

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.

Charley Baker Lecturer in Mental Health, Room 401, School of Health Sciences, Royal Derby Hospital, Uttoxeter Road, Derby DE22 3DT, UK. Email: charlotte.l.baker@nottingham.ac.uk

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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.

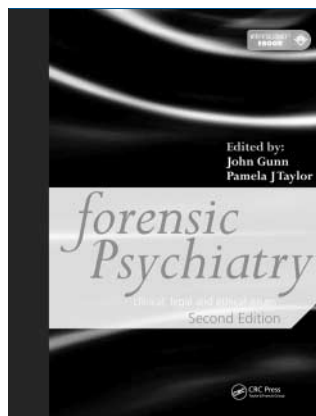
There is a careful build up by Bishop of the domestic scene that Jung and his wife created in their later years: the sense of space in the large house that they built on the shore of Lake Zurich, and the gardens in which Jung made time to play with stones and other objects. This left me noticing links 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.

Adam Polnay Specialty Registrar in Psychotherapy, Edinburgh Psychotherapy Department, Royal Edinburgh Hospital, Edinburgh EH10 5HF, UK. Email: adam.polnay@nhs.net

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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,

they say, a complete rewrite, by new contributors, while retaining credits for all those who contributed to the first edition. With up to 17 credits per chapter, the editorial task must have been daunting.

Furthermore, the boundaries of the specialty, and therefore a book like this, have always defied definition. A pragmatic utilitarianism – we are who we are and we do what we do – is often preferred, the overlapping interfaces with the law, criminology, philosophy, psychology, politics and, of course, other psychiatric specialties remaining blurred. The editors have tried, I think, to be inclusive and there is a wealth of knowledge within these pages. Much of the structure of the first edition is preserved, with added chapters on molecular genetics and neurochemical research as well as clinical topics such as ‘Older people and the criminal justice system’ and ‘Deviant and sick medical staff’. Those chapters with the fewest authors work best, perhaps because the scope is narrower and the authorial voice clearer. Elsewhere it is often hard to know who has written what and occasionally the reader wants to know, because the topics are too nuanced and subject to a range of opinions for the content to be entirely detached from the writer.

This is a multi-author textbook, yet there is a strong editorial voice. A conventional narrative is detectable, giving continuity from the first edition, about the mentally disordered offender as a victim in need of care and treatment, which too often is not forthcoming. I wonder whether for some this will jar with their perception of an incessant creep of service development in the direction of greater security, control and coercion. Since the first

edition was published, fewer patients are treated in high security, but the levels of restriction for so many more in medium and low secure care have increased. A greater and more clinical emphasis on the ways in which security can be used therapeutically and its dangers, the importance to risk management of engagement and collaboration, and the therapeutics of subversion, ambivalence and dependence, would have been welcome. The clinical practice of psychiatry in custodial settings also feels relatively underrepresented in the book, given its central importance and the transformation in prison healthcare that has taken place over the past 15 years. The outward-looking perspective, supported by commentaries from around the British Isles and further afield, is especially valuable, as this comparative content is difficult to find elsewhere.

At present there is no other book that provides such a broad and comprehensive reference source for those working in the field. This will be its considerable value for some years to come. I wonder whether we will see a third edition published 20 years from now. With changes in medical training to come and an increasing focus on services rather than professions, psychiatrists may start to define their expertise in ways that do not fit with a general textbook of forensic psychiatry like this. But for now, this will do very well.

Tom Clark consultant forensic psychiatrist, Reaside Clinic, Birmingham Great Park, Birmingham B45 9BE, UK. Email: thomas.clark@bsmhft.nhs.uk

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