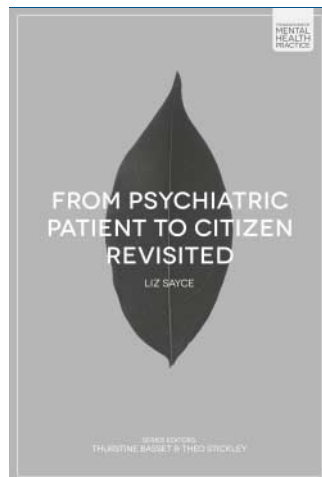


Book review

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



From Psychiatric Patient to Citizen Revisited

By Liz Sayce
Palgrave Macmillan. 2015.
£24.99 (pb). 200 pp.
ISBN 9781137360410

Fifteen years after her original work, *Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*, Sayce returns to the long-standing question of how we defend the rights of a minority in the face of prejudice and demands from the majority. She presents an update on the situation for those with mental illness in the UK and draws together arguments and examples from those working in the field of disability rights. She suggests methods to tackle discrimination and challenges many accepted norms in relation to mental illness within British society.

Sayce draws on Jo Phelan and Bruce Link's re-conceptualised model of stigma as being the whole process of categorising and discriminating against others, rather than merely focusing on the marked individual. She demonstrates through a host of examples how 'social, economic and political power' can be seen to have resulted in stigma and can be influenced to effect real behavioural change within societies.

The book features descriptions of successful, targeted anti-stigma campaigns and campaigns focused on specific societal changes (such as the government's removal of the requirement that MPs sectioned for more than 6 months must step down). Sayce also summarises interesting research findings that show that ongoing contact between those with and without mental illness in normal environments (such as schools and workplaces) has the most positive effect on community acceptance.

Sayce describes the successes of the disability inclusion model in unifying people to combat discrimination under the 'disability rights' banner. However, she goes further to recognise there may be a need for a more detailed approach that acknowledges both the differences within the 'disabled' group and also the common experiences and humanity of disabled and non-disabled people. This erodes the distinction between 'them' and 'us' and encourages full inclusion into society. Through models such as Sen's capability theory she discusses the importance of promoting individual agency and control and the state's role in investing in disabled people's capabilities rather than providing a safety net. She discusses specific methodology for providing the supports required to contribute to this but also gives an insight into the complex challenges that social changes can create, such as the UK government's much criticised reduction in social security.

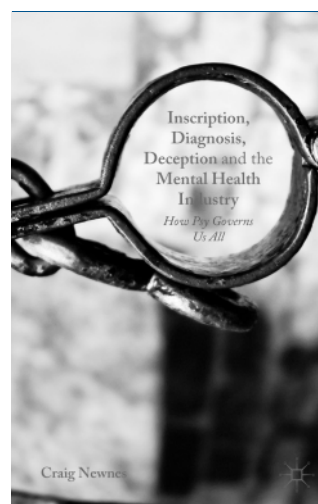
Sayce also presents the libertarian arguments that challenge the validity of assessing risk of putative future violence and the existence of a Mental Health Act that differentiates those with mental health challenges from general citizens in terms of deprivation of liberty or compulsion to take treatment. She describes how this position could be seen to violate the UN Convention on the Rights of Persons with Disabilities and then describes the failings of community treatment orders and the rising numbers detained under the Mental Health Act. This well-articulated argument may fundamentally challenge something that is accepted as a necessity by many within society.

Libertarian and capability theories also underpin Sayce's discussion of the need for a radical restructuring of mental health services, with people with 'lived experience' being involved in commissioning, partaking in the delivery of mental health services and individuals having control over personal and pooled budgets. Sayce discusses the current experience of patients who sadly describe mental health professionals as being one of the major sources of discrimination in their lives and emphasises the challenges involved in dealing with such experiences.

Overall, though somewhat dense to read, *From Psychiatric Patient to Citizen Revisited* provides both a fascinating summary of history, theory and recent social events as well as suggestions for methods of change in relation to the genuine inclusion of those with mental health difficulties in society. This book is compelling, well argued and at times challenging. It deserves to be widely read, particularly by those who are either involved in delivering or developing mental health services.

