



columns

conduct, is not incompatible with refinements of artistic creation.

He summarised his final conclusion by stating that mental distress or illness influences the *what* and *when* of creative writing. Knowing about the writer's mental life can enrich our understanding and appreciation of his work.

Alex's book was written in an elegant style and with a richness of language. He remained cautious in his interpretations

and keenly aware that an assessment of the mental life of writers must take into account differences in the cultural and moral climates of the times they lived in.

Alex is survived by his wife, Daisy, who like him was a refugee from Hungary and whom he met in Switzerland. They have three daughters (one is Gillian Mezey, forensic psychiatrist) and five

granddaughters. They are enormously proud of him and his achievements.

Gerald Russell

MEZEY, A. G. (1960) Personal background, emigration and mental disorder in Hungarian refugees. *Journal of Mental Science*, **106**, 618–627; 628–637.

MEZEY, A. G. (1994) *Muse in Torment: The Psychopathology of Creative Writing*. The Book Guild.

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## reviews

### Experiences of Mental Health In-Patient Care: Narratives from Service Users, Carers and Professionals

Mark Hardcastle, David Kennard, Sheila Grandison and Leonard Fagin (eds)

Routledge, 2007, £19.99 pb, 218pp. ISBN 978-0-415-41082-3

Contributors to this fine book are to be thanked and congratulated for forthright, deeply reflective pieces. The editors are particularly praiseworthy for vision and tenacity, in both setting up and completing the project. To produce such a consistent and seamless read demonstrates consummate skill.

The title tells exactly what the book is about. Two forewords and three introductory chapters clarify its scope and format. Three sections follow, one each on the experiences of service users, carers (close relatives) and mental health staff. Typically, in each chapter there is a first-person account of psychiatric in-patient experience – always insightful, frequently challenging and often moving – followed by two complementary (but not necessarily complimentary) 'commentaries'. Chapters end with 'Questions and issues for discussion' and an exercise, ideal for use in multidisciplinary CPD training.

Each section is followed by a 'Summary of the main issues'. The book is completed by a commendable, brief after-word on 'Things you can do to make in-patient care a better experience' (just six headed paragraphs including 'Tell people what's going on and why' and 'Looking after yourself'), followed by a reference list and index. The book also carries an art psychotherapist's line drawing illustrations.

The book is an easy, fluent read, but a sometimes uncomfortable one. There is a strong argument that the quality of a mental health service depends on with what degrees of kindness, compassion and generosity the *most* severely ill and disabled are handled. The investment here of time, intelligence and resources

(material and human) can provide a necessarily strong infrastructure and repay big dividends. Looking at it another way, as this book makes plain, if a service fails to provide a central, adequately sized, adequately staffed in-patient service at one end (and does not have easy access for service users to appropriate housing of good quality at the other), the system will struggle and everyone will feel the pressure: patients, carers and mental health staff alike, easily then finding themselves at loggerheads.

Many contributors, including professionals, agree that a human response – to engage with the distressed person, listen, validate the emotions and allow them to settle – is preferable to the 'us-and-them' institutional response involving staff distancing themselves from patients and carers by using medication, restraint and/or seclusion, and by retreating into the office to complete 'essential' paperwork (or read a magazine). It appears that staff members are systematically encouraged to deny and suppress their own natural feelings of distress. Solutions to key problems will not be easy until it is clear where responsibility for change really lies. One idea, emphasised repeatedly, is that managing mental illness involves supportive teamwork, and a successful team includes the service user and the carers as equal and valued partners.

There is another helpful pointer in the admirable concluding chapter, where hospital chaplain Mike Pritchard advocates the raising of spiritual awareness among mental health professionals, and recommends curiosity about the person's inner self, about what gives life meaning, and about what helps best in adversity. Asking these types of question can be uniquely satisfying, helping to build confidence and thus improve professional–patient relationships.

Although admittedly painful reading in places, this splendid book is an excellent resource at many levels. Its honesty commends it to service-users, carers and mental health staff, both to validate their own experiences and suggest ways to improve things. Mental health service managers, commissioners, local and

national politicians will also benefit by reading some of the narratives presented. News may then filter through to the public that mental illness can be managed safely and effectively, with community services backed by adequate numbers of in-patient places, plus sufficient suitable housing options.

As a Royal College, we have not recently been shy of telling people how common mental illness is. Now is the time, with the help of this book, to acquaint them unapologetically with details of how destructive it can be too. Let people draw for themselves the obvious conclusion that we need greater recognition. Their support will help us focus better on facing, finding meaning in and growing through the suffering, rather than continually seeking to deny, avoid, control, suppress or remove it. To read this book is to discover that what we do could seem increasingly worthwhile.

Larry Culliford Rehabilitation Psychiatrist (retired), PO Box 2567, Steyning, West Sussex BN5 0BR, UK, email [auud26@dsl.pipex.com](mailto:auud26@dsl.pipex.com)

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### Three Stories: The Mental Capacity Act

Office of the Public Guardian, 2007, available online at <http://www.publicguardian.gov.uk/mca/three-stories.htm>

*Three Stories* is a 15-minute documentary depicting the experiences of three individuals who have benefited from the implementation of the Mental Capacity Act (1 October 2007). It offers a useful introduction to the ideas of incapacity, of how capacity may be impaired and what safeguards have been introduced following the Act.

Each story explores capacity issues from a different perspective. The first is told through an account of a person with a mild learning disability, where the Act can be seen to promote autonomous decision making and empowerment. The



second story looks at the effects of dementia and how the Act can help individuals and their families faced with a sudden reduction in capacity to make decisions. The final story focuses on a young couple planning for the future loss of capacity brought about by long-term illness, in this case motor neurone disorder.

