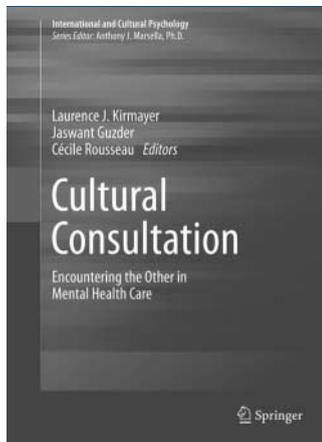


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Cultural Consultation:
Encountering the Other
in Mental Health Care**

Edited by Laurence J. Kirmayer,
Jaswant Guzder & Cécile Rousseau.
Springer. 2014.
£117.00 (hb). 355 pp.
ISBN: 9781461476146

This book is one of the most comprehensive, synthetic and useful accounts of everything clinicians need to be aware of to work effectively with cultural diversity. It stems from the clinical experience and research conducted over the years by the Cultural Consultation Service of the Jewish General Hospital of Montreal (Canada). Among the merits of this book is its balanced attention to both theory and practice, with an abundance of clinical material in each chapter.

Cultural diversity is still rather challenging for mental health professionals. Health services in postcolonial Western societies have (one hopes) mostly acknowledged that assimilating culturally different patients into standard practices by normalising and ignoring differences in the name of generic principles of equality does not work. The way forward is to acknowledge the differences and to develop new or modified theoretical models and embed them in creative clinical practices. Denying the validity of this principle is just as hard as putting it into practice, this book tells us.

Change is hard and relying on ‘universally valid’ theoretical models of mind and diagnostic systems is reassuring for mental health professionals. *Cultural Consultation* comes to the clinician’s aid at a stage where we are beginning to realise that the simple and well-intended provision of traditional forms of healing or of ethnically matched mental health workers, in an extreme attempt to maintain the validity of our Western models of care, will not necessarily produce any better clinical outcomes for ethnic minorities.

The authors effectively illustrate how the focus of the whole cultural consultation process is broader than achieving an accurate diagnostic assessment with treatment recommendations; on the contrary, the focus is shifted to the whole system and the process is always open to an analysis of the contextual factors of patients’ experience within the care environment, the ideologies of the organisation/institution, the cultures of the treating teams and how these affect the process of care and its outcomes.

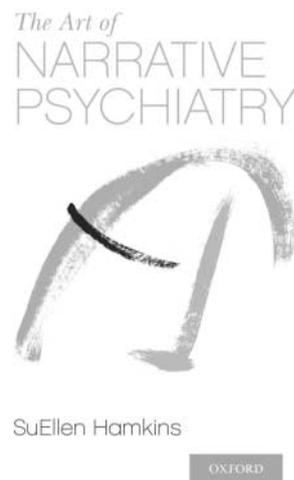
Ultimately, cultural consultation works ‘with the system’ while challenging it and changing it through advocacy, education and critique. It is by doing so that cultural consultation fulfils its training mandate and comes to achieve a political role within society. The authors show us how, in a healthcare environment under pressure, pulled in every direction by competing agendas and oppressed by limited resources, the cultural consultation model is ultimately time saving and cost-effective. The book

makes a strong case for the widespread adoption of the model, highlighting not only what ethnic minority patients can get from it, but most of all what the workforce and the larger society can gain.

To use the authors’ words, cultural diversity in itself is good: ‘Every language and cultural tradition offers us imaginative possibilities that may help us to adapt to new circumstances or address some of the limitations, injustices and inequities in our own way of life . . . Rather than viewing others from a distant, disengaged and uninformed view of their experience . . . we can engage them directly in dialogue and in the process enlarge our imagination of what it is to be human’. A message one hopes will reach beyond the workforce within care institutions, to be heard and understood by commissioners, politicians and society at large.

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**The Art of Narrative
Psychiatry: Stories
of Art and Meaning**

By SuEllen Hamkins.
Oxford University Press USA. 2014.
£18.99 (pb). 200 pp.
ISBN: 9780199982042

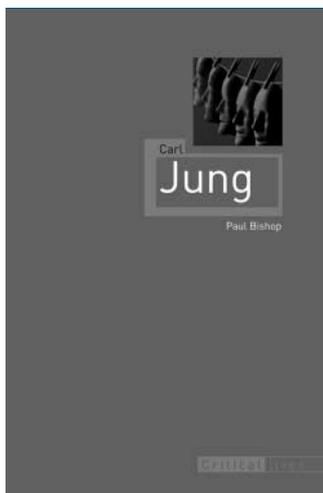
When I approached this book I wondered how it would differ from the established tradition of narrative medicine. Psychiatric practice, I assumed, is built on individuals’ narratives: the characters people find important in their lives, the histories they tell practitioners, the ordering and vocal way in which they formulate and narrate their experiences – all are cornerstones of both the assessment and therapeutic relationship-building process. I was therefore pleasantly surprised to find in Hamkins’ work jewels of practical and contemporary suggestions as to how narrative psychiatry can best be applied in a manner that strongly complements contemporary therapy and focuses on individualised recovery, strengths-based working and seeing the person as the expert in their own experiences whom we support and nurture towards their own goals.

