Victor Hugo meets Sigmund Freud (or, rather, S.H. Foulkes) in this engaging group analytic account of the French Revolution. Psychiatrist Harold Behr describes a lifelong interest in this period of history, beginning in his South African childhood and developed by devouring biographies of Maximilien Robespierre, the ‘idealist turned monster’. He experienced a growing awareness of controversies and contradictions at the heart of the history and ‘decided that the only way to unmuddle myself was to pull a few clinical tricks out of the psychiatrist’s bag and examine some of the dramatis personae of the Revolution as if they were patients. This would force me into empathic mode by investigating their backgrounds, rooting around in their childhoods and doing my level best to see the Revolution as they might have seen it’ (pp. vii–viii).

The book introduces the major characters – Louis XVI, Robespierre and Georges Jacques Danton – and examines their personal history, motivations and role in the Revolution, devoting one chapter to each: ‘The Scapegoat King’, ‘The Mind of the Fanatic’ and ‘The Passionate Opportunist’. The rest of the book is then organised thematically, covering groups, violence, leadership, paranoia and myth. This structure means that there is some repetition of historical events. However, despite this and the chronology provided at the start of the book, I found it rather difficult to keep the whole story of the revolution in mind. The episode which most sticks in my memory is the failed escape in 1791 by Louis XVI, Marie Antoinette and their family from house arrest in the Tuileries Palace in Paris. The king – who would be executed as a tyrant 18 months later – was so relaxed about his flight that he excitedly traced the route on his map and – in a rather intense, collective depths. This is a deceptive calm, however, as the ego or personal self. The ego helps us mosey along day to day and keep busy enough to avert our ‘gaze’ from these unbearably intense, collective depths. This is a deceptive calm, however, as the ego pits itself against Self.

If you are keeping up, this is where it gets interesting. Read describes archetypal experiences breaking into our mental life, usually in states of personal crisis or deep meditation, but sometimes unbidden. As the ego loses its battle against Self, an ‘archetypal crisis’ ensues that can be overwhelming, in either an intensely positive or negative sense. How we negotiate these crises leads to growth or devastation. And I mean devastation – the intensely positive or negative sense. How we negotiate these crises leads to growth or devastation. And I mean devastation – the primal unity from which archetypes flow’. Thus, it is distinct from the ego or personal self. The ego helps us mosey along day to day and keep busy enough to avert our ‘gaze’ from these unbearably intense, collective depths. This is a deceptive calm, however, as the ego pits itself against Self.

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Walking Shadows is an unusual book. Tim Read is a clinical psychiatrist who has had a psychoanalytical training and he has thought deeply about his own and his patients’ lives. The subtitle made me suspect that I was in for something weird, but I was wrong. It is a fascinating journey into the irreducible mystery of human existence in which Read asks us to suspend our contemporary demands for empirical evidence and nurture a sense of openness to the mind’s ‘knowledge’. He takes the term archetypal both from Plato and from Jung. Plato’s archetypes were universal principles or essences, such as beauty, from which the world derives its visible form and meaning. In his parable of the cave, our world of sensation and experience is nothing more than a shadow reflected by the deeper reality of forms, ideals or archetypes. Having an archetypal experience means we walk up and out of Plato’s cave into the dazzling light of reality; In the Jungian tradition archetype describes a deep, interconnected order of mind that is accompanied by extreme intensity of meaning. Self is described as Jung’s ‘God term’ and as something akin to Plato’s form of the Good. It is the underlying reality to all being and connects us in some fundamental, unconscious way. It is the ‘primal unity from which archetypes flow’. Thus, it is distinct from the ego or personal self. The ego helps us mosey along day to day and keep busy enough to avert our ‘gaze’ from these unbearably intense, collective depths. This is a deceptive calm, however, as the ego pits itself against Self.

If you are keeping up, this is where it gets interesting. Read describes archetypal experiences breaking into our mental life, usually in states of personal crisis or deep meditation, but sometimes unbidden. As the ego loses its battle against Self, an ‘archetypal crisis’ ensues that can be overwhelming, in either an intensely positive or negative sense. How we negotiate these crises leads to growth or devastation. And I mean devastation – the general reader needs a strong stomach to take in what Read’s patients do to themselves when the outcome is destructive. Archetypal crises may last minutes, hours or days, but are regarded by Read as glimpses of the fundamental nature of reality. Thus, they often lead to a re-evaluation of one’s life and its meaning. Read is fascinated by the idea of growth – what does it mean, when is it profound or superficial, and why does it matter? Is it our ability to experience Self unshielded by the ego and thereby grow to a new understanding of what it is to live fully? He interprets these crises in psychoanalytical language as processes in which the ego recedes and Self beckons from a deeper order connecting us all. Such numinous experiences evoke a sense of awe or terror and have enormous intensity of meaning. One has just walked out of Plato’s cave into the light. Thus, how this fundamentally disorienting experience is navigated is crucial to
its outcome. A poorly supported, disorganised experience leads to mental states psychiatrists regard as psychosis, while a journey that is revealing and organising points to enlightenment and maturity. Tim Read brings case histories from his work as a liaison psychiatrist in the Royal London Hospital, which has a major trauma centre, to this drama. He describes acute reactive psychoses in terms of archetypal experiences. When these are unbearable terrifying and disorienting, people may try to destroy themselves in violent ways.

