employment. He was always ready to help colleagues with advice that was not only intelligible but also constructive. He was a great confidant, recognising the normality of imperfection. For Greg, however, the real world was rooted in his family and friends whose own lives were shaped by his warmth and humanity.

His illustrated life on Facebook, written from Australia, was about fun, friends and family (blithely ignoring the cancer that developed a year after his arrival) and he lived life to the full, right up to the point when he wrote a dignified letter of farewell to the Australian College (https://www.ranzcp.org/Membership/Subspecialty-groups/Interest-Groups/Intellectual-Developmental-Disabilities/SIGPIDD-Newsletter-May-2014.aspx). He returned to Newcastle and made arrangements for his disposal (a funeral mass at the cathedral, a crowded wake and then, on the following day, a more private cremation).

Greg O'Brien died of cancer on 13 July 2014 at his home in Newcastle upon Tyne. He is survived by his wife, Barbara, and their children, Áine and Daniel.

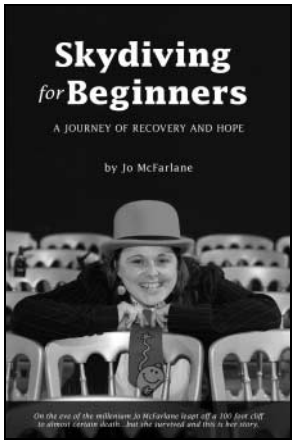
Tom Berney

doi: 10.1192/pb.bp.114.050054

Reviews

Skydiving for Beginners: A Journey of Recovery and Hope

By Jo McFarlane
Scottish Independent Advocacy Alliance, 2014, £7.00 (pb), 264 pp.
ISBN: 9780992855208



This book will surprise you, shock you, and intrigue you but ultimately it will fill you with admiration and respect for the author. It is the personal memoir of Jo McFarlane, a woman who was born into adversity but who has triumphed, very much against the odds. She is that rare human being: sensitive, thoughtful, positive, driven and without bitterness. A living example of what resilience means in practice.

Her life started in 'virtual squalor with dry rot and gaping holes in the floor'. She goes on: 'Ours was a dirty, freezing home infested with vermin'. As if the utter material deprivation was not enough she experienced sexual abuse at the hand of both her father and brother and the circumstances were unspeakable: 'The politics of my parents' sex life was played out openly among the children. We knew that he wanted it all the time and that she hated it. This was an enduring source of tension in their marriage and they often embroiled us in the drama [. . .] One of her avoidance strategies was to have me sleep in their bed between them. I soon became an outlet for his sexual frustration'. The whole family were subjected to her father's unpredictable moods which 'like flames could blaze at the slightest provocation and burn for hours; at other times they were extinguished in a breath [. . .] So unpredictable were his rages that the atmosphere was like a bomb ticking towards its inevitable climax'.

This deprived and abusive childhood formed the backdrop of her psychiatric history in adulthood. Her account of her many admissions, treatments, suicide attempts, and relationships with psychiatrists, nurses and social workers is written with candour. It is an unsparing honesty with which she describes her own behaviour with unswerving clarity and objectivity. There is no sentimentality, self-pity or excuses here. It is an analytic mind that is on display, one that is eloquent and self-assured in how it handles language and ideas. She says of one of her depressive spells: 'A military metaphor is the most apt I can think of to describe the war zone in my head. It was not a benign melancholy but a splintering of faculties, a torture even to exist. The rapid gunfire of destructive thoughts supplanted my will to survive'. Again, 'I was so paranoid I thought Kathryn had hidden cameras in my flat, that they were all watching and laughing at my distress, that they could hear what the voices were saying to me and were using them to drive me to suicide. I felt I had to get away from the Royal Edinburgh as far as possible and I boarded a night bus for London. The journey was hell because of my mental state'.

