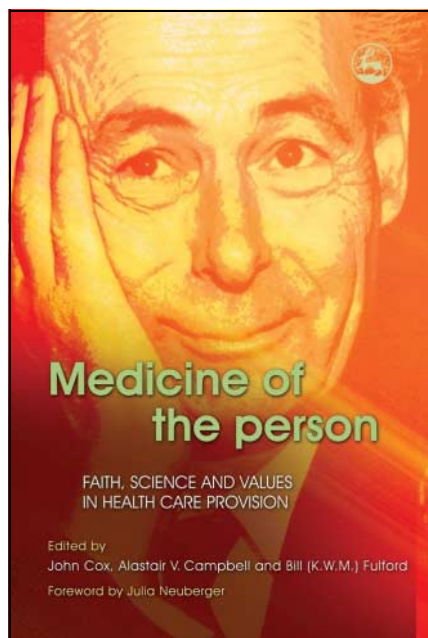


### Medicine of the Person: Faith, Science and Values in Health Care Provision

Edited by John Cox, Alastair V. Campbell  
& Bill (K.W.M.) Fulford. Jessica Kingsley  
Publishers. 2007. 240pp. £17.99 (pb).  
ISBN 1843103974



This book highlights the renewed recognition of the value of spiritual dimensions of health with the growth of ethics. Science and religion, as grand narratives, are being replaced in the post-modern era by personal narratives. Although individualised care needs to be developed with a scientific evidence base, it should be offered in a personalised therapeutic relationship. A doctor needs to understand a patient's problem not only from a scientific perspective but also from one of faith. It requires a personal encounter and not a computerisable communication. This should involve the whole person of the caregiver who also has access to informatics. It is like joining hands: the hand of scientific competence and the hand of personal communication. Therapeutic relationships can also induce true biological effects and even placebo has been found to release endorphins in the brain. It seems beneficial (in terms of better health outcome, including from depression) to have religious involvement and to be with faith communities, although there can be a risk of failure to seek timely medical care.

This book is inspired by the work of Paul Tournier (1898–1986), a Christian doctor from Geneva, who was trained by a psychiatrist, Lechler. In Lechler's daily meetings, when someone spoke, it was impossible to tell whether it was a doctor or a patient. The book has chapters on themes from faith traditions such as, Christianity, Judaism, Islam and Hinduism. Phrases like 'touch wood' or 'cross your fingers' are often used by health personnel and allude to the Cross, which may be disconcerting to patients from other faiths. Collectivism in Islam means that the basis of treatment should include uniting the person with the family. *Ayurveda*, a medical discipline developed in ancient India, incorporated the prevalent value systems. In Hindu thinking there is also the law of cause and effect and the goal of liberation from the cycle of rebirth. Contributors include eminent thinkers in their field and topics such as public health, neuroscience, general practice, home treatment and terminal care have all been included.

I feel the book is very timely and is likely to inspire further work with examples of good practice, particularly when medicine is being swamped with administration, technocracy, politics and management.

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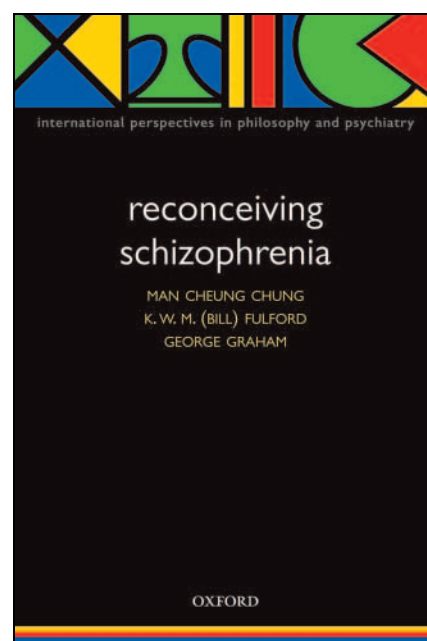
### Reconceiving Schizophrenia

Edited by Man Cheung Chung,  
K.W.M. (Bill) Fulford, & George Graham.  
Oxford University Press.  
2007. 341pp. £29.95 (pb).  
ISBN 9780198526131

