

A cracker

Louis Appleby

Fickle, fat and foul-mouthed, Robbie Coltrane's Fitz is not an obvious romantic lead. But in the ITV crime series *Cracker*, soon to return to the schedules, that is what he is. He tries and fails to cheat on his wife; he is dogmatic and a slob. But for all his flaws, Fitz is the stuff of which role models and good ratings are made: he is a brilliant sleuth who knows the human heart backwards and the criminal brain inside out. Fitz, you understand, is a forensic psychologist.

But not just any member of the species. He has, as he puts it, a gift. "I can look inside there," he says to a woman in a pub, pointing at her heart but meaning something deeper. Fitz knows what really makes people tick, their primitive longings, their indelible fears. Holed up on duty with a homophobic policeman, he guesses at the man's life story: how he moved school when he was, say, seven; how no-one talked to him, except the girls; how he feared ridicule as a mummy's boy. And so on.

Not that there is anything new about this caricature of psychoanalysis, the Freudian Sherlock Holmes able to construct an entire person from the merest detail. And in *Cracker* it is mixed in with a few other well-worn media angles. But somehow the whole hackneyed thing is rivetting – someone once said of Sophia Loren that no one part of her face was right but all together it was beautiful, and the same is true of Robbie Coltrane's gumshoe.

The first predictable fact about Fitz is that he is in a greater psychological mess than anyone else on screen – with the possible exception of the serial killers in whom Manchester (where the series is set) seems to abound. Confronting one amnesic suspect he spits out a lurid impression of how the victim of a recent murder met her end. "You're the one who needs the psychologist," says the startled man.

He does too. He gambles himself into debt, drinks like a fish and smokes with both hands. And, what's worse, *he doesn't care* – perhaps because he is following a tradition among fictional detectives. "Woke up, smoked a hearty breakfast," said Philip Marlowe once and like Chandler's hero, Fitz is a man who would sprinkle his corn flakes with fag ash. All television crime-fighters have their personal quirks – Columbo had his mac (in case anyone misses the



Robbie Coltrane and Geraldine Somerville in 'Cracker'. Copyright Granada TV.

connection, Coltrane does a Columbo imitation in one episode), Kojak his lollipop. Fitz in turn has his addictions. And like everyone in the genre from Holmes to Dirty Harry, he is in conflict with the mainstream police. They distrust him, need him and wish he'd give up, all at the same time.

The first series was memorable for its Mancunian backdrop. Bodies are bound by the Bridgewater Canal and in Oxenholme station. The Hulme crescents, one of Europe's ugliest estates, are searched. Old Broadway, home to several minor celebrities, is blown up.

It also had its dramatic moments. "I am not a dog!" shouts one young woman as Fitz tries to uncover how her suburban early life has led to prostitution and murder. Suddenly everything

is clear: having been forced to act as her blind sister's guide she has felt neglected, then despised, and has finally drifted through self-loathing back to the role of dog, this time in the insulting sense of the word as a rough, tough, sexual pushover.

But the most striking feature of *Cracker* is the profession of its central character. Although fiction has for decades played on the supposed link between the methods of medicine and crime-busting (Conan Doyle of course based Holmes on Joseph Bell, an Edinburgh surgeon), previous detectives have not been specialists in mental illness. Twenty years ago a successful series called *The Expert* highlighted the deductive powers of the forensic pathologist. Now, thanks to a popular fascination with psychological profiling of criminals, it is the turn of the psychologist.

The media have given profiling a largely uncritical press and the makers of *Cracker* could have been excused if they had swallowed its pretensions whole. But they did not. Although for dramatic effect they made its methods appear cleverly intuitive, they also ended the series on a sour, sceptical note. Fitz eventually persuades a confession from someone he has always been sure is a child-killer. But in private the man withdraws his admission. You're not angry for the dead boy, he tells Fitz, you're angry because you were wrong, because you are not as good as you think. To their credit, the programme makers knew not to trust someone who claimed his instincts as science.

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The psychiatrist, the hero and the romance genre

Jacqueline M. Atkinson

Until recently psychiatrists were all but unheard of in romantic fiction which is dominated in Britain by the publishers Mills & Boon. In the UK, there is a strong interest in 'medical romances' not exhibited in other countries, and Mills & Boon publish four Medical Romances (formerly called Doctor-Nurse Romances and from autumn 1993 'Love on Call') every month. This is in contrast to what appears in the United States, for example, where medical romances are almost unknown.

Stories about psychiatry tend to do less well than those about other illnesses, and certain subjects are taboo. Alzheimer's disease seems to be a particular no-go area. The reasons for this seem to be that there remains a generally negative public attitude to mental illness, and that the readers of such medical romances are older than readers of more contemporary romances: anything that is too close to home is generally unwelcome in these books. But this does not mean that the reality of mental illness is denied. In *Delicate Harmony*, for example, one of the central minor characters, a young male patient, commits

suicide, albeit offstage. It is interesting that the most popular of these books is *Tansy's Children* which deals with disturbed children rather than adults.

Are there other reasons for the scarcity of psychiatrist-heroes? As well as describing a 'hero' as 'the chief male personage in a story' the *Shorter Oxford Dictionary* reminds us of other characteristics: men of superhuman strength, courage or ability; who exhibit extraordinary bravery or greatness of soul; admired and venerated for his achievements and noble qualities. In Mills & Boon, besides being tall, dark and handsome, heroes are also dynamic, forceful, strong, in control and frequently leaders. How does this fit the practice of psychiatry? And how does this compare with the more frequent portrayal of psychiatrists in films?

All the Mills & Boon stories are based in an institution of some kind, be it 'clinic' or hospital, with little evidence of movement into the community, although *Pride's Fall* deals with moving patients from a hospital setting to shared flats in the community and *Doctor Alone* is concerned