Peppered with vignettes and stories about Hamkins’ own work (including, importantly, the words of individuals themselves reflecting on Hamkins’ re-telling of that work), the focus of narrative psychiatry is succinctly and interestingly demonstrated in this enjoyable text. The book concentrates on developing an individual’s strength and exploring their own tenacity – on the reframing towards survival narratives that they have already built and the positive identity and life that is already present. In this respect, the aim of narrative psychiatry, as Hamkins demonstrates,

is not the professional rewriting of people's stories or the development of a professionally defined 'healthy' identity, but on drawing out the strands of resourcefulness and resolve, of lived experiences outside of the distress or disordering that has brought a person into psychiatric care, and on the individual's goals and focal points. As Hamkins says, 'rather than privileging only stories of loss, suffering, conflict, neglect, or abuse in someone's life, I also search for stories of joy, connection, intimacy, consistency, and success, for these are the wealth of the people who consult with us. Instead of privileging a story of failure, we co-author a story of successes in overcoming problems, no matter how small those successes may be' (p. 50). I found this to be a useful perspective. This practical guide is relevant and easily applicable to all levels of psychiatric practice.

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Carl Jung (Critical Lives series)

By Paul Bishop.
Reaktion Books. 2014.
£10.95 (pb). 272 pp.
ISBN: 9781780232676

This book aims to provide a 'concise and accessible' examination of the life of Carl Jung and its relation to his work. The author is a professor of German at the University of Glasgow whose interests include the history of ideas, modern German thought, Goethe, Nietzsche and psychoanalysis. His account of Jung as a young teenager portrays his sense of secrecy and wonder with a world full of hidden objects and his fascination with myth. We witness Jung's 'flash of illumination' when he realised that psychiatry could combine his interest in both 'nature and spirit'. Bishop shows us how the singular, if somewhat introverted (to use a word popularised by Jung) and lonely teenager grew into Jung the man; drawn to the mystic, the universal, and the 'permanent feast' of his and his patients' inner lives.

Two central chapters trace Jung's journey from his first post as a psychiatrist in the Burghölzli Psychiatric Hospital in Zurich towards his interest in psychoanalysis and the 'sheer intellectual excitement and exchange of ideas' of his early relationship with Freud. Jung heard 'a germ of meaning' in his patients' seemingly 'senseless' symptoms. He found himself on common ground with Freud's ideas about uncovering deeper meaning through free association, analysing dreams and in listening to the patient's symbolic use of language. In quite a technical and complex section Bishop explains how their ideas subsequently diverged: Jung moving towards his conception of the collective unconscious,

archetypes and the value of 'the vital force of religion'; Freud focusing on his model of the id, ego and superego.

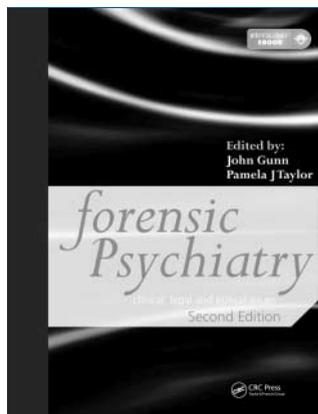
There is a careful build up by Bishop of the domestic scene that Jung and his wife created in their later years: the sense of space in the large house that they built on the shore of Lake Zurich, and the gardens in which Jung made time to play with stones and other objects. This left me noticing links between Jung's interaction with his physical environment and the space he tried to create as a therapist, with its emphasis on expression, creativity, and on the potential for play to be therapeutic. Bishop points out that Jung's ideas about play foreshadow later work by Winnicott and others.

My experience of reading this book was that it was indeed concise, but not always accessible. The author appears keen for the reader to grasp the myriad influences and reference points for Jung. He emphasises Goethe and Nietzsche in particular – perhaps in keeping with his own interests – but also Kantian philosophy, contemporary writers and thinkers, as well as Jung's interests in myth, mysticism and alchemy. At certain moments I found the prose tightly packed with references and quotations that made the material difficult to digest. As Anthony Stevens notes in *Jung: A Very Short Introduction*, it is a daunting task to give a comprehensive account of Jung and his complex work in a slim volume. I did wonder whether Bishop craved a larger space to expound his themes, and perhaps this is reflected in the density of ideas presented. On the other hand, perhaps my difficulty in following certain passages is inevitable in a book that tries to address head-on Jung's complex life and ideas – as Jung himself wrote, 'Man needs difficulties; they are necessary for health'.

Overall, if you are literary minded, have a good grasp of philosophy and want a scholarly introduction to Jung and his analytic psychology then this book might be for you. For a more accessible read, Anthony Stevens' work might be an interesting first step.

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Forensic Psychiatry: Clinical, Legal and Ethical Issues (2nd edn)

Edited by John Gunn
& Pamela J. Taylor.
CRC Press. 2014.
£150.00 (pb) (pack: book & eBook).
1035 pp.
ISBN: 9780340806289

A great deal has changed in the 20 years since the first edition of this book was published. The prison population has more than doubled, the number of secure beds in the UK has increased three-fold, forensic psychiatric practice has diversified and diagnoses such as dangerous and severe personality disorder have come and gone. So John Gunn and Pamela Taylor have provided,