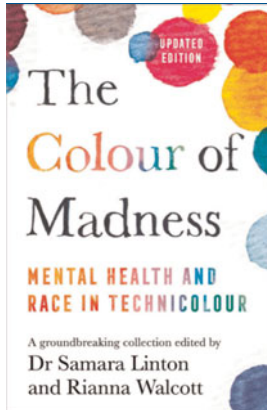


Book reviews

Edited by Allan Beveridge and Femi Oyeboode



The Colour of Madness: Mental Health and Race in Technicolour

Edited by Samara Linton and Rianna Walcott
Pan Macmillan, 2022. £16.99 (hb). 336 pp. ISBN 9781529088496

Samara Linton and Rianna Walcott should be commended for sharing their personal experiences in this book and for gaining the trust of so many people who also share experiences. The word ‘colour’ in the title is used to represent different experiences, each colour speaking to a different experience. This, along with the chapter titles and the names of the authors, reminds us of the great cultural and ethnic diversity that we live in. The reader experiences the pain, hope, exasperation and suffering of the authors, as well as their love and the lack of it.

This is a journey through slavery, colonisation, racism, migration, discrimination, personal trauma and the impact of being a migrant or a refugee and of being transgender. The emphasis is on how these conditions affect people of colour. The book shares the stories of people who do not feel understood, whose culture is alien to many, who do not fit in and who are treated differently.

These stories show the extreme difficulties people have had to endure, including lack of empathy, misinterpretation of words and actions based on lack of cultural awareness, dealing with mental health problems and discrimination and the impact of both together.

These are powerful stories and I often had to take breaks while reading this book. I felt both physically and emotionally affected by the strength of emotion it conveyed. Many of the stories resonated with me as a person of colour and I am sure will resonate with anyone who has heard experiences of minority ethnic patients and staff of colour.

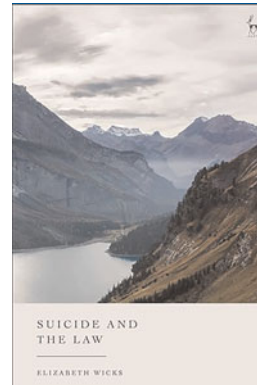
There are stories of schizophrenia, anxiety, obsessive–compulsive disorder, eating disorder, to name just a few. The reader cannot help being affected by the experiences of loneliness, social isolation and discrimination that are so vividly described, and by the positive experiences of being acknowledged, being cared for, of receiving therapy and the role of prayer. These are stories written by patients, staff, parents, children, researchers, many who have more than one of these identities. This adds so much to the richness of the book and the layers of experiences.

This is an important book for clinicians. It shows that people often hide their pain and suffering, and that routine clinical questioning do not necessarily help patients tell their stories and that there is need to provide multiple ways for people to be able to feel safe and express themselves. And even, importantly, to acknowledge one’s own ignorance about the lives of one’s patients.

We need more books like this, and we need to use them for training clinicians and wider society so that, step by step, perhaps we can do better.

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Suicide and the Law

By Elizabeth Wicks
Hart Publishing, 2022. £85.00 (hb). 232 pp. ISBN 9781509932702

The book opens by contemplating what UK law can do in response to the World Health Organization recognising suicide prevention as a public health priority whereby all suicides are preventable. As with legal texts there is much discussion around statute and case law but is written in a conversational style for readers less versed in legal terminology. It examines the ‘underexplored’ topic of suicide in the UK, observing law on suicide as being ‘regrettably unclear and complex’.

There is exploration of the definition of suicide. This is noted as appearing seemingly unambiguous but more precise definition has heralded much debate in the literature. The book opted for simplistic definitions of ‘self-caused’ and ‘intended’ death. The challenge of getting the balance between respecting autonomy and preventing suicide is a theme throughout. The chapters detailing the evolution of law against suicide from biblical times to the modern day are fascinating. As well as the chapter concentrating on the role of the Mental Health Act, Mental Capacity Act and Human Rights Act in suicide prevention, other thought-provoking chapters include the emotive topic of suicide of children and young persons and assisted dying, with all its nuances. Specific areas reviewed where suicide presents challenges to current law include prisons, schools and universities, hospices, care homes and hospitals.

