The book appears to be a reprint of one published by Carimensa, University of West Indies in 2007, which is the copy sent to me for review. The author, Frederick Hickling, is well known for his innovative work at Bellevue Mental Hospital in Jamaica and his work in theatre. The first chapter, a verbatim print of Dr Hickling’s inaugural lecture when he was appointed Professor of Psychiatry at the University of West Indies in 2002, forms an effective introduction to the rest of the book which describes the technique of ‘psychohistoriography’ and forms of psychotherapy derived from it.

The book is written in a forthright style that suits the basic underlying themes – the penetration of racism into the psychiatric system and the way psychological exploration in large group settings can be mobilised to evolve a system of therapy when it is set against the historical background of the people concerned. While drawing from Fanon and other writers, many of the ideas and observations set out in this book come out of group work and storytelling conducted initially with people in the Caribbean, including patients in Bellevue Hospital, expanded during work with people in the USA, the UK and Canada. Dr Hickling effectively challenges traditional Western views about the genesis of ‘mental illness’. Although the theory of what he calls ‘European–American psychosis’ may not be to everyone’s liking, it certainly makes the point that the domination of the non-Western world by the West has had a profound effect on the disciplines of psychology and psychiatry. What I found most interesting and helpful in this book were the detailed descriptions of ‘cultural therapy’ applicable to working with people from Black and other minority ethnic backgrounds. However, I think it could have done with some editing: there is a fair amount of repetition across the chapters – in one instance, a whole paragraph is repeated – and some re-ordering of paragraphs and chapters may have helped. But the illustrations of group work by artist–psychiatrist Jaswant Guzder are a definite plus.

Faisil Sethi’s chapter on ethnopsychopharmacology covers recent research on ethnic variation in pharmacogenetics, kinetics and dynamics. The chapter by Rathod & Naem on cognitive–behavioural therapy for people from different cultural backgrounds reiterates Arthur Kleinman’s explanatory model approach on how cultural orientation can influence psychopathology, illness attribution, help-seeking behaviours, care pathways and barriers to engaging with therapy. A chapter on the benefits and limitations of the cultural formulation includes the incisive caveat that an inflexible cultural formulation ‘runs the risk of thematising the cultural perspective, losing the patient and their particular perspective in the process’ (p. 48).

An excellent chapter by Rachel Tribe reviews the current debate on whether trauma-focused therapy is helpful for the survivors of crimes against humanity. Is post-traumatic stress disorder necessarily a pathological state or can it be a normal human response to exceptional events?

This rather odd collection of essays, lectures, notes, and even an after-dinner speech, published in a series on adult education, may not at first glance appeal to an audience of psychiatrists. The book is the culmination of the personal journey and lifetime work of its author, a Scot of Presbyterian Northern Irish parentage who initially incorporated his studies of literature, Marxism, religion and philosophy into a career as an adult educationalist, then trained as a counsellor and psychotherapist in the Scottish Institute of Human Relations, subsequently spearheading significant developments in counselling training across Scotland.

Kirkwood’s stated aim is to synthesise intrapersonal, interpersonal and sociocultural factors into a unified account of the theory and practice of psychotherapy, through the guiding principle of the ‘persons in relation’ perspective. Drawing from the work of three Scottish forebears – the philosopher John Macmurray, the psychotherapist Ian Suttie, and the psycho-analyst Ronald Fairbairn – Kirkwood’s approach places human relationships firmly at the heart of our existence. Kirkwood contends that human beings do not live in isolation, but are ‘persons’ who are fundamentally constituted by their relationships with others, both past and present, and that self-realisation is inextricably bound with relating to others. Persons also have ‘persons’ who are fundamentally constituted by their relationships with others, both past and present, and that self-realisation is inextricably bound with relating to others. Persons also have
The book's main strength lies in introducing the reader to a unique Scottish tradition of psychotherapy, enhanced by Kirkwood's summaries of the seminal, yet neglected, work of Suttie and Fairbairn; his clear exposition of more basic psychoanalytic concepts and theories; his analysis of the growth of counselling and psychotherapy in the UK as a response to the decline of religious influence and competing sociopolitical trends of Thatcherite individualisation and socialist collectivism; and his idiosyncratic, yet moving, account (which he terms a ‘dialogical narrative’) of his therapy of a girl with severe anorexia. Kirkwood’s writings, however, are undermined by what looks like lazy editing: unnecessary repetition of ideas, chapters in note form, and the absence of an index. I also found the later chapters about adult education less relevant to the clinical practice of psychiatry or psychotherapy.

Does Kirkwood achieve his rather ambitious aim? From one viewpoint, he explores little that has not already been addressed within the psychotherapy field (notably, within the respective studies of object relations, attachment and intersubjectivity) or encompassed in a broader biopsychosocial model of mental health. Yet, he makes us sit back and reflect – not only on the more obvious shift towards an individualist culture which rewards personal success, wealth, power and consumption; but also on our own practice as psychiatrists in which the focus on the individual ‘client’ or ‘service-user’ may neglect wider relational, societal and political dimensions. A ‘persons in isolation’ attitude may contribute to the inadequacies of our current mental health system, exposed in the recently published Schizophrenia Commission Report (The Abandoned Illness, 2012), in which widespread fragmentation of services, anti-therapeutic ward environments, loss of continuity of care and therapeutic relationships with trusted professionals, scarcity of psychological interventions, and denial of patients’ families as partners in care, were tragically reported as all-too-common experiences by people with psychotic illness. The persons-in-relation approach is, of course, not the only solution to these complex difficulties, but it forces us to remember the value of the therapeutic relationship, emotional attachment, and ultimately humanity, as essential ingredients in our endeavours to help our patients.

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