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Inscription, Diagnosis, Deception and the Mental Health Industry: How Psy Governs Us All

By Craig Newnes
Palgrave Macmillan. 2016.
£63.00 (hbk). 296 pp.
ISBN 9780230293663

It is hard to review a book like this without being dismissive or irritated by the author's remorselessly negative view of psychiatry. But this isn't just about us. It is a critique of what you might call 'big psy' – anyone who provides any sort of service that claims to deal with people with psychological difficulties. Newnes lays about his colleagues in clinical psychology with equal vigour. Much of his ire seems to me to be based on logical fallacies: bad practice exists, therefore it is professionally desired; one psychiatrist he knows is a fool, therefore all are fools. ECT is 'electrocution', which

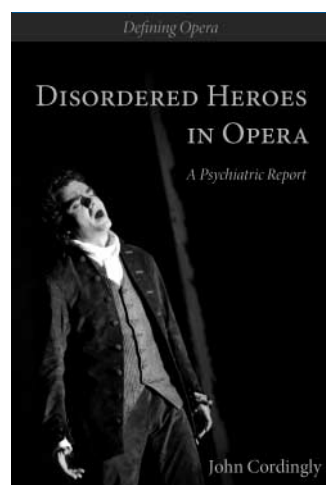
is rather like describing surgery as butchery. Those statements leave out quite a lot of important truth.

What particularly irks Newnes is the reduction of 'helping' to a series of depersonalised techniques, so those of us who qualify as patients become the objects of technical expertise (psychiatric or psychological) rather than being engaged as partners in helping relationships. Here I think he is right, but I am not sure about his remedies. An oath for clinical psychologists? The Hippocratic version has never stopped doctors from misbehaving. An emphasis on the possibility of suing clinical psychologists for the future harm their 'labelling' may cause? I am not sure that the idea of shouldering blame for the actions of others really holds water. More of an emphasis on human rights legislation? Newnes conceives this as mainly a way of reining in psychiatry, but it is certainly something that psychiatrists could engage with more actively, not least because our patients can use such legislation to improve their circumstances.

So, who might profit from this volume? For all of us it is a good example of an anti-psychiatry rhetoric that has rather gone out of fashion. However, in spite of its many flaws, it can spur us to examine more critically what we do and to explore how helping relationships can be nourished rather than crushed by the 'psy' system.

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Disordered Heroes in Opera: A Psychiatric Report

By John Cordingly
Plumbago Press. 2015.
£45.00 (hbk). 216 pp.
ISBN 9780993198328

An evening at the opera is a treat and a pleasure. Music provides a relationship between psyche and soma, inner emotions and outer sensations, and opera adds other dimensions. Experience comes to the audience from many directions – narrative, drama, intense

emotion, costumes, colour, music, words, staging, sets and behavioural disturbance. Narratives in opera are of the human, the godly, and the archetype, as well as the lovelorn, the power-hungry and the jealous. They feature extremes of cowardice and heroism, and of poverty and riches. In short, opera is a glorious reflection of society.

This well-written book involves all the above and adds psychiatry. It is wide ranging and extremely well researched. Cordingly considers all aspects of each opera, drawing on the original story, the libretto and the music, as well as biographies of the author, librettist and composer. He covers social and psychiatric history, conceptualisations of suicide and homosexuality, and ideas from psychoanalysis. Of the operas he covers, original authors include William Shakespeare (*Otello*), Georg Büchner (*Wozzeck*), George Crabbe (*Peter Grimes*), Johann Wolfgang von Goethe (*Faust*, *Werther*), Alexander Pushkin (*Onegin*, *Queen of Spades*) and Thomas Mann (*Death in Venice*). There seems to be great value in having the right librettist as a collaborator, for example Boito with Verdi for *Otello*, E. M. Forster with Britten for *Billy Budd* and Da Ponte with Mozart for *Don Giovanni*.

Cordingly takes twelve male characters who are 'disordered' and pairs them in six chapters by similarities of their personalities, which are operatic representations of personality disorders. Psychiatrists use broad categories of personality and the pairings in the book are clusters A, B or C. All but one of the twelve characters die, and six of those are by suicide. Realism and logic may be sacrificed for entertainment but we do recognise these types as we recognise similar traits in ourselves. The device of pairing protagonists is variably successful; the glamorous Don Giovanni seems unlike the tedious Onegin, there seem to be few similarities between *Otello* and Boris Godunov, and Verdi and Musorgsky's characters are also very different. However, any reservation about the pairings did not detract from the book. Cordingly's affinity is with characters from Tchaikovsky and Britten, who are quintessentially Russian and English, but those preferring other composers would not be disappointed as this book is filled with information. For example, I did not know that Berg, as well as attempting suicide, was treated for asthma by Freud.

Performances from the great opera houses are now being relayed to cinemas, and more people have the opportunity to share the excitement. *Disordered Heroes in Opera* is a readable reference to use before seeing a production. Cordingly may be disappointed by the number of copy-editing mistakes; he has clearly put a lot of work and a lot of himself into this publication. Nevertheless, the effort was worthwhile.

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