



obituary

Elisabeth Shoenberg

Formerly Consultant Psychiatrist, Claybury Hospital and the Medical Research Council Social Unit, London School of Hygiene & Tropical Medicine

Dr Shoenberg was born on 25 September 1916. She was the youngest of the five children of Sir Isaac and Lady Shoenberg and enjoyed a happy childhood with three older brothers. She was a very gifted child who spent many hours in the print room of the British Museum studying Japanese prints. Her love of painting lasted throughout her life. At Newnham College, Cambridge, she read English and later archaeology and anthropology, intending to become an anthropologist. However, as she wrote in 1984 in a letter from the Australian outback where she was studying depression in the aboriginal population, she realised that she could not bear to be with people who lived in squalor with malnutrition and illiteracy without wanting to do something about it. As a result she switched to medicine.

She qualified in 1947 from King's College London and the West London School of Medicine and, after a short time in general practice, started to practise



psychiatry at Fulbourn Hospital with Dr David Clark. She was then senior registrar at St Bartholomew's Hospital and Goodmayes Hospital. In 1958 she was appointed consultant psychiatrist at Claybury Hospital. *The Adventure in Psychiatry* by Denis Martin (1968) described changes that were already happening to varying degrees at Claybury: moving from the culture and ethos of a traditional mental hospital to a therapeutic community. This was essentially achieved at Claybury in three of the four general admission wards, the in-patient unit for patients with psychoneurosis and personality disorder, the psychogeriatric admission unit and some rehabilitation and long-stay wards. The impact of these changes is still relevant today and is well documented in

the book of essays *A Hospital Looks at Itself* (1972), written by approximately 40 members of the staff and patients of Claybury Hospital and edited by Dr Shoenberg.

She found time throughout her life to travel widely, which gave scope for her abiding interest in all sorts of people and her considerable literary ability, as well as her capacity for friendship, her remarkable sense of humour and skill as a cartoonist. She visited many countries and had a particular love for Pakistan, the Pacific and Australia. On a year's sabbatical leave she went, with the support of the World Health Organization, to India to the National Institute for Mental Health and Neurosciences, to help in developing the psychiatric services, then the poor relation of the neurosciences.

In retirement, apart from her frequent travels, she retained a lively interest in all aspects of life and was active in the University of the Third Age. She visited with the Health Advisory Service and served on Mental Health Act review tribunals. She was a member of the Newnham College Associates. She kept in touch with many friends throughout the world and made each of us feel special. She retained her lively sense of humour to the end of her life. She never married. Dr Shoenberg died on 6 October 2005, following a fall at her home.

John Pippard and Peter Shoenberg

review

Looking at the Assessment of Sex Offenders (DVD)

David Reiss
London: Gaskell, 2005, £17.50,
90 min.
ISBN: 1-904671-19-5

It is welcome that a subject such as this is now covered in a teaching aid in a visual medium alongside the vast amount of written teaching material that is already available. This DVD serves as a 'safe' introduction to this subject by simulating the experience of 'sitting in' on assessment interviews with offenders and watching professional discussion groups covering important issues.

The DVD packaging itself does not include any written material other than a menu for the DVD. The DVD was easy to navigate and included extras such as

specialist biographies and suggestions for further reading.

The first introductory scenes in the DVD gave a useful perspective of how offenders themselves may feel prior to an assessment by professionals. Following this, the DVD focused on the assessment interviews of two separate sex offenders who had committed very different sexual offences. One offender presented as very sensitive and guarded, compared with the other, who was far more assertive and confrontational in manner. Despite the fact that actors play the parts of the offenders, they were highly credible and leave the viewer convinced of their authenticity until they read the credits.

During the interviews, the two different therapists adopted different interview styles that made them receptive to the individual needs of the two interviewees.

These sessions were highly informative, leaving you feeling as if you are 'sitting in' and providing an insight into the dynamics of such interviews. In addition to the dialogue, the camera focused a great deal on the body language of both parties, particularly eye contact and hand gestures.

The material covered in the assessment interviews included: explanations about confidentiality, obtaining a life history, exploration of grooming behaviour, offence history and identification of cognitive distortions.

As well as filming the interview sessions, the DVD also contains feedback from the two interviewers on the sessions that were filmed. In addition, the DVD showed discussion groups involving eminent workers in the field exploring important areas such as: confidentiality,



professionalism, therapist gender issues, purpose of assessment, management of derogatory language, as well as questioning styles and the avoidance of a confrontational approach.

Overall, this is a highly useful tool for professionals working with sex offenders or within the criminal justice system. However, the DVD did not provide the viewer with a specific structure for conducting interviews, nor did it provide

any information on risk assessment tools, details of sex offender treatment programmes and their modalities. Disappointingly, there was no literature with the DVD to cover these areas, although the further reading section did provide pertinent references. This DVD is useful but the viewer would benefit from other educational material and programmes to ensure that they gain the necessary knowledge. Clearly the assessment

process is complex and, as one of the discussion group members highlighted, assessment falls into several areas including: risk, treatment need and treatability. The DVD only partly covers this area but does so via a medium that is both useful and unique.

