

He died peacefully at home in Kingston, Surrey, after suffering from carcinoma of the lung. He will be dearly missed by Barbara, to whom he was married for 40 years, and his children, Hossein, Nassrin and Reza, their partners, Catherine, Matze and Nicola, and his grandchildren, Leila, Kiyan, Jonah and Taraneh.

**Ilana Crome & David Skuse**

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## Dr John McCurley



### Formerly Psychiatrist and Physician Superintendent

Dr John McCurley, born on 6 September 1937, was a distinguished psychiatrist who spent virtually all of his professional life in the Glasgow area. Born in Possil, a prize-winning procession through primary school and St Mungo's Academy in Glasgow took him to the medical faculty of Glasgow University at the age of 17.

Not only academically gifted, John also immersed himself in the corporate life of the university. He was on the Board of the Student Union, ran the University International Club and, no mean clarinettist himself, founded, and was President of, the University Jazz Club – bear in mind that this was the era of the Clyde Valley Stompers! Graduating MB ChB in 1961, John decided to enter the field of psychiatric medicine, working with Professor Roger at the Southern General, and at Stobhill and Woodilee Hospitals in the city, before a spell at the Maudsley Hospital in London. It was while at Woodilee that he developed what would become a lifelong concern for adolescent psychiatry.

At the age of 30 John returned to Scotland as a consultant at Riccarton and Dykebar Hospitals, one of the youngest, if not *the* youngest, consultant in Scotland. He remained at Dykebar, where he became Physician Superintendent, until his retirement. In 1972 he gained his Membership of the Royal College of Psychiatrists and was invited to become a Fellow in 1986. His skill as a forensic psychiatrist took him on many occasions to the High Courts where he gave his professional evidence.

In 1990 John McCurley was appointed as a mental welfare commissioner for Scotland. In this role, protecting the interests of the mentally ill and those with restriction orders in force, he travelled all over the country visiting mental hospitals and prisons.

He was an avid follower of many sports, played golf regularly and served for a spell as President of Clydesdale Cricket Club in Glasgow. He retained his love of jazz but added to that a passion for opera. He possessed a massive collection of CDs, mostly operatic.

In 1966 John married Anna Gemmell, a student teacher, who later in her career became the Conservative MP for Renfrew West and Inverclyde. This marriage ended in 1987. They had one daughter, Honor, who aged only 40, died of a brain tumour in 2011. In later years he enjoyed the companionship of Brenda and they were married on 24 June 2012.

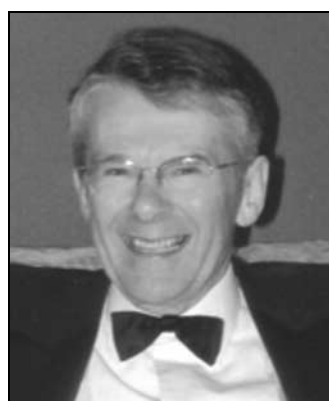
John died on 10 January 2013. A man of real ability, with a quirky sense of humour and wide-ranging interests, John McCurley will be well remembered by colleagues, friends and family alike. His funeral was a private affair, at his own request, but his ashes are being taken up to Crieff in Perthshire, where they will be buried in a woodland cemetery within sight of the Grampian Hills.

He is survived by Mavourna, his wee Scottie dog, who gave his so much joy in his final year, and by Brenda and her son Andrew.

**Brenda McGilliard**

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## Dr Peter Kennedy



### Formerly Psychiatrist and Health Service Manager

Peter Kennedy was born in Bradford on 31 May 1941. His medical career began at Leeds University, a decision taken almost casually, but which was to have a profound effect on the practice of psychiatry and the management of mental health services in the early 21st century.

Peter began psychiatric training in York in the early 1960s at a time when a series of scandals in large psychiatric hospitals was shaking the National Health Service. He moved on to the Medical Research Council in Edinburgh, where he worked on parasuicide and alcohol misuse and mixed with some of the most significant names in British psychiatry of the 1960s and 1970s. His teaching ability gained respect and recognition from psychiatrists in training and medical students. His published work was enough to gain him consideration for a Chair, but he was thought to be too young at 36, causing him to reassess his priorities, which lay in shaping services to the needs and choices of patients. He returned to mainstream psychiatry as a consultant in York in 1980 at a time when care was moving from hospital to community, developing services centred on patient priorities. In 1985, Peter reduced clinical time and became manager of the mental health unit where he was able to appoint doctors and nurses to provide treatment outside large expensive hospitals and employ resources more efficiently. His particular skill was listening; he recognised the legitimacy of concern about change, leading by example and allowing doubters to experience the benefits that can come from such change. This approach to management is accepted as commonplace now but was innovative when Peter developed it.