The depiction of life on psychiatric wards, of good relationships with psychiatrists, of the exemplary quality of the interactions with some nurses, and of the kindness and generosity of many people underlines what is admirable and exceptional in mental health services. But, sadly, there are many examples of abuse, of disinterest, of perfunctory interactions, of gross neglect and of errors of judgement. What is impressive is that Jo McFarlane takes the good and the ugly in her stride and she emerges as an astonishing human being.

This memoir stands alongside the great memoirs of Daniel Schreber, Janet Frame, William Styron and Kay Redfield Jamison. It sheds light on the intersections of disrupted attachment in early life, of traumatising abuse and of biological vulnerability to psychosis. It reveals the unheard but real voice of a fragile self that is masked by serious illness. And McFarlane's own ambition in writing this book is to be 'an

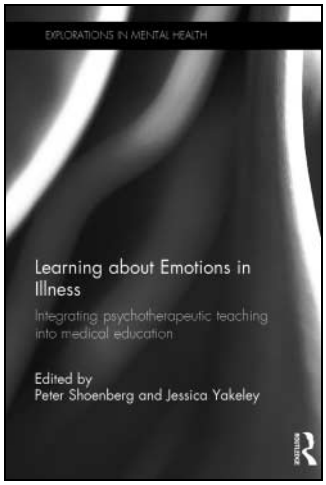
invitation to others, through encouragement and example, to embrace their talents with pride and joy'. I think she has succeeded marvellously.

Femi Oyebode is Professor of Psychiatry, University of Birmingham, National Centre for Mental Health, Birmingham, UK, email: femi_oyebode@msn.com

doi: 10.1192/pb.bp.114.048371

Learning about Emotions in Illness: Integrating Psychotherapeutic Teaching into Medical Education

Edited by Peter Shoenberg & Jessica Yakeley
Routledge, 2014, £90.00, hb, 156 pp,
ISBN: 9780415644907



Reading *Learning about Emotions in Illness*, I found myself reflecting on my emotional response to the book – I was moved, and surprised at being moved. Partly, it reminded me of my own time as a medical student participating in the student psychotherapy scheme, which gave me my first opportunity of being useful as a trainee doctor, as opposed to being someone in the way. The supervision group was a wonderful and constant haven in which to reflect within the busyness and ever-changing landscape of medical training. Partly, I was simply moved by some of the accounts of people who as students had participated in either of the schemes described in the book, as they grappled with their own and their patients' emotional responses, especially to physical illness.

The book describes two approaches aimed at helping students learn how psychotherapeutic understanding can help them with their patients: the student psychotherapy scheme and student Balint groups. There are accounts of the scheme both from its supervisors and from participants, and there is also a chapter on research into the two schemes. The University College London student psychotherapy scheme has a long pedigree, having run for over 50 years and surviving various organisational changes. It has spawned other schemes such as in Bristol and Heidelberg. The scheme allows medical students to take on a patient for psychotherapy for a period of about a year. At its inception, allowing untrained students to practise psychotherapy was an audacious move. However, patients are carefully selected and the process is well supervised, and studies seem to indicate that patients have a good outcome. For students, the scheme often leaves an indelible mark, with a number of people citing it as a highlight of their medical training.

By its nature the psychotherapy scheme can only take on a limited number of students, and numbers wanting to participate outstrip the available places. Modified student Balint groups were introduced at University College London as an alternative. These meet in small groups for a period of 11 weeks and are used to reflect on students' emotional responses to patients they have seen, to help foster, in Balint's terms, a patient-centred rather than an illness-centred approach.

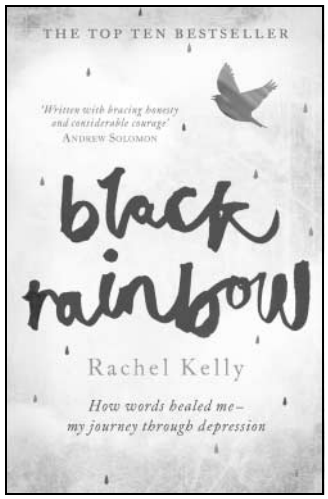
Participants in the scheme seem more likely to become psychiatrists – a point to be noted given the recruitment shortage. However, the real value of these schemes is in helping to develop doctors who can tolerate difficult emotions that arise in patient–doctor interactions and to be alive to the often unspoken emotions that our patients communicate. In other words, regardless of specialty, to make better doctors.

