

The Best Minds: A Story of Friendship, Madness, and the Tragedy of Good Intentions

By Jonathan Rosen. Allen Lane. 2023. £25 (hb). 576 pp. ISBN 978-0241647448

This book is a true story about a precociously talented young man who develops severe psychosis but perseveres despite debilitating symptoms and graduates from Yale Law School. Essentially, it is a love letter from his best friend from childhood, the author Johnathan Rosen.

On another level, it is a clinical dissection of the chaos of mental health policymaking in the USA from the 1960s onwards. There was a heady brew of forces ranging from Marxism, postmodernism, libertarianism and anti-statism to the family experiences of powerful people such as John F. Kennedy (JFK), which led to the wholesale rewriting of mental health policy and provision. Our protagonist, Michael Laudor, was very much caught in this crossfire with disastrous personal consequences for him and others. For me, the book also has a personal resonance as all the story takes place during my lifetime, including my training and practice as a psychiatrist.

There are clues early in the book that Michael is not neurotypical. He is nicknamed 'toes' as he always seems to be on tiptoes. He also discloses in his early teens that his paternal grandma had schizophrenia. In his late teens, he develops erratic circadian rhythms spending 'whole days in his room with the lights out'. During his undergraduate years at Yale, a clear and severe psychosis gradually develops, leading to hospital admission and treatment with antipsychotics. He responds somewhat to medication but remains psychotic for the duration of the book. The 'community care' he clearly requires is missing. He is supported by friends and family (a number of whom are psychiatrists), but his suffering and risk are both minimised by the prevailing winds of Szasz's *The Myth of Mental Illness*,¹ which 'elevated untreated victims of a terrible disease to the status of free spirits'. Michael stops taking his medication and has a severe relapse with fatal consequences.

JFK signed the Community Care Act in 1963 as one of his final bills prior to his assassination. He aspired to replace the 'cold mercy of mental hospitals' with the 'open warmth of community, concern and capability'.² This led to the widespread closure of asylums but a failure to re-provide the care and support in the community. This failure of community care along with the triumph of 'autonomy' over all other principles (such as duty of care) is something that I am sure rings bells with many modern-day psychiatrists and which played its part in the disastrous outcome of the story.

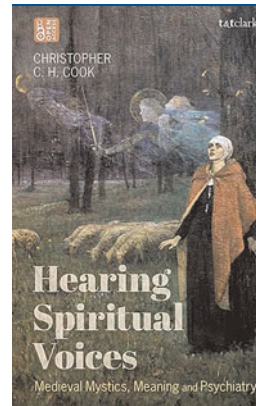
This book should be essential reading for all psychiatrists who should continue to remind the populace that mental illness is real and severe.

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References

- 1 Szasz T. *The Myth of Mental Illness*. Harper and Row, 1974.
- 2 Kennedy JF. *Special Message to Congress on Mental Illness and Mental Retardation*. The American Presidency Project, 1963 (<https://www.presidency.ucsb.edu/node/236899>).



Hearing Spiritual Voices – Medieval Mystics, Meaning and Psychiatry

By Christopher C.H. Cook. T&T Clark. 2023. £14.39 (pb). 152 pp. ISBN 9780567707970

This brief and challenging book insightfully addresses the features, meaning and implications of spiritual voices and visions. It investigates the experiences of three key medieval religious women who have had an enormous impact throughout centuries – Julian of Norwich, Margery Kempe and Joan of Arc – and it is welcome for several reasons. The relevance of religious and spiritual beliefs and practices for the mental health field has been well established based on robust scientific evidence. However, a key source of spirituality (i.e. spiritual experiences) has been largely neglected in research and clinical practice. This book examines this previously neglected area. In addition, previous psychopathographies of religious figures have often been based on secondary sources and biased by a narrow perspective and lack of proper religious and psychiatric knowledge on the part of most authors. The divergent conclusions reached usually reflected the authors' mindsets more than the analysed religious figures. This book helps address these limitations by focusing on primary sources and using an interdisciplinary secondary bibliography. The author has very considerable background knowledge in religion and psychiatry, as well as in the relationship between these two.

At the core of each book are three chapters dedicated to the mystics in three sections: description and analysis of their spiritual visionary and auditory experiences (focusing on their self-reports), discussion of their possible medical diagnosis and their spirituality. The fourth and final chapter discusses the main implications for psychiatry today: voices/visions may be spiritually meaningful, help in spiritual coping and be both positive and negative experiences. The author also concludes that the focus should be on exploring the meaning of these experiences and on distinguishing genuine spiritual experiences from mental disorders (with which I partially disagree).

Despite being a short book, two other themes could have been briefly discussed. The first is the critical spiritual insights those extraordinary women had based on their experiences that have consistently challenged and inspired humanity for many centuries. The second and perhaps more important omission is the lack of discussion of the transcendental (also called 'paranormal' or 'anomalous') knowledge allegedly conveyed through these experiences. These