

invitation to others, through encouragement and example, to embrace their talents with pride and joy'. I think she has succeeded marvellously.

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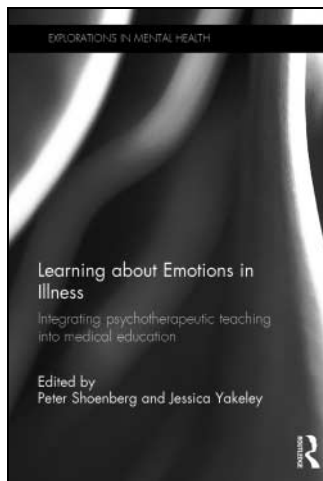
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Learning about Emotions in Illness: Integrating Psychotherapeutic Teaching into Medical Education

Edited by Peter Shoenberg & Jessica Yakeley
Routledge, 2014, £90.00, hb, 156 pp,
ISBN: 9780415644907



Reading *Learning about Emotions in Illness*, I found myself reflecting on my emotional response to the book – I was moved, and surprised at being moved. Partly, it reminded me of my own time as a medical student participating in the student psychotherapy scheme, which gave me my first opportunity of being useful as a trainee doctor, as opposed to being someone in the way. The supervision group was a wonderful and constant haven in which to reflect within the busyness

and ever-changing landscape of medical training. Partly, I was simply moved by some of the accounts of people who as students had participated in either of the schemes described in the book, as they grappled with their own and their patients' emotional responses, especially to physical illness.

The book describes two approaches aimed at helping students learn how psychotherapeutic understanding can help them with their patients: the student psychotherapy scheme and student Balint groups. There are accounts of the scheme both from its supervisors and from participants, and there is also a chapter on research into the two schemes. The University College London student psychotherapy scheme has a long pedigree, having run for over 50 years and surviving various organisational changes. It has spawned other schemes such as in Bristol and Heidelberg. The scheme allows medical students to take on a patient for psychotherapy for a period of about a year. At its inception, allowing untrained students to practise psychotherapy was an audacious move. However, patients are carefully selected and the process is well supervised, and studies seem to indicate that patients have

a good outcome. For students, the scheme often leaves an indelible mark, with a number of people citing it as a highlight of their medical training.

By its nature the psychotherapy scheme can only take on a limited number of students, and numbers wanting to participate outstrip the available places. Modified student Balint groups were introduced at University College London as an alternative. These meet in small groups for a period of 11 weeks and are used to reflect on students' emotional responses to patients they have seen, to help foster, in Balint's terms, a patient-centred rather than an illness-centred approach.

Participants in the scheme seem more likely to become psychiatrists – a point to be noted given the recruitment shortage. However, the real value of these schemes is in helping to develop doctors who can tolerate difficult emotions that arise in patient–doctor interactions and to be alive to the often unspoken emotions that our patients communicate. In other words, regardless of specialty, to make better doctors.

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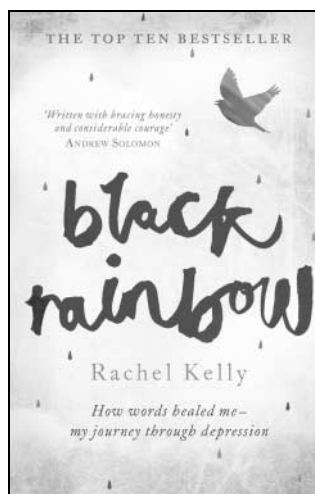
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Black Rainbow: How Words Healed Me – My Journey Through Depression

Rachel Kelly
Yellow Kite, 2014, £8.99, pb, 304 pp,
ISBN: 9781444789997



Black Rainbow is Rachel Kelly's story of depression and recovery. It is an eloquent description of her experience of two severe depressive episodes, both with marked anxiety symptoms, and with a strong emphasis on the 'striking physicality of the illness'.

During her first episode, she focuses on the biological nature of her illness, becoming frighteningly dependent on her husband and mother and an attentive psychiatrist, and obsessively preoccupied with her medication. Although this persists in the second episode, she develops a wider interest in factors that may have contributed to her illness, and seeks lifestyle changes and therapy to reduce her

vulnerability. She recognises in particular her traits of sensitivity and perfectionism, and the difficulties inherent in combining motherhood with a high-achieving career.