Health service management in York recognised the value of this approach and in 1989 Peter was appointed District General Manager for York Hospitals, becoming CEO of York Hospitals Trust in 1992. His skill in this role enabled him to work with senior consultants and bring about needed change, often against expectation. As CEO he was able to maintain change in mental health services despite enormous pressure to divert savings elsewhere. He was invited to co-chair the London Mental Health Taskforce after the inquiry into the care of Christopher Clunis. Peter's approach of listening to those most involved and allowing their voice to be heard was reflected strongly in the report. The World Health Organization sought his advice on projects in Japan and Europe.

Peter Kennedy's published work changed from a traditional academic style to reflect management issues from a psychiatrist's perspective. He was a frequent contributor to the *Psychiatric Bulletin* and was also a member of the Editorial Board. In 1996, the Editor's interview with Peter was published in the *Bulletin*, his wisdom and experience still providing guidance for psychiatrists and managers many years later.

Peter's first experience of illness came at the end of his time as CEO in 1999. After surgery and a respite he established, with Martin Brown, The Northern Centre, which worked with trusts to introduce the Mental Health Service Framework. He later, with Hugh Griffiths, produced research and the document *New Ways of Working*, which became the

template for national policy for all professions working in mental health teams. The Royal College of Psychiatrists appointed him as Vice President, with responsibility for leading psychiatrists in developing management skills.

Peter met Sarrie, his future wife, during their Bradford school days. They were married in 1966. Theirs was a relationship of shared interests, lively at times but always loving; John, Juliette and Andrew are living proof. Their good fortune was always to be shared; in Edinburgh their household was host to international doctors. In York, good food, fine wine and congenial company characterised the generosity of their marriage.

In 2001 during retirement Peter became chairman of St Leonard's Hospice in York. During his 7-year tenure, Hospice at Home was set up. Peter and his family were to experience this support in his last illness.

Peter Kennedy has touched the lives of many. We were among his friends for more than 30 years and knew him on those relaxed occasions in the pub or sharing wine and a meal, as a modest man with a strong sense of how things should be. His family was very important to him and although not a man to seek personal glory, he was proud of the achievements of his children, all of whom work in health and social care. Peter died in York on 27 October 2012. Sarrie, his children and seven grandchildren survive him.

**Greg Richardson & Tony Rugg**

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## Review

### Understanding Religion and Spirituality in Clinical Practice

By Margaret Clark

Karnac Books, 2012, £15.99, pb, 118 pp.

ISBN: 9781855758704

This slim volume aimed at trainee psychotherapists gives an introduction to religion and spirituality and advises how to approach the subject in psychotherapeutic practice. The book is neatly summarised on the final page: 'the essential way of understanding spirituality and religion in clinical practice is to understand them in the same way as understanding any other material. That is all.'

The author demonstrates how Freud's conflicted Jewish upbringing and dominant father affected his attitude to religion. He saw religion as a universal neurosis, and his influence meant that religion and spirituality were taboo subjects in UK psychiatry until the past 15 years. On the other hand, Jung had profound mystical experiences, details of which were published posthumously. By assuming all spiritual experience is purely a product of the psyche, Jung undermines the concept of the absolute reality of God. In some ways, this has done more damage to formal religion than Freud's open opposition.

The practitioner needs to become consciously aware of their own worldview, to consider it and to be open to the possibility that others think differently. 'God' means very different things to different people; clarification is always necessary. It is a challenge to separate spiritual and mystical experiences from psychosis. Spiritual practices are seen here in a purely instrumental way, for example, fasting to have a spiritual experience, whereas, for example, Christian fasting is undertaken as a grateful gift to God, not for any benefits.

This book is clearly written, with useful illustrative case material, but is let down by some errors of fact (e.g. p. 38 for 'Abraham' read 'Moses', p. 79 for 'Torah' read 'Mishnah'). Depth psychotherapy, like religion, seeks to answer the big questions. This existential search for meaning is fundamentally human; we all need meaning and purpose, whether found in a religion, formal spiritual practices, work, relationships, or through psychotherapy.

Overall, I think this is a useful book to be read by psychotherapeutic and more general psychiatric trainees.

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