

In answering this question, O'Sullivan produces the best chapter of the book titled 'Normal behaviour' and one that I believe all junior doctors, regardless of specialty, should read during their early clinical years.

She writes, 'the more I reflect on it, the more the story seems to be universal, a story of lost love'; between medicine and empiricism, between cure and care, between do-no-harm and always-do-good. 'The duende', she writes, 'comes and goes,' – as indeed she rightly reflects that the science we swear by now will not be considered science in 50 years; although its practice, and its broader implications on societal evolution will cohere.

In my view *Sleeping Beauties* is a book that should have been written by a psychiatrist. However, failing that, psychiatrists should be reading it, especially those who hope to navigate the field of behavioural science in all its forms – from psychiatry to psychology to academic neuroscience – within the boundaries of Western medicine.

Mutahira M. Qureshi , Centre for Affective Disorders, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK.
Email: mutahira.qureshi@kcl.ac.uk

doi:10.1192/bjp.2023.6



Reading to Stay Alive: Tolstoy, Hopkins and the Dilemma of Existence

By Christopher Dowrick Anthem Press, 2022. £80 (hb). 140 pp.
ISBN 9781785278914

This book is a mixture of personal rumination and credo, academic literary criticism and occasional medical schemata. These are used

to convey Dowrick's belief and mission that literary fiction is particularly well-suited to counter our most hazardous self-harms. Or put simply, people can be deflected from suicide by reading the right novels.

Clinicians will agree with much of Dowrick's core belief that most suicides can be responses to perceived cumulative personal loss. Equally valuable is his iteration that anything that restores such losses will be therapeutic. And it is here that Dowrick invests his particular interest in the therapeutic influence of literary fiction.

His thesis is sometimes true: that literature *can* catalyse a change or enlarge one's personal view and thus one's experience. Literature does this by opening the door to find an exit from our subjectivity.

Dance, art, music, craft, exercise, gardening also all offer therapeutic possibilities to escape our subjectivities and thus expand and change our experience. They are all potential therapeutic portals. Dowrick only fleetingly alludes to this, thus eluding its importance.

There are other caveats. Literature is certainly not only therapeutic – how else do we account for the frequent suicide of its practitioners? Koestler, Hemingway, Plath, Woolf, Bettelheim, Primo Levi, Hunter S. Thompson and David Foster Wallace are just a few who have taken their own lives. Insight can cut both ways, as many psychiatrists have found for themselves.

What about the nature and quality of this book's writing? What are its assets and weaknesses? Christopher Dowrick is a veteran general practitioner and esteemed mental health academic; he previously worked in social work and psychotherapy. His writing conveys both ardent, even missionary, commitment to his project and assiduous academic framing and phrasing.

Dowrick's compassionate intelligence – and his evident love of both literature and caring for others – fuel all this. His 'human condition' questions and thoughts are deep and wide. Yet his academic deference and dense referencing will make this, for some, difficult to assimilate. They will find that such devoted scholarship does not make for an easy read.

David Zigmund, London, UK. Email: davidzigmund@icloud.com

doi:10.1192/bjp.2023.7