Kelly gains much solace from words, including poetry and prayer, during her prolonged recoveries. Her familiarity with poetry from childhood may underlie this and her accounts of her life when depressed describe a return to a childlike state, where she is cared for by her devoted husband and mother. Her own role as a mother is temporarily lost, something she reflects on later with a sense of shame and failure.

Although she does not spare herself, it must be acknowledged that her experiences are different from most, given her level of privilege. A full-time nanny cares for her children, her psychiatrist visits her at home every couple of days, and she gives up work without obvious financial pressure, assuming a prolonged sick role. Interestingly, she herself questions the value of this and explores the difficulty of needing to be seen as either fully ill or well, and the possibility, often denied, of secondary gain. But her recovery is allowed to be unusually gentle, with a gradual and vividly recounted reawakening of senses dulled by depression, something not always possible for those less fortunate.

More personally, having also experienced depression, I found this a beautiful book. I remain unconvinced that poetry can cure depression (Kelly does not claim this), but it can provide much needed comfort and sets it within the human experience. In W.H. Auden's words from *Musée des Beaux Arts*, 'About suffering they were never wrong, The Old Masters'.

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Clinical Guide to Obsessive Compulsive and Related Disorders

By Jon E. Grant, Samuel R. Chamberlain and Brian L. Odlaug, Oxford University Press USA, 2014, £29.99, pb, 272 pp. ISBN: 9780199977758

This book gives an overview of obsessive-compulsive disorder (OCD), hoarding disorder, body dysmorphic disorder, excoriation (skin picking) and trichotillomania, all listed in DSM-5 under 'obsessive-compulsive and related disorders'. The authors have also included hypochondriasis and tic disorder as some of the related disorders.

The book is divided into three parts. The first part gives a general overview and evaluation of the disorders. The second part discusses each disorder in detail, focusing on the clinical description, diagnosis, comorbidity, course and prognosis, differential diagnosis and treatment. Scales that can be used in monitoring treatment are included in the appendix at the end of the book. The final part is titled 'special clinical considerations' and addresses areas such as treatment

resistance, treatment of children and people with intellectual disability, and alternative treatments. This part also mentions neurosurgery for OCD and the ethical dilemmas associated with this approach. The appendices have a list of suggested further reading and contact details of organisations and treatment centres.

A useful resource for trainees and students is a table in the first chapter, which shows types of obsessions and compulsions with good examples. I also like the way the authors describe how to differentiate the symptoms associated with each disorder and normal behaviour. The book also gives practical advice on how to screen for these disorders. The response rates to treatments are discussed and some chapters also mention research work.

There is a table summarising pharmacological treatment for each disorder when managing children and I wished a similar table was done at the end of part two, which could be used as a quick reference guide. The book's title may mislead readers who are looking for information on hypochondriasis and tic disorder.

I would recommend this book for health professionals, students and even patients and their carers. It is well written, concise and easy to follow.

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Testimony of Experience: Docta Ignorantia and the Philadelphia Association Communities

By Bruce Scott
PCCS Books, 2014, £22.00, pb, 252 pp.
ISBN: 9781906254643

R. D. Laing and others founded the Philadelphia Association (PA) in 1965. The PA provides community households where people with emotional difficulties can live with others. The first 'official' community was the infamous Kingsley Hall, a 'counterculture' centre in the East End of London, which after 5 years was largely trashed and uninhabitable. In retrospect, Laing admitted that it was not a 'roaring success' (*Conversations with R. D. Laing*, B. Mullan). Nonetheless, despite the commonly perceived demise of 'anti-psychiatry', with which Laing was associated, the PA has survived nearly 50 years and still runs two community houses. In this book, Bruce Scott, a member of the PA, where he did his psychoanalytic psychotherapy training, offers the testimonies of 14 people who have lived in a PA household. These were obtained mostly by face-to-face interviews or by questionnaire.

Scott sees the PA communities as providing true asylum, in the sense of an 'inviolable place'. There is no discussion, however, about whether such asylum is possible if the person