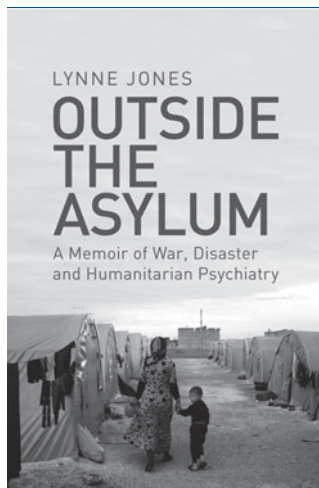


Book reviews

Edited by Allan Beveridge and Femi Oyeboode



**Outside the Asylum: A
Memoir of War, Disaster
and Humanitarian
Psychiatry**

By Lynne Jones.
W&N. 2017.
£20 (hb). 368 pp. 016.59.
ISBN 9781474605748

Step forward Radovan Karadzic, now serving 40 years for war crimes in Bosnia, and who features in this book's chapters on that conflict. He may not have twisted psychiatry as the Nazi doctors or Gulag shrinks did, but he is in no way a credit to the profession, his shameful MRCPsych notwithstanding.

Dr Jones is his polar opposite. Born into a life of privileged opportunity (medical parents, Oxford degree, medical qualification) she stepped off the career conveyor belt many times – to Greenham Common, the Balkans, Afghanistan, Africa, Haiti and the Calais jungle – whatever the risk in sniffy questions about gaps in her curriculum vitae.

Her writing quickly conveys a sense of time and place, jumping between war zones and natural catastrophes over three continents and four decades, and demonstrating in action the roles psychiatry can play there. She skilfully knits together disparate episodes to tell a story of practical activism by someone who puts her expertise and energy where heart so clearly lies.

A painfully familiar description of dismal 1980s British asylums reveals her motivation – empathy for outsiders, and anger at the everyday injustices they suffer. No-one is more an outsider than those suffering chronic, untreated mental illness in an impoverished war zone or earthquake aftermath. But these are the places she goes to, and these are the people she seeks to help.

The one hole her peg does truly fit into is that of *writer*. Her prose is compelling, vivid, moving and impassioned, but leaves little room for ambivalence or doubt: '*When you refuse to join a side you end up endorsing the prevailing one*'.

If I watch a football match as a neutral I don't by default support whoever is winning (being British, the reverse is usually true). And this Manichean world view (all black and white, no grey) forces radical revisions in her views on military interventions, which were clearly painful for her and others. She moves from pacifist (*not at all*) to selective interventionist (*Bosnia and Sierra Leone yes, Iraq no*). The problem, of course, is the selectivity: who decides, and how?

Although it is hard to accept that she found more humanity in zones of war and disaster than the British asylums where she trained, and perhaps harder to agree that the West is responsible for all conflict (*'the wars we started or failed to stop'*), her vivid anecdotes of

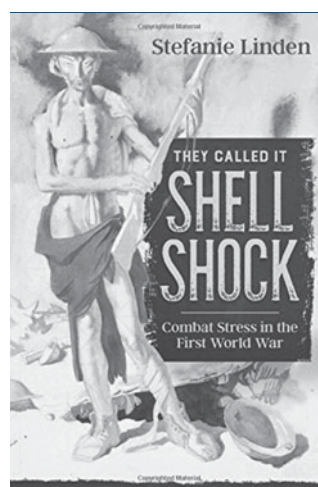
encounters with non-governmental organisation and government bureaucrats, local healers and most of all with patients, stand in their own right, unchallengeable.

If any book might inspire fellow psychiatrists to become mavericks like her, it is this one. She acts, where others merely wring their hands. She sees, where most of us care not to look. And she writes, where all we have to do is read.

Declaration of interest. I know Dr Jones, and worked briefly alongside her in post-war Bosnia, via Médecins Sans Frontières.

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**They Called it Shell Shock:
Combat Stress in the First
World War**

By Stefanie Linden.
Helion and Company Limited. 2016.
£19.99 (hb). 272 pp.
ISBN 9781911096351

By creating psychological casualties on a mass scale, the First World War drew British psychiatry from the margins of the asylum system to a position of national importance. The management of shell shock was both a military and a medical emergency. This original study by Stefanie Linden compares the presentation and treatment of functional neurological disorders in Germany and the UK. Based on research into case notes at the National Hospital for the Paralysed and Epileptic in Queen's Square, London, and the Charité in Berlin, she found significant differences in symptom patterns of servicemen invalidated from the frontline with severe or intractable disorders, despite similar diagnostic criteria, specialist expertise and management techniques. Although functional motor or sensory symptoms (shaking, trembling, paresis, contractures, difficulty walking, speaking or hearing) were common to both samples, 28% of German patients exhibited pseudo-seizures or fitting in the absence of epilepsy or a head wound, in contrast to 7% of British soldiers admitted to the National Hospital. Further, psychogenic fits were widely reported in German medical literature during the war but were considered rare by British doctors. Physicians in Germany associated functional seizures with youth and low social status, but no significant difference could be detected in the age or rank of the two samples. This important, transnational comparison of a post-combat syndrome suggests that culture framed expressions of distress through prevailing beliefs about neurological illness.

