(my own, those of my patients – each of whom might have competing interests for my attention – those of my employers and broader societal concerns). Psychiatry’s Contract with Society seeks to interrogate the ‘contract’ between two abstract entities, ‘society’ and ‘psychiatry’, neither of which is clearly defined. An intriguing chapter by Robin Downie interrogates the concept of a profession from a philosophical viewpoint – quoting Bernard Shaw’s nice put-down that ‘All professions are conspiracies against the laity’. Richard Cruess and Sylvia Cruess provide strong chapters on the teaching of professionalism and the (metaphorical) social contract between psychiatry and society. Others address, with varying degrees of success, very important issues relating to the economics of mental healthcare, evolving regulatory frameworks and the psychiatrist as leader and manager.

Refresingly, these books provide food for thought rather than definitive answers to highly complex issues. The questions raised sent me on a search through the internet and my bookshelves. I would really like to think that the ability for moral reflection and intellectual curiosity are the twin hallmarks of the professional.

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Nottingham University has done much to promote the view that an engagement with the humanities leads to a deeper understanding of mental disturbance. Staff at the university have recently launched the ‘Madness and Literature Network’ (www.madnessandliterature.org) which seeks to inform and involve those interested in the subject, and last year they hosted a successful international conference attended by psychiatrists, literary scholars and those who experience mental illness. Several of the individuals associated with these developments have contributed to this book, which marks an important addition to the evolving field of literature and madness. The authors’ backgrounds range from literary studies to social psychology and psychiatry. Rather than just considering the familiar works in the field, such as Sylvia Plath’s The Bell Jar, the authors examine a great many lesser known novels and several that have been written only in the past few years, for example Clare Allan’s Poppy Shakespeare, Adam Fould’s The Quickening Maze and Sebastian Faulk’s Human Traces. Drawing on these and other works, the authors demonstrate how novels can illuminate many aspects of mental illness and psychiatry, such as the experience of psychosis, being a patient in a mental hospital, and the link between creativity and madness. In their examination of fictional accounts of madness, the authors are keen to stress that this should not be merely an exercise in seeing how faithful imaginative literature is to the descriptions of mental illness contained in diagnostic manuals; rather, novels can tell us about the inner experience of mental disturbance.

In a chapter that will interest clinicians, the authors consider the emotional and psychological stresses of being a psychiatrist, by analysing such novels as Patrick McGrath’s Trauma and Sebastian Barry’s The Secret Scripture. Unlike some accounts that portray psychiatrists as pantomime villains intent on controlling and confining their patients, this book uses novels to sensitively examine the psychological pitfalls of the doctor–patient encounter: psychiatrists who become emotionally dependent on their patients; those who are overcome by the seeming futility of trying to resolve other people’s difficulties; and those who use their patients to sort out their own problems.

In their account of what they term ‘postmodern madness’, the authors examine novels that attempt to evoke the experience of madness by fragmenting the text and trying to disorientate the reader. They draw on the writings of Louis Sass, who, in Madness and Modernism, maintained that there are parallels between the work of such writers as Kafka and Beckett and the phenomenology of schizophrenia: the alienated worlds of these authors are said to mirror the experience of psychosis. Whether this helps us understand schizophrenia any better or whether it is just a literary conceit, however, remains debatable.

My only criticism of the book is that it claims to look at British writers but in fact restricts itself to English authors. This is especially disappointing as modern Scottish fiction is marked by a preoccupation with the theme of mental disturbance, for example in the work of Iain Banks, Elspeth Barker, Iain Crichton Smith, Janice Galloway, Alasdair Gray, James Robertson and Muriel Spark. Despite this omission, the book represents a significant and intelligent contribution to what is usually called the medical humanities, but which the authors prefer to call the ‘health’ humanities.

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It was a pleasure to review this book which is very timely in its publication. The stated aim is ‘To convey an understanding of recent research that has illuminated how the human child develops in its context’. I found that the book achieves this with clarity of language and cogency of reasoning that makes it easy to read and think about.

The book is set out in five parts dealing with key elements in early development, attachment theory, culture and neuroscience. These initial chapters provide the foundation for later ones on...
Cohen lets us know early on that his work is part history (exploring Freud’s drug use) and part polemic on the current place of drugs within society. Perhaps with this in mind he warns us that we ‘are now entering a war zone’.

The central story begins in the conversational manner of a late-night bar, developing some drama through damaging letters between Freud and Wilhelm Fleiss, which Freud managed to suppress during his lifetime through the help of a princess (Marie Bonaparte) rather than a super injunction. The ultimate survival of the letters, owing to the princess/patient’s refusal of her analyst’s wish that she destroy them, helps Cohen depict Freud’s ambitious, and sometimes disastrous, experiments with cocaine during a time of more general European enthusiasm for this drug (Merck’s European import increased from 58,000 leaves in 1881 to 18,396,000 in 1885). Despite his energetic pursuit of success, Freud overlooked the significance of cocaine’s anaesthetic properties and while his colleague, Karl Koller, blazed a trail for ophthalmic and dental surgery with the use of cocaine-anaesthetic across two continents, Freud pursued the ultimately less rewarding path of ‘nasal-sexual neuroses’. The Fleiss letters provide testimony of the dreadful injury inflicted on Freud’s ‘neurotic’ patient Emma Eckstein along with Freud’s continued heavy cocaine use during his eventual breakdown with the published, edited analysis of his dreams.

But Cohen also shows us Freud as part of an important tradition of serious, introspective experiment in psychotropic drugs, continued here through Albert Hofmann (the bicycling, Swiss discoverer of lysergic acid diethylamide) and Aldous Huxley’s wonderful account of his Californian mescaline experience. Within late capitalism this tradition of exploration has lapsed and the search for transcendence through psychedelics has given way to a search for the firmer, clearer ego boundaries of a growing range of ‘neuro-enhancers’ that promise to help us work harder rather than enabling us to ‘open the doors of experience’.

Although Cohen often finds his target, there is a good deal of collateral damage, particularly when examining professional involvement in psychotropic drugs. Psychiatrists challenging the very debatable findings of an Irving Kirsch meta-analysis are dismissed as a ‘pro-pharma shrink duo’ (the biographer E. M. Thornton fares little better as an ‘outraged spinster-librarian’). These ad hominem attacks appear as shorthand in Cohen’s polemic but do not help establish its credibility, which is further undermined by a poor understanding of basic medical science – as when we are told that a Glasgow Coma Scale of 15 indicates ‘at least minor brain damage’.

An engaging history – as long as you tread carefully between the landmines.

For some, psychiatry has wilted in recent years, under the converging pressures of evidence-based medicine, managerialist politics and the political emphasis on public protection. The individual has been subordinated to the group, the validity of narrative and understanding to the reliability of outcome data, and therapeutic continuity to functionalised crisis management. In this stark environment for clinical practice the patient represents risk to the clinician, leading to anxiety, defensive practice, and a dichotomised clinical position of denial of risk or responsibility on the one hand and an overly interventionist approach on the other.

On reading Containment in the Community, one is immediately struck by the juxtaposition of forewords by a psycho-analyst whose writing is familiar to most psychiatrists (Professor R. D. Hinshelwood) and a civil servant with responsibility for...