Each story enabled the basic tenets of the Act to be explored from the real people's perspective and their experiences. It is not the aim of the film to teach its audience the minutiae of the Act, but simply to introduce some key ideas, such as the 'lasting power of attorney' and 'deputies', which can then be built upon by further study. This is achieved with varying degrees of success for each of the three stories.

The film offers an introduction to the whole area of capacity, which could be particularly useful for carers and other healthcare professionals with little previous exposure. By using broad brush strokes it explains the types of difficulties faced by people with impaired capacity the Act hopes to overcome. The stories themselves have something of a 'feel-good' quality to them, with all participants extremely happy with their experience of the Act, making the film somewhat self-congratulatory.

*Three Stories* does, however, provide a good starting point for further enquiry. It gives clear examples of the types of situations the Act is designed to help with and it introduces key concepts and gives advice as to where further information can be found.

**Giles Berrisford** Specialist Registrar in General Adult Psychiatry, St George's Hospital, Corporation Street, Stafford ST16 3AG, email: giles.berrisford@nhs.uk

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## Handbook for Psychiatric Trainees

Dinesh Bhugra & Oliver Howes  
Royal College of Psychiatrists,  
2008, £15.00 pb, 332 pp. ISBN  
978-1-90467-134-3

This book aims to provide an overview of every aspect of a trainee's journey through postgraduate training in psychiatry. The diverse and varied chapters cover many topics I wish I had been able to easily read about before my first day as a psychiatric trainee, such as managing difficult clinical situations, personal safety, managing violence and the roles of other mental health professionals.

Recent changes in psychiatric training are covered in the first chapter, which provides a good overview of the background to Modernising Medical Careers

(MMC), the Postgraduate Medical Education and Training Board (PMETB) and the rationale for workplace-based assessments. The Medical Training Application Service (MTAS) fiasco and the Tooke report (2007) are also mentioned. Unfortunately, the rapid changes in postgraduate training which occurred lately precluded the detailed practical discussion in this book of issues important to trainees, such as workplace-based assessments and portfolios. However, the handbook's strength lies in its consideration of other topics which will be of enduring relevance and utility throughout the trainees' careers.

For example, the chapter on how to get published is not only entertaining and informative, but also very useful for anyone trying to obtain a publication, including those with more modest ambitions than the research studies discussed. Less widely applicable but extremely useful for those considering working in the academia is the practical advice in the chapters on academic careers and higher degrees.

Many topics considered in this handbook, for example stress and time management, will be of use to psychiatrists at any stage in their career. Some chapters, such as those on clinical governance and the history of the National Health Service, will be particularly useful when preparing for consultant interviews. The discussion of lifelong learning and mentoring will be valuable reading for newly appointed consultants making transition from training.

To summarise, this handbook is an excellent source of information for psychiatric trainees as well as having a wider appeal. It has something to offer to medical students interested in a career in psychiatry right through their training to being a newly appointed psychiatric consultant. It should be on the bookshelf of every psychiatric trainee.

Tooke, J. (2007) *Aspiring to Excellence: Findings and Recommendations of the Independent Inquiry into Modernising Medical Careers*. MMC Inquiry.

**Clare Oakley** Vice-Chair, Psychiatric Trainees' Committee, Royal College of Psychiatrists, and Specialty Registrar, West Midlands Deanery, email: clareoakley@doctors.org.uk

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## The Invisible Man: A Self-Help Guide for Men with Eating Disorders, Compulsive Exercise and Bigorexia

John F. Morgan  
Routledge, 2008, US\$22.95 pb,  
184 pp. ISBN 978-1- 58391-150-1

It is now 30 years since the publication of Orbach's *Fat is a Feminist Issue* (1978).

During this time there has been considerable research interest in the biological, social and cultural factors which might account for the asymmetry in incidence of body dissatisfaction and eating disorders between men and women. It is perhaps an inevitable consequence of this that eating disorders have come to be seen, particularly in popular culture, as essentially female disorders, leaving the not insignificant numbers of men who do develop these problems struggling with an additional burden of the stigma of having a 'girl's disease'.

By coincidence, while preparing this review, several well-known men in the UK have 'gone public' about their own eating disorders, perhaps acknowledging a shift in our readiness to look at the particular problems that men who have such disorders might face. *The Invisible Man* is thus a book which is long overdue, but hopefully one whose time has come. Written as a self-help guide for men with eating disorders, compulsive exercise and bigorexia, this book definitely 'does what it says on the tin'.

John Morgan provides a wide-ranging, thoughtful and thought-provoking survey of eating disorders, what is currently known about them and how to get help, written firmly and sympathetically from a male perspective. Always mindful of the particular difficulties faced by men, Morgan successfully backs up his argument that fat is more than a feminist issue in an introduction setting out the current social and cultural issues facing men in western society which make it particularly hard for them to seek help. The book then follows up with sections on how to make sure whether you have a body image disorder (including descriptions of the main diagnostic categories), science fiction and science fact, in which current knowledge about these disorders is lucidly set out (with chapters on body image distortion, compulsive exercise, steroid abuse and physical and mental health implications), and finally, a self-help manual in seven parts: 'Motivation', 'Sharing the Secret', 'Healthy Habits', 'Thinking Straight', 'Feeling Good', 'Seeking Professional Help' and 'Remaining Well'.

Throughout the book, Morgan is straightforward, direct, always optimistic and realistic about what can be achieved. It is difficult to see how any man struggling with facing up to eating disorder would not feel understood, supported and encouraged by reading this book, even if some might need to take their time to act upon it. The book should certainly be recommended to such men by both specialists and general practitioners.

If there are any quibbles, and this does seem like nit picking, there is some use of terminology that could do with more explanation for the general reader: words like 'hedonism', 'schemata' and even