

Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Making Sense
of Madness: Contesting
the Meaning
of Schizophrenia**

By Jim Geekie & John Read.
Routledge, 2009.
£19.99 (pb). 208pp.
ISBN: 9780415461962

When I was trainee psychiatrist in the early 1970s there was much excitement arising from the publications of a number of charismatic figures (Gregory Bateson, R. D. Laing, David Cooper, Maxwell Jones, R. D. Scott) who were proposing a radical shift in orientation, suggesting that the focus of attention should be the inner world of those experiencing psychiatric disorders and a need to respect and restore a sense of agency, paying due attention to what was being communicated rather than collecting a tally of symptoms to justify a diagnosis. Since then their influence has waned, owing partly to considerable advances in biological understanding of mental disorders, but also to some of the questionable personal histories of those talismanic clinicians and the practices arising out of their beliefs. Some aspects of their pioneering insights were lost as a result.

This remarkable book is another addition to a number of publications trying to highlight the lived experience of those who are deemed 'mad', 'schizophrenic' or 'psychotic', terms which in this book are equated. The authors both work in Auckland, New Zealand, as clinical psychologists in early intervention services. Jim Geekie is a Scottish émigré who has published on psychotic experiences and John Read is an associate professor and self-confessed Tottenham supporter, a well-known researcher into psychological factors and psychosis. They give candid expression to their views and personal experiences of madness, as an attempt to inform the reader of their standpoints and biases.

They start off from the premise that any understanding of madness without the subjective experience is incomplete. They accept that professional standpoints are not usually congruent with the patient's theories, and suggest that this 'failure of intersubjectivity' can affect outcome if the differences are not accepted and clarified. They also point out that this stance humanises and validates rather than depersonalises the experience for the mentally unwell person.

One of the first issues to emerge from their research was the importance of each individual making sense of their experience in their own terms, not invalidated but possibly being able to share that understanding with others. Patients were interested in the causes of their experience, usually attributing multiple factors (psychological, developmental, experiential, functional and spiritual). Often it was likened to dreaming, or attempts were

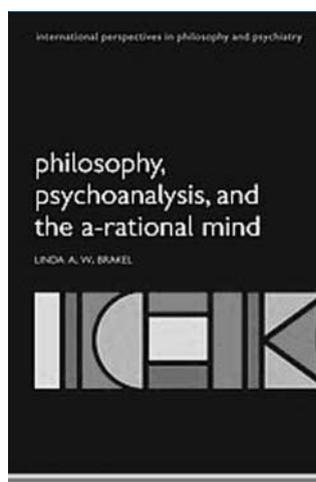
made to normalise the experience, seeing it as mood related, or reflecting issues of control and power, of being connected or disconnected. When given an opportunity, clients expressed their views of themselves and their minds, how they saw the world and relationships with significant others and with mental health services, what was real and what was unreal. They sometimes expressed doubt about their own judgemental capacities, with great loss of faith in oneself, a shock to the foundations of personal epistemology and ontology, the ability to trust one's acquisition of knowledge and the nature of one's personal being. This, the authors believe, is a central aspect of the therapeutic task.

So how do they make sense of madness? Unhappy and somewhat overwhelmed by the plethora of definitions, theories and treatment approaches, they turn to philosophy, specifically to Wittgenstein's linguistic philosophy, and suggest, like Gallie, that the terms used are 'essentially contested concepts'. The multiplicity of theories then becomes part of the intrinsic quality of the concept itself. The contesting of the meaning of these terms (beauty, justice and democracy also belong to this category) is therefore an integral part of their meaning. From this vantage point, madness is something to be argued about *ad infinitum*; the argument can never be resolved. Recognition may enhance the quality of the debate, identifying and accepting plurality, acknowledging conscious and unconscious psychological, social and cultural factors that lead individuals, groups and cultures to take a position in the debate, and highlighting its purpose to maintain flexibility of understanding under changing conditions. The authors suggest and hope that this will lead to more sensitive, respectful and helpful services.

A book to be highly recommended, not only for those just embarking on a psychiatric career, but also for those wishing to reflect on what they have been doing all these years.

