

own vulnerability, frailty and self-deception. These fables are more effective than hortations. We see the heroic W. H. R. Rivers in his true role as 'double agent'; the kind but humiliated Dr Mukti using his most dangerous patient as a guided missile to destroy his academic rival under cover of seeking a second opinion; the compulsive rescuer who seduces the sister of his most vulnerable patient; the brothel habitué and voyeuristic trauma specialist; and the over-zealous researcher who distorts a case history to suit his thesis. Fiction also provides us with anti-role models like Virginia Woolf's vacuous Sir William Bradshaw who never spoke of madness: 'He called it not having a sense of proportion'.

This book is a challenge to Harold Bloom's assertion that reading does not make us more caring. The authors show how literature helps us to see the world through the eyes of other people, to interpret their personal narrative and to enhance our sense of wonder. Thus, Professor Oyeboode explicates Franz Kafka's letters which 'show how important it is to attend to language . . . psychiatry is nothing if not a subject enacted within language'.

Allan Beveridge, a leading exponent of fiction for psychiatrists, argues that literature augments empathy and the ability to see the world from another person's point of view. This approach complements the professionally detached perspective of the clinician and gives us insight into the psychiatric encounter from the other side. Beveridge also shows how any narrative, whether literary or clinical, represents an individual's construction of events: the narrator, whether patient, informant or colleague, might be 'unreliable'.

While recognising that 'reading is not a substitute for experience', Beveridge shows how fiction can vividly present the moral quandaries and ethical dilemmas of clinical practice. Novels and theatre encourage the reader to rehearse these situations from different perspectives.

Martyn Evans, Professor of Humanities and Medicine, confronts the purist argument that it is 'disreputable' to use literature in an instrumental way and concludes that a capacity for sensitive interpretation might be a by-product of reading fiction. Oyeboode has contributed chapters on the autobiographical narratives of patients' lives and on poetry and psychiatry as well as Kafka's letters. Among many thoughtful analyses he explores the tension in depicting mental disintegration between the need for narrative coherence and the subjective experience of irrationality and chaos.

This wide-ranging book also covers literary accounts of death and dying, drugs and alcohol, dementia, intellectual disability and autism.

Femi Oyeboode's medical students and trainees are fortunate to have a teacher who is not only a reader but also a writer and a poet.

- 1 Allan C. *Poppy Shakespeare*. Bloomsbury, 2006: 195.
- 2 Wolf M. *Proust and the Squid: The Story and Science of the Reading Brain*. Icon Books, 2008: 7.

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doi: 10.1192/bjp.bp.109.068239

advances in psychiatric treatment

Volume 16, Issue 4

July 2010

<http://apt.rcpsych.org>

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Selected by Femi Oyeboode

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