Not only does Linden explore the symptomatology of shell shock, causal explanations and the treatments offered in Britain and Germany are also analysed. Detailed descriptions of individual

patients are offered, tying their illnesses to the soldiers' battlefield experiences. Specific chapters explore themes of desertion, suicide and the short-lived opportunities offered to women doctors. Linden also presents a nuanced view of Lewis Yealland, the junior doctor commonly accused of the brutal treatment of servicemen. Although the application of electric shock is not denied, she argues that Yealland integrated its use with suggestion, demonstration of preserved function and the communication of a physiological illness model. This compelling narrative is driven by the clinical records, which demonstrate beyond any doubt the capacity of war to ruin the lives of young men.

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Can't You Hear Them? The Science and Significance of Hearing Voices

By Simon McCarthy-Jones.
Jessica Kingsley Publishers. 2017.
£13.99 (pb). 376 pp.
ISBN 9781785922565

This book sets out to examine the nature of 'voice-hearing', both distressing and uncomplicated 'voice-hearing'. It emphasises the importance of context in the experience of verbal hallucinations by illustrating how verbal hallucinations are experienced in context, and how the experience is given meaning and value. So, for example, for one person voices may be understood as arising from overwhelming emotions and for another person, voices may be a consequence of sex assault or trauma.

The biological underpinnings of verbal hallucinations are not ignored nor minimised but there is always an undercurrent of criticism of psychiatry: 'To be clear, the issue here is not that psychiatrists prescribe antipsychotic drugs to help with voice-hearing. As we have seen, for some people this is indeed helpful. The issue is why some psychiatrists still tell their patients that antipsychotic drugs correct a chemical imbalance' (p. 231). The goal seems to be to make both a metaphorical and pragmatic space for the Hearing Voices Movement's approach to verbal hallucinations. In order to further this aim a distinction is also drawn between psychological therapy for verbal hallucinations and the approach of the Hearing Voices Movement. This distinction is described as having 'a more explicit focus on any emotional problems that may underlie the voices and in emancipating and empowering voice-hearers' (p. 283).

This book is not exactly a Hearing Voices Movement manifesto but in the latter sections it becomes more explicitly a crusading text. It challenges what counts as evidence, makes the point that psychological services are starting to take account of the Hearing Voices

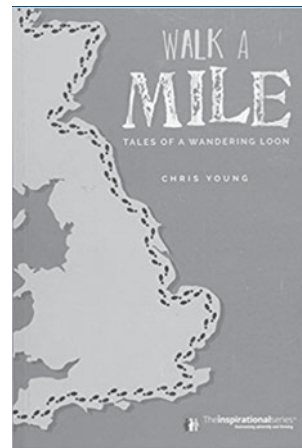
Movement's ideas but that psychiatrists are slow on the uptake. And asks what the relationship of the Hearing Voices Movement with biology will be in the future given the belief that voice-hearing ought to be celebrated.

In summary, this book fully summarises what we know about the biological underpinnings of verbal hallucinations. It makes a cogent case for psychiatrists taking far more seriously the values and views of people who hear voices whether or not the experience is embedded within signal features of severe mental illness.

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Walk A Mile: Tales of a Wandering Loon

By Chris Young. Trigger Press Limited. 2017. £11.99 (pb). 321 pp.
ISBN 9781911246534

Walk a Mile: Tales of a Wandering Loon is the story behind ex-social worker and mental health campaigner Chris Young's Walk-a-Mile campaign. The memoir charts the build-up to his decision to set off on foot in his kilt and sporran with merely a tent and a plan to rely only on the kindness and generosity of strangers to propel him on his journey around the outskirts of the UK.

We open with Chris on his first placement as a qualified social worker. Mounting pressures result in a breakdown that leads to him being detained and admitted to hospital. The details of his admission are relayed with amusement and bewilderment as he observes the power imbalances and questionable practices he is subjected to as 'poacher turned gamekeeper.'

After this, the laughter stops. He returns to his childhood, the raw grief of losing his mum at 12 years old and his brief descent into brutality after being left to fend for himself as his dad retreated further into alcoholism. We follow him into his early years as a rebellious yet well-meaning social worker. The tenderness that is apparent in his description of his clients makes it clear that he'd be the kind of social worker who would go the extra mile for you. We can all relate to how someone like Chris would struggle to survive and maintain his personal integrity working amid the cut-throat system he had to answer to, and how this quickly leads to burnout.

The story raises important questions about how people cope with what life throws at them and the impact this has on those around them: 'Some people face up to their problems, while others pretend they never happened.'

He ponders, 'what part's me and what part's loon and can they ever be separated?' reminding us that when we give someone a diagnosis we can fail to offer a way of recognising their strengths and