

MCQs

Select the single best option for each question stem

1 Recovery:

- a is an initiative arising from the service user movement
- b is a new concept
- c privileges the professional over the patient
- d applies only to people with mental illness
- e has been well-described in forensic services.

2 In forensic services, recovery:

- a is impossible
- b has to be applied in the same way as in other services

- c poses challenges to risk management
- d must take second place to medication
- e is a nursing issue.

3 Illness narratives:

- a can enrich patients' views of illness experience
- b are more reliable than professionals' views
- c apply only to physical conditions
- d are always critical of professionals' views
- e hinder the therapeutic alliance.

4 Autonomy in forensic mental healthcare:

- a should be discouraged
- b is easy to assess

- c is legally enforceable
- d is independent of therapeutic relationships
- e can develop over time.

5 Narrative approaches to forensic treatment:

- a are applicable only in groups
- b enhance perspective-taking by patients
- c involve patients writing an account of their life
- d have a strong evidence base
- e focus on the patient's past traumas.

Excerpt from *Memoirs of my Nervous Illness*, by Daniel Paul Schreber

Selected by Femi Oyebode

IN OTHER
WORDS

I have dealt in detail with my hallucinations in Appendix IV of my Memoirs, and I refer to it at this juncture. From the medical specialist's report I notice with some satisfaction that he himself attributes a certain *reality* to my hallucinations, in so far as he apparently does not doubt that the "voices" described in my Memoirs are in fact perceived by me. The only difference of opinion then is whether the subjective sensation of hearing voices is caused *only* by pathological functioning of my own nerves, or whether some external cause acts on them, in other words whether the sound of voices is, so to speak, a trick on the part of my own nerves, or whether some being outside my body speaks into me in the form of voices. Equally the question may be raised concerning "grimacing", the pulling of faces, closing of my eyes, etc., whether it is only a pathological state of my nerves causing muscular contractions or whether there is some external stimulus acting on my body. *In essence it is one assertion versus another.* Mere rationalism will naturally deny from the start that divine miracles are the cause. But happily rationalism, in Goethe's words, "What cannot be accounted for, does not count", is almost

nowhere in science the guiding principle. I who cannot prove the miracles but only wish to put other people in a frame of mind to believe in the *possibility* of supernatural influences in connection with my person, I would be satisfied if the medical specialist were to affirm that in my case these phenomena have a characteristic and distinct stamp hitherto unknown in scientific experience. I presume that hallucinations of the kind described have never previously been observed except in my case, particularly the incessant talking of voices which cannot be silenced by any mental distraction, is something totally unheard of, as are the muscular contractions *against the patient's will* (as even the medical expert admits) which force him to shut his eyes, to utter bellowing noises, markedly accelerate his breathing even while at rest, etc. I would also like to see this assumption confirmed in a definite medical statement, unless it can be shown to be incorrect. It would be of particular value to me if the medical expert could also confirm that closing of my eyes – against my will – occurs regularly and *immediately* as soon as I am silent after taking part in a loud conversation, in other words when I indulge in thinking nothing.

Daniel Schreber (1842–1911) was a President of a Panel of Judges at the Court of Appeal at Dresden. Schreber's first episode of mental illness was in the autumn of 1884. He was admitted to the Psychiatric Clinic of the University of Leipzig in December 1884 and had fully recovered by June 1885. The second episode of illness started in October 1893. He was admitted to hospital again in that year and remained there until 1903. His final admission was in 1907, and he remained in hospital until his death in 1911. Schreber's account of his mental illness has attracted the interest of many psychiatrists, including Freud, Jaspers and others. This excerpt is from *Memoirs of My Nervous Illness* (translated and edited by Ida MacAlpine & Richard A Hunter), Wm Dawson & Sons Ltd, 1955.

doi: 10.1192/apt.17.3.187