Leonard Fagin Honorary Senior Lecturer, University College London, and consultant psychiatrist, South Forest Centre, Leytonstone, London E11 4HU, UK.
Email: lfagin@blueyonder.co.uk

doi: 10.1192/bjp.bp.109.073734



**Philosophy,
Psychoanalysis
and the A-rational Mind**

By Linda A. W. Brakel.
Oxford University Press, 2009.
£32.95 (pb). 208pp.
ISBN: 9780199551255

The title of this book should give the reader an immediate sense of its complexity. Philosophy and psychoanalysis are vast intellectual communities, and the concept of 'a-rational mind' made me nervous from the very beginning.

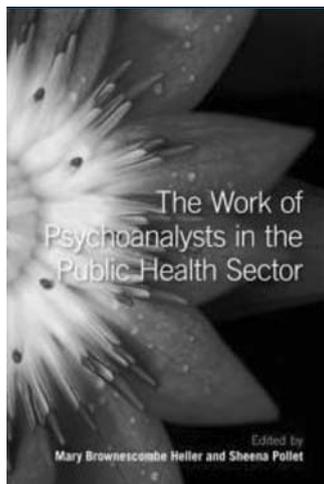
I was right to be nervous; this is a tough read. Professor Brakel seeks to present psychoanalysis as a theory of mind, using arguments from the general philosophy of mind. Specifically, she seeks to argue that there are two types of thinking described in psychoanalytic theory: what one might think of as 'everyday' secondary process thinking and primary process thinking that is found in dreams, 'slips of the tongue' and other 'a-rational' forms of thought. What Brakel wants to emphasise is that unconscious mentation is not irrational but a-rational, by which she means that it operates, as it were, on a different epistemological footing.

I need to be honest here; I did not understand the book fully. Not that Brakel is not a readable writer; she has a warm and engaging style, which is welcome in such an intellectually challenging work. She is clearly an expert in her field, and her enthusiasm for her subject comes clearly across. Yet I could not help feeling stymied, brought up short against a level of discourse that was inaccessible to me. In the context of the argument, I was surprised not to see some discussion of Matte Bianco's work on different forms of mentation but then I realised that I would probably not understand where his work fits in. The book also requires the reader to engage with basic psychoanalytic tenets *a priori*, which to my mind gave a hint of something tautological.

I suspect that this is a book by a philosopher of psychoanalysis, written for other philosophers of psychoanalysis; and I am in awe at the level of discussion there must be at their dinner parties. But my mind is not shaped for such 'sportive tricks' (as it were), so I came away feeling frustrated. Perhaps Professor Brakel could write an introductory text that would let non-analysts join the discussion.

Gwen Adshead Consultant Psychiatrist, Dadd Centre, Broadmoor Hospital, Crowthorne, Berkshire RG45 7EG, UK. Email: gwen.adshead@wlmht.nhs.uk

doi: 10.1192/bjp.bp.110.078329



The Work of Psychoanalysts in the Public Health Sector

Edited by
Mary Brownsecombe Heller
& Sheena Pollet.
Routledge. 2009.
£22.99 (pb). 232 pp.
ISBN: 9780415484299

In the manner of great music compilation albums, the authors of this volume have managed to squeeze in virtually 'all killer and (almost) no filler'. The book opens with a brief overture that gives the reader a chance to hear the themes that will be developed throughout – that analytic thinking adds depth and complexity to general psychiatric practice more generally and remains relevant even within the confines of a market-based health economy. The latter perhaps leading to the aptly named title of the first chapter, 'Making a little go a long way'.

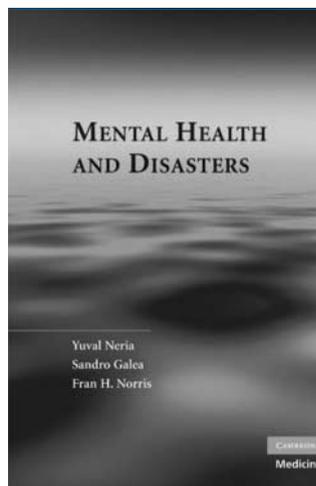
The choice of chapters and the order in which they are set gives the book a clear structure, taking the reader from working

with people in the early phases of their development through to adulthood. The book then moves beyond individuals into how analytic ideas can be extended to have value and meaning within mental health work more generally, including the poignant chapter on helping 'doctors in trouble' wherein clinical material from analytic sessions with two different struggling doctors is given. Analytic theory can be atonal on the page but the descriptions of clinical work that illuminate this book provide a richness that keeps one hooked. They also serve to show how working in the National Health Service is a matter of engaging in applied rather than pure psychoanalysis.