As a medical student I recall being told by a geriatrician that the longer they practised medicine, the harder they found it to confidently diagnose Parkinson's disease. At the time I was a little perplexed by this but now I begin to feel similarly about schizophrenia. The confidence I had in schizophrenia having a clear-cut clinical presentation, mapping onto a similarly

discrete and specific pathophysiology, evaporated in my first few weeks of psychiatric training. Having been fortunate to have worked predominantly both clinically and academically in psychosis, this scepticism has been further compounded. *Reconceiving Schizophrenia* is part of the successful International Perspectives in Philosophy and Psychiatry series. It contains 16 chapters, all on schizophrenia, utilising philosophy to examine our assumptions and ways of understanding this most emblematic disorder for psychiatry.

The chapters are not formally subdivided into themes: introductory and review chapters open the volume. Chung's review is a helpful resource for any researcher interested in more philosophical approaches to schizophrenia and amazingly manages to distil the literature, from phenomenological psychiatry to psychiatric classification, in 34 pages. This is followed by four chapters exploring the role phenomenological psychiatry continues to play in understanding major mental illness. The latter half of the volume is more analytic and anglophone, with outstanding contributions from Hamilton and Stephens and Graham on delusions. Gillet offers a fascinating account of psychosis, drawing on Kant's *Anthropology*, and struggles with how meaning in schizophrenia can both be private and yet, in some senses, communicable. Poland's chapter is a timely discussion of 'the schizophrenia concept'. It often seems that the idea of schizophrenia that



anti-psychiatrists charge us with holding is one that is never held in practice. Indeed, it is perhaps a concept that one is disabused of as one learns the complexity of mental illness and the limits of science. Harré's chapter is a fascinating meta-account of the discourses and grammars used when mental illness is discussed, and how the file-selves of psychiatric records come into being and the use they are put to.

The volume contains many thought-provoking and worthwhile contributions, with little overlap of content, and all of them deserve detailed consideration. It serves as an amazing achievement of conceptual rigor in thinking about schizophrenia.

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doi: 10.1192/bjp.191.5.466a

### **Love and Loss: The Roots of Grief and its Complications**

By Colin Murray Parkes. Routledge. 2006. 430pp. £34.95 (hb). ISBN 0415390419

Colin Murray Parkes' seminal book *Bereavement: Studies of Grief in Adult Life*, published in 1972, provided us with acutely observed accounts of women's response to the untimely death of a spouse. The book became a classic. More than 30 years later *Love and Loss* provides further rich insights into the reactions of those who are bereaved. The ideas that Colin Murray

Parkes knits together go beyond description to propose an explanation, rooted in attachment theory, for the nature of complicated responses to bereavement. The thinking expounded here is destined to become part of the accepted fabric of those working in this field and will undoubtedly prompt continuing debate and further research.

The volume takes the reader, step by step, on a journey that provokes us to consider the complex connections between childhood attachment patterns, parental nurturance, intimate relationships between adults and responses to bereavement. The combination of Parkes' own research data, clinical case examples and ideas from the wider body of knowledge make for a

multi-faceted and full-bodied text. The clinical examples bring the ideas to life, demonstrating lifespan and intergenerational influences, and make these transparent for the professional and non-professional reader alike.

The author does not flinch from venturing into sensitive areas. Not only is it tricky to research the grief of bereavement but this volume also threads its way into the labyrinths of love. The material is conveyed with characteristic compassion and reflexivity. The writing demonstrates tremendous respect for those whose early life experience distorts their ability to trust and leaves them struggling in the wake of loss.

The research study at the centre of the book has limitations in its sample and methodology. Standardised measures of attachment, grief and psychiatric symptomatology would have enhanced the validity of the results. Some of the novel messages of the book are based more on conviction drawn from thoughtful analysis and clinical experience rather than being fully supported by valid research data. However, this is the very delight of this volume. Parkes has an unequalled store of knowledge and experience. His thinking continues to develop and he has a wide overview of the territory. The book deserves to be read not for watertight evidence-based conclusions but for inspiration from the insights that can only come from open-minded analysis of extensive clinical experience.

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