This book goes at a pace from ancient Greek to 18th-century German philosophy, taking in Hindu and Buddhist thought, psychoanalysis, parapsychology and even the old tale ‘Jack and the Beanstalk’ on the way. It is clear, however, that Read is a disciple of Jung and Plato and he frequently returns to both. Jung survived what he regarded as a classical archetypal experience to reach the uplands of maturity and insight. Read even talks of his own numinous experience in childhood, in which a malevolently evil female face fixed his gaze with terrifying intensity. Although he still has little clear notion of the meaning of this dark vision, it is a vivid instance of the terrifying nature of such experiences. At one point my credulity was stretched to breaking point as he describes (while undergoing a guided ‘past life regression’) reliving a past life as a German soldier in the battle of Stalingrad. Although I admired his honesty in bringing this experience into the book, his account began to fray into a haze of suggestibility.

We now know that what we call psychotic experience is common in the general population and that mental illness is probably the extreme end of this phenomenon. Tim Read’s suggestion is that its origin may be more mysterious than our current neuroscientific, neurocognitive or psychological theories allow. Whatever your philosophy, belief or life experience, this is an intriguing read. Although I am sure it will have its critics, it is a refreshing riposte to the materialist world view and you certainly will not be bored.

Although I am sure it will have its critics, it is a refreshing riposte to the materialist world view and you certainly will not be bored.

For a psychiatrist to write an autobiography is a rare event. A Life in Psychiatry: Looking Out, Looking In By Paul Garfinkel Barlow Book Publishing. 2014. $29.95. pb. 464 pp. ISBN 9780991741175

For a psychiatrist to write an autobiography is a rare event. Professor Paul Garfinkel is a Canadian psychiatrist who has spent most of his professional life in Toronto. His account is presented in chronological order, beginning with information about his background and containing, to a degree, key self-revelations. For example, he felt he had been overprotected by his upbringing, within the cocoon of his Jewish family. He experienced prolonged grief after the deaths of his parents. He admits to a tendency to lose his temper when he thinks someone else is bent on personal gain.

He divides his 40-year career into two phases. During the first part he saw himself as a clinical psychiatrist with strong academic leanings. Indeed, his research was distinguished by key papers on the raised prevalence of anorexia nervosa among student dancers and fashion models, whose occupations entailed pressures to maintain a thin body shape. He also established through cohort studies that the historical period when these social pressures first appeared was from the late 1960s onwards. The second phase of his career was spent leading institutions at the forefront of the mental health revolution in Canada. He became more interested in management and executive leadership than the psychiatric issues reported in the profession’s journals.

In 1986, Garfinkel experienced the ‘biggest crisis’ of his career. His closest research colleague was accused by a female patient of having had a sexual relationship. After a while Garfinkel could no longer accept his colleague’s denials, and felt betrayed. He sought to understand why such professional lapses occurred. He reviewed the literature, and found that between 6 and 10% of psychiatrists succumb to what he calls ‘the slippery slope phenomenon’. He names several senior psychiatrists in Ontario guilty of such sexual transgressions. He also commits himself strongly against other colleagues who seek ‘excessive emoluments’ from drug companies for assisting in drug trials. They too are named in the book. In the foreword there is a sensitively written section by Dr David Goldbloom cautioning the reader against concluding that part of Garfinkel’s character is to be judgemental.

It is uncommon for clinical researchers to welcome having an additional managerial role. During the second part of his career Garfinkel chose to take on this role increasingly. He explains this new motivation by what he saw when regularly driving past the Queen Street Mental Health Centre on the site of the old Toronto asylum – homeless people who were clearly ill, talking to themselves or pushing grocery carts filled with their belongings.

He sensed that these were people with the most serious psychiatric illnesses, living on the streets. Yet the medical profession was not taking care of them. Here was a sign of the gap between scientific achievements and society’s level of care. He quotes a 2004 survey in which it was found that only a third of people who needed psychiatric care succeeded in obtaining it. Queen Street Hospital had low staffing levels of psychiatrists, in contrast with the well-endowed Clarke Institute, where Garfinkel held his Chair, and the Toronto General Hospital where there were good psychiatric facilities. After this conversion experience he developed a fresh ideology, encapsulated in his phrase ‘research, education, health promotion and care are mutually enhancing’.

Garfinkel played a central part during a merger of the most significant mental health facilities in Toronto: the Clarke Institute, the Toronto General Hospital and the Addiction and Mental Health Services Corporation. He accepted the post of Chief Executive Officer for the Centre for Addiction and Mental Health. He made good use of his capacity for hard work and attention to detail including ways of reaching the hearts and minds of his more reluctant colleagues. Some of them became resentful because of changes to their roles. He felt he was becoming increasingly isolated as the influential leader of the Centre.

Unusual in an autobiography, the book has a strong educational content. For example, any psychiatrist faced with