The leitmotif in the work appeared to be the idea of containment, which was elegantly explained, albeit in a number of chapters. As somebody embedded within an analytic training, this duplication of content was one of the minor drawbacks of the book but to those coming afresh, repetition of these ideas may be the mother of study. The few other disharmonious moments were as a result of what might be regarded as a slightly self-satisfied view of psychoanalysis, although these were tempered by a willingness on the part of most authors to engage with the rest of psychiatry instead of feeling embattled by that contact. With this in mind, in the chapter 'Psychoanalysis and general psychiatry' by the late Richard Lucas, there is a quote from Freud that would best be kept in mind by practitioners who are on either side of, or indeed straddle, this imaginary divide: 'What is opposed to psychoanalysis is not psychiatry but psychiatrists'.

Jon Patrick Forensic Psychotherapy Specialist Registrar, NHS Lothian, Psychotherapy Department, Royal Edinburgh Hospital, Tipperlinn Road, Edinburgh EH10 5HF, UK. Email: jon.patrick@nhslothian.scot.nhs.uk

doi: 10.1192/bjp.bp.109.075549



Mental Health and Disasters

Edited by Yuval Neria,
Sandro Galea & Fran H. Norris.
Cambridge University Press. 2009.
£80 (hb). 640pp.
ISBN: 9780521883870

Bold are the publishers and authors who assert that any text is 'the definitive' one, as has been stated here, but most certainly this book does represent a very comprehensive coverage of the relationship between mental health and disaster. By 'disasters' the authors mean so-called natural incidents, technological incidents and those events associated with mass violence.

The book is divided into seven thematic sections, incorporating 35 chapters. A wide range of key topics are addressed, including specialist mental health interventions, vulnerable groups, traumatic grief, resilience and psychopathology in all its guises. In addition, there is valuable coverage of cross-cultural issues, physical health problems, and journalism and the media.

Different types of case study are incorporated. These cover, for example, Chernobyl, the tsunamis, Turkish earthquakes, and the Enschede fireworks explosion in The Netherlands. Terrorist incidents in the USA, Israel and London are also well covered. One other disaster I thought might have received some attention was the massive earthquake of 2005 in Pakistan. I also thought that a little more could have been said of the period known as The Troubles in Northern Ireland (1960s–1998) and their impact on the mental health of the Irish nation. On the other hand, I do accept that no one book can cover all major incidents.

Although the reviews of the different topics are very good, I liked the fact that the book has a forward-looking perspective. This is achieved by a critical commentary on the strengths and shortcomings of the studies which the authors have covered. Moreover, they identify important gaps in our knowledge and the challenges facing us if we are to address these. Perhaps some more guidance on ethical issues might also have been useful to prospective researchers.

In summary, however, I commend this book without reservation. It is well written and the editors have achieved a good balance among the chapters. The authors are rigorous in their critical analysis of the research from which the data are derived, and they identify fruitful opportunities for researchers, practitioners and policy makers.

David A. Alexander Director, Aberdeen Centre for Trauma Research, Faculty of Health and Social Care, The Robert Gordon University, Garthdee Road, Aberdeen AB10 7QG, UK. Email: d.a.alexander@rgu.ac.uk

doi: 10.1192/bjp.bp.109.075523



Primary Care Mental Health

Edited by Linda Gask, Helen Lester, Tony Kendrick & Robert Peveler. RCPsych Publications. 2009. £35 (hb). 512pp. ISBN: 9781904671 770

We have here a book of 32 chapters, plus a final epilogue, which is divided into four parts. The first part, containing some of the best chapters in the book, covers the concepts and themes of primary care mental health from an international perspective and the standpoints of policy, sociology, epidemiology and the service user. The second part is the longest, with 16 chapters on the broad diagnoses of particular patient groups. Part 3 revisits policy and practice, looking at the delivery of care and treatment and covering mental health promotion. The final part, 'Reflexive practice', provides a welcome approach to clinical practice, teaching, learning and research and, importantly, addresses the mental health of the practitioner.

