

Off the Deep End. A History of Madness at Sea

By Nic Compton
Adlard Coles Nautical,
Bloomsbury, 2017.
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*I must go down to the seas again, to the lonely sea and the sky,
And all I ask is a tall ship and a star to steer her by...*

So wrote the poet John Masefield characterising a widely held romantic view of seafaring that many of us hold. *Off the Deep End* is quick to dispel this myth; nothing could be further from the popular view. An arduous, enclosed environment, a lack of privacy and enforced intimacy, monotonous routine, sensory deprivation, constant threat and danger, alcohol misuse, extremes of climate, ferocious discipline and on top of all that misfit colleagues some at least of whom took to seafaring because they simply did not fit into normal society. Was ever there a milieu more designed to precipitate or potentiate mental illness?

The extent of mental breakdown at sea is hard to quantify. Surprisingly large numbers of seafarers unexpectedly disappear overboard never to be found, and continue to do so (at least 2000 per year currently). Accidents happen, but presumably, a significant number of these must be suicide. Historically, sailors behaving oddly or showing signs of mental distress were a detriment to group cohesion, a potential physical threat or plain bad luck and were simply thrown overboard. Despite this it was the Royal Navy who founded the first purpose-built asylum after the Bethlem Hospital in 1818, an indication of the extent of the problem.

Compton's book is a highly entertaining read that recounts innumerable stories of breakdown and insanity, some of which are largely unknown, others which made history. For example, the background story of Vice Admiral Robert FitzRoy, Captain of HMS *Beagle* and pioneer of scientific weather forecasting, deliberately selecting Charles Darwin for the voyage not for his scientific prowess, rather because from previous experience Fitzroy felt he needed intellectual stimulation and a travelling companion to stop him going insane. He may have survived the voyage but still eventually went on to take his own life. Stories abound of acts of cannibalism among shipwrecked sailors leaving horrific mental scars. Of particular interest are the descriptions of a myriad of illusions and hallucinations that have been recognised by the seafaring community for generations. The story of the *Flying Dutchman*, a ghost ship of legend is explained by refractive properties of light in particular weather conditions making real objects over the horizon, appear in the air, above the water. To the single-handed racing community who live effectively in a self-imposed solitary confinement, auditory and visual hallucinations appear to be the norm and come as no surprise, as do the voices that come with relentless exposure to the constant white noise of the waves.

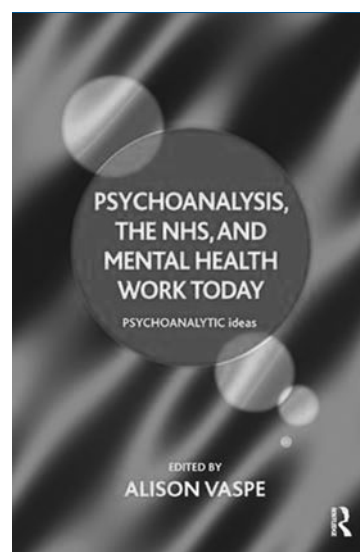
The book's final chapter comes with a twist; some of the very risk factors that predispose to mental illness such as the close confinement, physical rigors and exposure to the elements are turned to

therapeutic advantage using sail training. This helps rehabilitate disparate groups, ranging from ex-servicemen with post-traumatic stress disorder, delinquent adolescents and patients from the National Health Service with a variety of mental illness. The evidence-based outcomes are positive and one can only hope that these opportunities become more widely available.

This is a book academic as it is entertaining for the study, but also a good holiday read. It should appeal to anyone with a nautical interest; however, the history and extraordinary stories deserve a far wider readership.

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Psychoanalysis, The NHS, and Mental Health Work Today. Psychoanalytic Ideas

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ISBN 9781782203681

This is a timely and thoughtfully written book bringing together psychoanalytic themes as applied to the work of mental health services in the contemporary National Health Service (NHS).

The book does this by gathering together authors working in a variety of NHS settings. Primary care general practitioner services, a specialist trauma service, Child and Adolescent Mental Health Services (CAMHS), women's intensive care services, a specialist personality disorder service and organisational consultancy. The authors illustrate the rich understanding a psychoanalytic perspective brings to our clinical work with complex mental health problems, and the psychological impact mental health work has on front-line staff, their organisations, and consequently the importance of having reflective spaces. The first five chapters focus on psychoanalytic work with patients and the second on staff needs and organisational challenges.

Core psychoanalytic themes weave threads through the book and provide continuity of thought to the authors' narratives. The reader is introduced to varied understandings of the notion of 'containment' in the first chapter, incorporating Bion's original theorisations of the concept,¹ that help a multidisciplinary team, in a general practice setting, to cohere around in their regular reflective practice meetings. This theme of containment reverberates throughout the book. For Bion this was how the mother, the container, made sense of the unspoken communications from her infant – through a process of reverie; digesting the communication and then communicating this digested communication back to her infant in a way that shows the communication has been received and understood. This process of reverie that the mother undertakes links to the other

fundamental concept of countertransference,² and that a receptive awareness of which can fundamentally inform our clinical and organisational work. Jo Stubble movingly illustrates this in the clinical work of the specialist trauma service at the Tavistock clinic. Shuttleworth and colleagues in a chapter on 'Thinking psychoanalytically about mental health services for children, adolescents, and their parents' examines how the 'business management approach' (p. 40) to the reorganisation of CAMHS, with the reification of treatment protocols, the importance of being able to establish a relationship with young people who may not have 'the capacity to express need, but only what is noticed and felt by the clinician in their presence' (p. 44), can be threatened. The consequence is a loss of understanding for the young person seeking help.

Careful observation of her unit, a female psychiatric intensive care unit, and attention to her emotional reaction (countertransference) and those of her nursing staff shines through in the writing and work of the late Siobhan O'Connor. This theme of applied psychoanalytic thinking and its relevance to everyday psychiatric practice is continued in the chapter 'Reflective psychiatry'. Mills & Smith, 'psychoanalytically minded psychiatrists', illustrate through clinical vignettes of familiar scenarios the pressures to act that psychiatrists are often faced with and how good psychiatric practice is informed by psychoanalytic understanding.

Christopher Scanlon's chapter 'Working with dilemma and disappointment in difficult places' is more demanding of the reader as he outlines his notion of 'the dilemmatic space' that opens up when conversations about things that 'do not fit together' occur, as he shows the tensions that arise in teams and organisations, when working with traumatised people and the 'disappointing-disappointed' dynamic, that occurs for both practitioners and their patients.

Wilhelm Skogstad's experience of being 'an observing participant in a therapeutic institution' may bring up familiar themes for readers. In his chapter he vividly conveys how in his role as head of service of the Cassel Hospital, that faced a threat to its

survival, paralleled by the patients' struggles with severe self-harm and suicidality, he had to keep in mind the dynamics of the 'total system', rather than being drawn into focusing on one aspect, for example at an individual patient level.

The theme of working within an organisational context is illustrated in the editor, Alison Vaspe's own chapter and her experience of providing an in-house psychotherapy service for staff. She powerfully illustrates the complexities of the therapeutic task with a staff member who is subject to a long enquiry into her practice following the death of one of her patients.

The last two chapters take the book back to where it started in primary care in a dialogue between Clare Gerada and Marilyn Miller and then a reflection on this by Miller.

It is difficult to condense all the contributions of the book into 'a review'. Each chapter has much to commend in its own right. I would recommend this excellent book to colleagues; it is rich in its contributions at a patient, team and institutional level. It illustrates that applied psychoanalytic work and thought is alive in the NHS and integral to providing caring, thoughtful and effective contemporary mental services.

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