

Health service management in York recognised the value of this approach and in 1989 Peter was appointed District General Manager for York Hospitals, becoming CEO of York Hospitals Trust in 1992. His skill in this role enabled him to work with senior consultants and bring about needed change, often against expectation. As CEO he was able to maintain change in mental health services despite enormous pressure to divert savings elsewhere. He was invited to co-chair the London Mental Health Taskforce after the inquiry into the care of Christopher Clunis. Peter's approach of listening to those most involved and allowing their voice to be heard was reflected strongly in the report. The World Health Organization sought his advice on projects in Japan and Europe.

Peter Kennedy's published work changed from a traditional academic style to reflect management issues from a psychiatrist's perspective. He was a frequent contributor to the *Psychiatric Bulletin* and was also a member of the Editorial Board. In 1996, the Editor's interview with Peter was published in the *Bulletin*, his wisdom and experience still providing guidance for psychiatrists and managers many years later.

Peter's first experience of illness came at the end of his time as CEO in 1999. After surgery and a respite he established, with Martin Brown, The Northern Centre, which worked with trusts to introduce the Mental Health Service Framework. He later, with Hugh Griffiths, produced research and the document *New Ways of Working*, which became the

template for national policy for all professions working in mental health teams. The Royal College of Psychiatrists appointed him as Vice President, with responsibility for leading psychiatrists in developing management skills.

Peter met Sarrie, his future wife, during their Bradford school days. They were married in 1966. Theirs was a relationship of shared interests, lively at times but always loving; John, Juliette and Andrew are living proof. Their good fortune was always to be shared; in Edinburgh their household was host to international doctors. In York, good food, fine wine and congenial company characterised the generosity of their marriage.

In 2001 during retirement Peter became chairman of St Leonard's Hospice in York. During his 7-year tenure, Hospice at Home was set up. Peter and his family were to experience this support in his last illness.

Peter Kennedy has touched the lives of many. We were among his friends for more than 30 years and knew him on those relaxed occasions in the pub or sharing wine and a meal, as a modest man with a strong sense of how things should be. His family was very important to him and although not a man to seek personal glory, he was proud of the achievements of his children, all of whom work in health and social care. Peter died in York on 27 October 2012. Sarrie, his children and seven grandchildren survive him.

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Review

Understanding Religion and Spirituality in Clinical Practice

By Margaret Clark

Karnac Books, 2012, £15.99, pb, 118 pp.

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This slim volume aimed at trainee psychotherapists gives an introduction to religion and spirituality and advises how to approach the subject in psychotherapeutic practice. The book is neatly summarised on the final page: 'the essential way of understanding spirituality and religion in clinical practice is to understand them in the same way as understanding any other material. That is all.'

The author demonstrates how Freud's conflicted Jewish upbringing and dominant father affected his attitude to religion. He saw religion as a universal neurosis, and his influence meant that religion and spirituality were taboo subjects in UK psychiatry until the past 15 years. On the other hand, Jung had profound mystical experiences, details of which were published posthumously. By assuming all spiritual experience is purely a product of the psyche, Jung undermines the concept of the absolute reality of God. In some ways, this has done more damage to formal religion than Freud's open opposition.

The practitioner needs to become consciously aware of their own worldview, to consider it and to be open to the possibility that others think differently. 'God' means very different things to different people; clarification is always necessary. It is a challenge to separate spiritual and mystical experiences from psychosis. Spiritual practices are seen here in a purely instrumental way, for example, fasting to have a spiritual experience, whereas, for example, Christian fasting is undertaken as a grateful gift to God, not for any benefits.

This book is clearly written, with useful illustrative case material, but is let down by some errors of fact (e.g. p. 38 for 'Abraham' read 'Moses', p. 79 for 'Torah' read 'Mishnah'). Depth psychotherapy, like religion, seeks to answer the big questions. This existential search for meaning is fundamentally human; we all need meaning and purpose, whether found in a religion, formal spiritual practices, work, relationships, or through psychotherapy.

Overall, I think this is a useful book to be read by psychotherapeutic and more general psychiatric trainees.

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