

Obituary

Dr William Jonathan Abel



Formerly Consultant Psychiatrist, Hellesdon Hospital, Norwich

Dr Bill Abel will be remembered with gratitude by many Norfolk families for his skilled and compassionate help with their mental health problems during his long service as consultant psychiatrist at Hellesdon Hospital, Norwich.

Bill Abel was born on 9 July 1915 at Nottingham, where his father was an electrical engineer and where he was an accomplished oarsman during his school days. Always a committed Christian, he decided to enter medicine and trained at Edinburgh Medical School, where he met his future wife, Margaret, also a medical student; he retained a strong loyalty to Scotland throughout his life.

World War II broke out shortly after he qualified in 1939 and he immediately joined the Royal Army Medical Corps,

spending a considerable period serving in the North African and Italian campaigns, which gave him lasting memories of Assisi and its churches. After the war he spent some time in general practice and then returned to Edinburgh to train in psychiatry. In 1957, he was appointed Consultant Psychiatrist at Hellesdon Hospital, where he remained until his retirement, and which included clinics at King's Lynn and prison work.

Despite his nostalgia for Edinburgh and the Scottish mountains, Bill and Margaret soon became at home in Norfolk, enjoying the north Norfolk coast and countryside, as well as Norwich as a city, where they made many friends. A keen naturalist and bird watcher, Bill was also an authority on Norfolk and Suffolk churches, as well as a talented musician.

Following his retirement in 1979, he continued to work for Priscilla Bacon Lodge for some years, but after the death of Margaret in 2003 he moved to South Wales to be closer to his family, dying peacefully at Willowbrook Nursing Home, Cardiff, on 3 April 2010. Bill and Margaret had five children – one (Lesley) deceased – and 12 grandchildren.

Peter Harper

doi: 10.1192/pb.bp.110.032169

Review

Living with Voices: 50 Stories of Recovery

Marius Romme, Sandra Escher, Jacqui Dillon, Dirk Corstens & Mervyn Morris
PCCS Books, 2009, £20.00 pb, 346 pp.
ISBN 9781906254223

This is the third book in a trilogy about people who hear voices who reclaim their lives by changing the relationship they have with their voices. Unfortunately, there are many problems with this book. The authors have a narrow term of reference in describing the difficulties that many people have. They focus on the disruptive effect of hearing voices to the exclusion of the difficulties in social or occupational functioning which is often more disruptive to peoples' lives. There is more to recovery than managing voices. However, this book presents people as 'voice hearers' – an engulfing role which undermines the identity that many strive to recover. The authors do not distinguish between the various aetiological causes of hallucinatory experiences – people who have different diagnoses have varying capacities to make sense of their experiences. The book also has pessimistic views about psychiatric services and treatments which inadvertently serve to stigmatise the many people who use and benefit from them.

There is little in the way of robust evidence that this approach works – most evidence is anecdotal and expressed

opinion. The construct the authors advocate appears useful in its simplicity but is actually superficial and makes causal links which are unconvincing. Perhaps the most irritating aspect of this book is the smug and self-congratulatory tone used to reference work from a small pool of like-minded people. It ignores the possibility that this approach may not be useful for everyone. Some may actually benefit from their difficulties being described in terms of biology.

Having said this, there is still room to notice the bravery and courage of the 50 people, who have been crippled and stuck by the relentless persecution of voices, for their efforts to turn their lives around. It is a valid question to ask whether traditional services take enough notice of the emotional consequences of these experiences. Most services do now recognise that peer-led hearing voices groups are helpful, as are informal networks useful to develop confidence to take ownership of one's life. In spite of this, many would probably acknowledge there is room for improvement. Professionals are often not aware or give little credit for this work. By tentatively linking hearing voices with stress and life experiences, meaning can be explored and strategies developed to exercise control over the voices for those who find this approach helpful.

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doi: 10.1192/pb.bp.110.031799