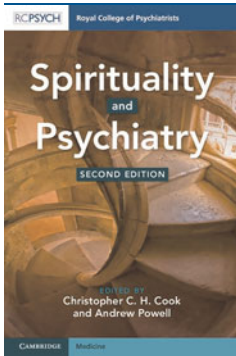


Editor's Note: Though it is notable that the title runs against the current view that we ought to desist from using the term 'commit suicide'.

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Spirituality and Psychiatry

(2nd edn) Edited by Christopher C.H. Cook and Andrew Powell. Cambridge University Press. 2022. £39.99 (pb). 418 pp. ISBN 9781911623304


Psychiatrists routinely ask patients about personal matters: their most intimate relationships, their sexual practices, their trauma histories and more. But psychiatrists are often reluctant to explore spirituality and religion with patients. Should psychiatrists and other mental health clinicians do so?

The authors of *Spirituality and Psychiatry* answer with a resounding 'yes'. Most straightforwardly, this is because spirituality, conceived broadly as the human encounter with matters of 'fundamental or ultimate importance' (p. 5), is integral to who patients are. Whether or not this encounter manifests in specific beliefs,

communities and practices that might be called 'religion,' clinicians do not properly know unless they are willing to ask patients – especially as many patients may withhold disclosure of their spiritual and religious commitments if they fear that their views will be disregarded or censured. The book equips clinicians to explore spirituality in a pluralistic society through a range of assessment tools. It later describes a range of spiritually inflected psychotherapies that may be helpful for certain patients, and wisely highlights the capacity of spiritual practices and communities to harm as well as to heal.

But the delight of this book is that it does so much more. Replete with clinical descriptions, *Spirituality and Psychiatry* is less a dissection of spirituality than a vision of how beautiful and empowering mental healthcare can be when approached in a humane and spiritually open way. To give a few of many examples: Susan Mitchell and Glenn Roberts offer thoughtful reflection on listening, learning and collaboratively discerning alongside patients experiencing psychosis. Drawing on qualitative research, Glòria Durà-Vilà and Simon Dein distinguish depression from the spiritual phenomenon of the 'dark night of the soul'. Gwen Adshead humanely considers the opportunity of forensic psychiatrists to act justly and compassionately toward offenders, attempting 'to transform narratives of cruelty and madness into narratives of regret and hope' (p. 202). I approached the text expecting a rather dull psychiatric textbook. I left it with a renewed vision of the kind of clinician I want to be.

The text will be useful for psychiatrists and other mental health clinicians who seek to deepen their knowledge and proficiency in engaging matters of spirituality. It will also be useful for chaplains and faith leaders who are interested in matters of mental health. But it will more broadly help any clinician who, perhaps mired in the bog of everyday practice, simply desires a breath of fresh air.

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