In developing the theme that mental capacity should remain crucial to the determination of the law’s response to suicide risk the book argues for a heightened test of capacity in the context of choices to die. In doing so it expounds a key concept of diachronic continuity, which considers whether a decision/desire to die is consistent with a person’s identity and life story. Other themes permeating the book include end-of-life treatment, where declining certain treatments is an autonomous choice and not labelled as suicide; that rational capacitous suicides, albeit rare, are possible (hence the assumption that all suicides are symptoms of mental illness is ‘unsustainable’); and the ‘controversial’ proposition that laws should explicitly permit the provision of assistance to die in certain capacitous cases. Furthermore, the book argues that the label of suicide is best avoided because of hidden pejorative meanings and judgement, suggesting it is better to ‘simply talk’ about

voluntary deaths or choices to die, then leading to whether such a choice is a capacitated one or not.

The book achieves its aim of arguing for a more refined legal approach that responds to the ‘wide ambit of the suicide label’, with mental capacity being crucial to the law’s response to suicide. It also argues that although statutory reform is needed, so too is a more refined awareness of current law and its objectives by those implementing it. This is a very readable and

thought-provoking book and complements similar texts in this complex area.

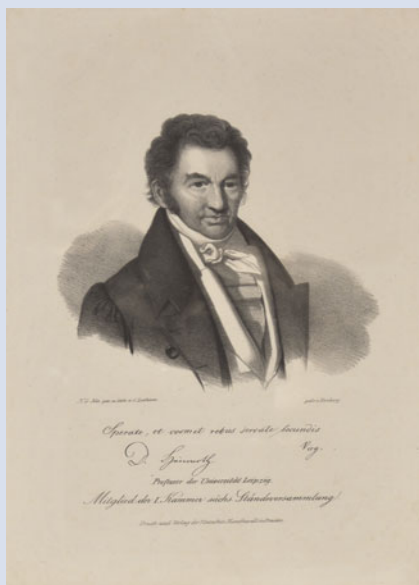
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Psychiatry in history

Johann Christian August Heinroth (1773–1843): the first Professor of ‘Psychic Therapy’

Maximilian Schochow , Alexander Ernst and Florian Steger 



On 21 October 1811, on the command of Friedrich August I, King of Saxony (1750–1827), a professorship for *Psychische Therapie* (Psychic Therapy) was established at the University of Leipzig. This professorship is widely recognised as the first of its kind in Europe, and possibly even the world. Johann Christian August Heinroth (1773–1843) was appointed as the inaugural professor, and this year we celebrate his 250th birthday.

Heinroth, born in Leipzig on 17 January 1773 was the son of the surgeon Johann Christian August Heinroth (died 1803/1804) and his wife Christina Dorothea Heinroth, née Nicolai (died 1803/1805). After completing his education at Nicolaischule (1782–91), Heinroth initially embarked on theology studies in Leipzig before transferring to medicine. He obtained the title of *Bakkalaureus* (Bachelor) in 1794 and subsequently earned a doctorate in philosophy and became a *Magister der freien Künste* (Master of Liberal Arts) in 1797. Two years later, he complemented his primarily theoretical knowledge with practical experience at the *Kuhfürstlich Klinisches Institut* in Leipzig. After an additional semester studying human medicine in Vienna, Heinroth returned to Leipzig in 1803. In 1805, he was granted his medical doctorate (*Medicinae Discendae et Exercendae Ratio*) and the following year, he habilitated (*Über das Bedürfnis des Studiums der medizinischen Anthropologie*).

In 1811, Heinroth was appointed as an Extraordinary Professor of Medicine in Leipzig. He used his inaugural lecture to present a psychiatric topic ‘*De morborum animi et pathematum animi differentia*’. In addition to his academic responsibilities, Heinroth also practised medicine, starting

in 1810 at the Leipzig Workhouse for Volunteers, and from 1814 to 1833, he served as a house physician at the municipal reformatory, orphanage and care facility St Georg. In 1817, Heinroth also obtained a doctoral degree in philosophy (*Magister-Habilitation*). In 1819, he was appointed as a full Professor of Medicine in Leipzig. In addition to his scholarly work at the university, Heinroth was actively involved as one of the editors of the *Zeitschrift für Psychische Ärzte* (*Journal for Psychiatric Physicians*), which he cofounded in 1818.

Religious considerations played a significant role in Heinroth’s concept of illness. He viewed mental disorders as expressions of guilt. According to Heinroth, every individual had the freedom to choose whether to live with or without God. This decision, in his opinion, correlated with a person’s state of health (God-fearing life being associated with health, and sinful life with illness). However, he limited this perspective solely to psychological disorders, asserting that only they were expressions of guilt and thus the individual was responsible, whereas physical illness never arose voluntarily and the individual was therefore blameless. Based on this understanding, Heinroth developed a therapeutic concept infused with religious influence. The underlying principle of this concept was that a mentally ill person could only regain health by renouncing all earthly passions and physical needs, focusing solely on fulfilling the task assigned by God, namely to lead a life according to religious faith.

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