe,’ she said.

‘OK. And how many times do you check the locks now?’

She smoothed the front of her dress. ‘Nine.’

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‘Doesn’t that seem to be quite a few?’

‘I just want to be sure I haven’t missed any.’

‘And how do you check them?’

‘I start downstairs and I do the windows in the lounge first, then I check the patio doors, the dining room, the kitchen . . .’ She described the circuit of the house.

‘What happens when you finish?’

‘I do it again to make sure.’

‘What happens if you don’t do this nine times?’

‘Oh, I always do. Otherwise I couldn’t sleep. I’d be too worried.’

‘But you’re not sleeping anyway?’

‘No.’

This level of obsessional behaviour is odd, but normally isn’t a great problem. Far worse for Claire were the washing rituals. They had begun with cleaning her hands in the kitchen sink and developed into an elaborate routine where each finger had to be washed and the nail carefully cleaned before being dried in a precise order.

The hand-washing had built up into full bathing which happened six times a day. Again, the ritualized nature of the washing meant that soap *had* to be applied so many times and parts of her body cleaned in a particular order. It was classic obsessive-compulsive behaviour.

‘Can you make me better?’ Claire asked.

‘How do you think I might do that?’

‘Well, I don’t know, maybe hypnotize me. You hypnotize people, don’t you?’

‘Yes, I do.’

‘So you’ll put me under; I’ll go to sleep and you’ll tell me that when I wake up it will all be gone.’

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‘I’m afraid it doesn’t work like that.’

‘Well, what about different tablets?’

‘They won’t really take the problem away either.’

There was an uncertain pause. In common with a lot of people, Claire expected that I could give her some sort of psychological ‘magic bullet’ and make her well again.

‘In order to help you, I have to know the cause of the problem,’ I told her. ‘And that means asking a lot of questions and finding out all I can about you. I’ll try to be gentle and avoid asking questions that are too embarrassing, but ultimately there will almost certainly be some that are.’

I began by asking her about her present situation. Claire had been married for seven years to David, an engineer who worked for a large manufacturing company. They had a nice house in a local village, which Claire had decorated and now looked after. There were no children.

The next step was to take a detailed history of Claire’s life, beginning chronologically with her childhood and her relationship with her parents. This was the standard approach I’d been taught, although sometimes things could be taken out of sequence if they came up in the free flow of conversation.

‘Is your mother still alive?’ I asked.

‘No.’

‘How long ago did you lose her?’

‘Three years.’

‘What happened?’

‘She had cancer.’

‘When you were growing up did she go out to work or stay at home?’

‘She stayed at home.’

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‘What sort of mum was she?’

‘What do you mean?’

Sometimes when I ask this question people start describing someone who is five foot tall and grey-haired.

‘What was she like as a mother?’

‘Good. She loved me. We were close to each other – you know how mothers are with eldest daughters.’

Although the words sounded positive and full of praise, Claire’s descriptions and tone of voice were relatively neutral and almost empty. There was an absence of richness. There was no obvious reason for her to try to deceive me, but she certainly didn’t want to say much about her mother.

Pressing her for more details, I reframed the question. ‘I’m sure your mum was like the rest of us, we’re not all perfect human beings. What about the downside, her bad points?’

After a long pause, Claire replied, ‘I don’t think she had any.’

‘OK.’

I moved on, even though her response had been unrealistic. I could always come back to it later.

Claire described having a fairly typical relationship with her father, who doted on his children when he wasn’t away working or down at the pub with his friends.

‘How did your mother and father get on?’

‘OK, I guess.’

‘What sort of things did they argue about?’

I deliberately asked a leading question because this helped Claire to understand that even the most loving couples had occasional rows. If I had asked, ‘Did your mother and father ever argue?’ she would probably have said, ‘No.’

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Most people tend to have idealized notions of family values and relationships – mother–father, parent–child, sibling–sibling. We attach importance to being seen as part of a ‘good’ family.

This has consequences in how we are viewed by our community; it influences jobs, the partners we choose, how we’re treated by the courts and even, on occasions, where we’re placed on NHS waiting lists.

Family *does* matter. For this reason, sometimes we try to convince ourselves that even if we are imperfect our families aren’t. We put forward their strengths and ignore or reduce their weaknesses.

We don’t talk about their bad points for fear of being disloyal or bringing shame to the family. Usually this has a positive binding effect on the group, but it’s also an important reason why abuse can go on inside a family for years before anyone outside discovers the truth.

I’m not suggesting that Claire had been the victim of abuse. The family life she described seemed to be quite nurturing and child-centred. So far nothing had emerged that could explain her anxiety and obsessional behaviour. However, it was still early days.

At our second consultation, a week later, the history-taking continued. We talked about her education; how she coped academically; her best subjects and worst subjects; high points and low points; ambitions and achievements.

Again, nothing out of the ordinary emerged. There were no obvious problem areas, such as truancy, misbehaviour or bullying.

I moved on to her occupational history, talking about her various jobs. She’d trained as a nurse and

become a day-carer for the elderly. When she married she gave up work.

Claire had started to relax and become accustomed to the fine detail I wanted. I knew this would help when I moved her on to more sensitive areas such as her sexual history and relationships.

‘How old were you when you had your first boyfriend?’ I asked.

‘I’m not sure what you mean,’ Claire said. ‘When I was nine I had a little boy who was my best friend at school. I had my first proper boyfriend when I was fifteen.’

‘Tell me about that.’

‘He played soccer with my older brother and went to the boys’ school. I used to watch him play on a Saturday morning and afterwards we’d go to the pictures.’

‘How long were you together?’

‘About six months.’

‘How serious was it?’

She laughed. ‘At the time it felt like true love.’

‘Was it a fully intimate relationship?’

‘Heavens, no.’

‘What about serious boyfriends after that?’

‘One or two.’

‘When did you first have a completely intimate relationship?’

Her hands nervously stroked and flattened the fabric of her dress on her thighs. ‘With my husband. He was . . . ah . . . the first.’

‘How old were you?’

‘Nineteen.’

‘What sort of difficulties were there?’

‘What do you mean?’

‘Well, sometimes the early attempts can be quite difficult or painful.’

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