Paramabandhu Groves is a consultant psychiatrist at Islington Specialist Alcohol Treatment Service, Camden and Islington NHS Foundation Trust, London, UK, email: paramabandhu.groves@candi.nhs.uk

doi: 10.1192/pb.bp.114.048785

Black Rainbow: How Words Healed Me – My Journey Through Depression

Rachel Kelly
Yellow Kite, 2014, £8.99, pb, 304 pp,
ISBN: 9781444789997



Black Rainbow is Rachel Kelly's story of depression and recovery. It is an eloquent description of her experience of two severe depressive episodes, both with marked anxiety symptoms, and with a strong emphasis on the 'striking physicality of the illness'.

During her first episode, she focuses on the biological nature of her illness, becoming frighteningly dependent on her husband and mother and an attentive psychiatrist, and obsessively preoccupied with her medication. Although this persists in the second episode, she develops a wider interest in factors that may have contributed to her illness, and seeks lifestyle changes and therapy to reduce her

vulnerability. She recognises in particular her traits of sensitivity and perfectionism, and the difficulties inherent in combining motherhood with a high-achieving career.

Kelly gains much solace from words, including poetry and prayer, during her prolonged recoveries. Her familiarity with poetry from childhood may underlie this and her accounts of her life when depressed describe a return to a childlike state, where she is cared for by her devoted husband and mother. Her own role as a mother is temporarily lost, something she reflects on later with a sense of shame and failure.

Although she does not spare herself, it must be acknowledged that her experiences are different from most, given her level of privilege. A full-time nanny cares for her children, her psychiatrist visits her at home every couple of days, and she gives up work without obvious financial pressure, assuming a prolonged sick role. Interestingly, she herself questions the value of this and explores the difficulty of needing to be seen as either fully ill or well, and the possibility, often denied, of secondary gain. But her recovery is allowed to be unusually gentle, with a gradual and vividly recounted reawakening of senses dulled by depression, something not always possible for those less fortunate.

More personally, having also experienced depression, I found this a beautiful book. I remain unconvinced that poetry can cure depression (Kelly does not claim this), but it can provide much needed comfort and sets it within the human experience. In W.H. Auden's words from *Musée des Beaux Arts*, 'About suffering they were never wrong, The Old Masters'.

Rebecca J. Lawrence is consultant psychiatrist in addictions, Royal Edinburgh Hospital, Edinburgh, UK, email: rebecca.lawrence@nhslothian.scot.nhs.uk

doi: 10.1192/pb.bp.114.048397

Clinical Guide to Obsessive Compulsive and Related Disorders

By Jon E. Grant, Samuel R. Chamberlain and Brian L. Odlaug, Oxford University Press USA, 2014, £29.99, pb, 272 pp.
ISBN: 9780199977758

This book gives an overview of obsessive–compulsive disorder (OCD), hoarding disorder, body dysmorphic disorder, excoriation (skin picking) and trichotillomania, all listed in DSM-5 under 'obsessive–compulsive and related disorders'. The authors have also included hypochondriasis and tic disorder as some of the related disorders.

The book is divided into three parts. The first part gives a general overview and evaluation of the disorders. The second part discusses each disorder in detail, focusing on the clinical description, diagnosis, comorbidity, course and prognosis, differential diagnosis and treatment. Scales that can be used in monitoring treatment are included in the appendix at the end of the book. The final part is titled 'special clinical considerations' and addresses areas such as treatment resistance, treatment of children and people with intellectual disability, and alternative treatments. This part also mentions neurosurgery for OCD and the ethical dilemmas associated with this approach. The appendices have a list of suggested further reading and contact details of organisations and treatment centres.