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reading about

Reading about self-help books on women's mental health

This article focuses on books offering information or self-help programmes and memoirs of women's experiences of mental disorder and the help they have received. We are a psychiatrist with an interest in women's mental health and a health professional who experienced severe mental illness following the birth of her first child. Some of the books cited are American, hence drug names may differ and lists of useful addresses or service descriptions will be those in the USA.

Most available books focus on anxiety and depressive disorders. However, there are a few exceptions which we describe here first. *The Broken Mirror* (Phillips, 1998) is based on the experience of a woman with body dysmorphic disorder and draws on the clinical experience of the author. Women with this uncommon condition may find comfort in reading about the experiences of others and learning about treatments that can be effective. More women than men suffer from trichotillomania and Fred Penzel's book *The Hair-Pulling Problem* (2003) includes information on interventions, aids the reader in designing a self-help programme, has rating scales that the reader can complete and is relatively jargon free.

Anxiety and depression

Overcoming Panic Disorder: A Woman's Guide (Weinstock & Gilman, 1998) describes the stories of four women and provides information about available help and how to access it. The focus is on recovery and gaining control over panic. *When Words Are Not Enough: The Woman's Guide to Treatments for Anxiety and Depression: How to Choose What's Right for You* (Raskin, 1999) explains these disorders in non-technical language. It gives details of treatment options, causes, common symptoms, how diagnoses are

made and how various medications work. There is also information on how medication may affect women's bodies during menstruation, pregnancy and breast-feeding, and advice on side-effects. A 20-step programme (loosely based on cognitive-behavioural therapy) is described in *Women and Anxiety: A Step-by-Step Program for Managing Anxiety and Depression* (DeRosis, 1998). *The Deepest Blue: How Women Face and Overcome Depression* (Dockett, 2001) describes the experience of becoming depressed, the biology, the associated stigma, the role of family and friends, drug treatments and recovery using the stories of 30 women. Each chapter invites the reader to reflect on the material in relation to her own experience. For the woman who is a practising Christian, *Unveiling Depression in Women: A Practical Guide to Understanding and Overcoming Depression* (Hart & Weber, 2002) is a very balanced and comprehensive account of depression (including drug, psychological and complementary therapies) with an added spiritual perspective. Sheffield (2000) uses her own experience as the child of a mother with depression who became depressed herself to discuss how to recognise depression at various stages of life and how to overcome it.

For women who want to know more about the brain and biological aspects of anxiety and depression, *Women's Moods: What Every Woman Must Know About Hormones, the Brain, and Emotional Health* (Sichel & Watson Driscoll, 2000) is an easy-to-read text focusing on the biochemical basis of anxiety and depression and on drug treatments. It does attempt to describe a more holistic step-by-step programme but the text is still largely focused on drug treatment.

Few books are aimed at women from minority ethnic groups but there are two written by African-American authors. *Soothe Your Nerves: The Black Woman's Guide to Understanding Anxiety, Panic and Fear* (Neal-Barnett, 2003) contains personal stories and a guide to panic disorders, which describes how they are

diagnosed and suggests treatments and therapies for relieving the symptoms. *Willow Weep for Me: A Black Woman's Journey Through Depression* (Danquah, 1999) is a personal account.

Perinatal mental disorder

There are several books on perinatal mental disorder, most of which focus on non-psychiatric depression. However, *Out of Me* (Shaw, 2001) is an account of the author's severe depressive illness that began after the birth of her second child and required hospitalisation and electroconvulsive therapy (ECT). The author has a supportive husband, is well educated, lives in comfortable surroundings and has a history of an eating disorder. This study is unlikely to help women who are currently ill but may be useful to read on recovery and help those with severe illness feel less unique. More recently, Elaine Hanzak published her memoir of her experience and treatment for puerperal psychosis (including ECT) entitled *Eyes Without Sparkle: A Journey Through Postnatal Illness* (Hanzak, 2005).

Shaila Misri's book *Shouldn't I be Happy?* (2001) covers a range of mental health problems related to normal and problematic pregnancies and deliveries. It has over 300 pages and although it is hard to dip into, it has good sections on perinatal loss and bereavement, the roles of professionals and what to expect from therapy and ECT. However, the section on drugs is outdated. *Surviving the Baby Blues: Recognising and Overcoming Postnatal Depression* (Fienmann, 1997) has a good description of postnatal depression and briefly describes puerperal psychosis, with case vignettes, aetiological factors and interventions. There are sections about mother and baby units, the role of professionals, returning to work, and looking after yourself, plus a list of organisations offering help. The *National Childbirth Trust Book of Postnatal Depression* (Welford, 1998) stresses that postnatal depression 'doesn't care who it hits' and focuses on the management of