A useful resource for trainees and students is a table in the first chapter, which shows types of obsessions and compulsions with good examples. I also like the way the authors describe how to differentiate the symptoms associated with each disorder and normal behaviour. The book also gives practical advice on how to screen for these disorders. The response rates to treatments are discussed and some chapters also mention research work.

There is a table summarising pharmacological treatment for each disorder when managing children and I wished a similar table was done at the end of part two, which could be used as a quick reference guide. The book's title may mislead readers who are looking for information on hypochondriasis and tic disorder.

I would recommend this book for health professionals, students and even patients and their carers. It is well written, concise and easy to follow.

Ijeoma E. Onuba is ST6 general adult psychiatry at The Barberry Centre, Birmingham and Solihull Mental Health Foundation Trust, Birmingham, UK, email: ijeoma.onuba@bsmhft.nhs.uk

doi: 10.1192/pb.bp.114.049510

Testimony of Experience: Docta Ignorantia and the Philadelphia Association Communities

By Bruce Scott
PCCS Books, 2014, £22.00, pb, 252 pp.
ISBN: 9781906254643

R. D. Laing and others founded the Philadelphia Association (PA) in 1965. The PA provides community households where people with emotional difficulties can live with others. The first 'official' community was the infamous Kingsley Hall, a 'counterculture' centre in the East End of London, which after 5 years was largely trashed and uninhabitable. In retrospect, Laing admitted that it was not a 'roaring success' (*Conversations with R. D. Laing*, B. Mullan). Nonetheless, despite the commonly perceived demise of 'anti-psychiatry', with which Laing was associated, the PA has survived nearly 50 years and still runs two community houses. In this book, Bruce Scott, a member of the PA, where he did his psychoanalytic psychotherapy training, offers the testimonies of 14 people who have lived in a PA household. These were obtained mostly by face-to-face interviews or by questionnaire.

Scott sees the PA communities as providing true asylum, in the sense of an 'inviolable place'. There is no discussion, however, about whether such asylum is possible if the person

is detained under the Mental Health Act 1983. My guess is Scott would say not. He makes a case for *docta ignorantia* or the doctrine of learned ignorance, a concept used by Nicolas Cusanus in the 15th century to recognise the limits of knowledge. For Scott, this is a path to health practised by the PA communities. However, there is little discussion about whether such neutrality is attainable. I am uncertain whether Scott's search for an 'anti-method' is anything more than being pragmatic. The testimonies commonly mention the lack of structure in the households. I have no problem with mystery and perplexity and I totally agree with an anti-materialistic stance for dealing with mental distress. The PA rightly wants to avoid the objectification of people with mental health problems. Helping them find their own way is not easy.

This book describes the tension between 'going to pieces' and being helped to 'come back together again'. Regression and psychosis can be mechanisms of healing and re-adaptation, as noted by Donald Winnicott among others. The PA continues to explore these areas, as does this book, but it may be increasingly difficult to find space for them in a bureaucratic society.

Duncan Double is consultant psychiatrist, Norfolk and Waveney Mental Health NHS Foundation Trust, Lowestoft, UK, email: dbdouble@dbdouble.co.uk

doi: 10.1192/pb.bp.114.048561

Correction

Personal experience: Suicide and psychiatric care – a lament. *BJPsych Bull* 2015; **39**: 45–47. The 2013 Annual Report of the Confidential Inquiry into Suicide and Homicide by People with Mental Illness was incorrectly cited as a source on page 45.

doi: 10.1192/pb.39.3.152

Testimony of Experience: Docta Ignorantia and the Philadelphia Association Communities

Duncan Double

BJPsych Bull 2015, 39:151-152.
Access the most recent version at DOI: 10.1192/pb.bp.114.048561