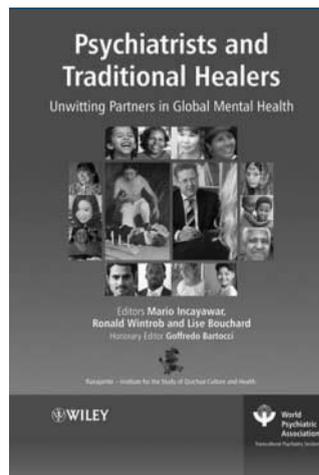
There are several excellent chapters in this book which overall makes a first-class attempt to explore the many facets of primary

care and its relationship to mental disorder and mental health. Professor Sartorius' contribution to the first section sets the scene by providing an interesting look at the background to the formal definition of primary healthcare, as well as debunking some of the myths of primary care while illuminating its complexities, limitations and ultimate value.

The book is ambitious in its breadth and inevitably focuses much on practice relating to the UK context. It could be seen as two books in one, the second part being the second book. If I have a gripe it is that I would have liked to have seen some of the chapters in the first part developed more to illuminate the exciting conceptual issues raised (for example, the nature of mental health problems and their relation to diagnosis and to population statistics). But that is my preoccupation and I would not let that put the reader off, considering this to be essential reading for trainees and others within the fields of psychiatry, general practice and beyond.

Jed Boardman Consultant and Senior Lecturer in Social Psychiatry, South London and Maudsley NHS Foundation Trust, and Institute of Psychiatry, King's College London, UK. Email: jed.boardman@slam.nhs.uk

doi: 10.1192/bjp.bp.119.075440



Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health

Edited by Mario Incayawar, Ronald Wintrob, Lise Bouchard & Goffredo Bartocci. Wiley. 2009. £49.99 (hb). 294pp. ISBN: 9780470516836

Traditional healing is not confined to mental health problems but is offered for virtually all known human ailments. However, it is probably more in psychiatry than in any other branch of medicine that a strong advocacy exists for the integration of traditional healing with Western medicine. It is not unlikely that this reflects, to some extent, the common scepticism about the scientific basis of mental disorders in general.

In examining partnerships between psychiatrists and traditional healers, this excellent book offers the reader a diversity of views to help them form their own opinion about the feasibility of such partnerships. It highlights the challenges of integrating traditional healing with biomedicine, especially given that the nature of the former is so diffuse and its practice often shrouded in secrecy. As the book shows, traditional healers are a diverse group of practitioners ranging from folk herbalists, to diviners and magic witch doctors. The unmet need for mental health services in most low- and middle-income countries, as described by Incayawar, provides the context in which some form of traditional healing sometimes becomes the only available source of help for patients and their families. But the process of integration of traditional healing with modern medicine has to

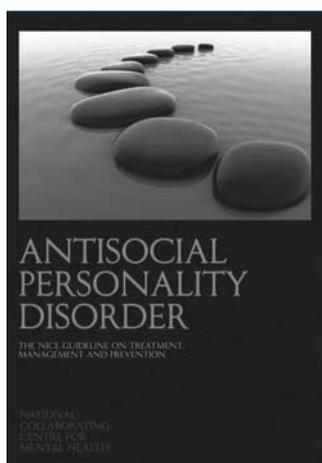
go beyond necessity and begin with an attempt to understand what traditional healing can usefully offer and what harm it may unintentionally do. And that process can be a daunting one. Dan Mkize describes such an effort in South Africa where, given the post-apartheid political environment, an unthinking absorption of anything indigenous to Black Africans may have been a more populist approach. He and his colleagues knew the challenges would include 'herbal medicine toxicity' and the 'secrecy' of the practitioners of traditional healing, the same problems that sceptics of integration have often highlighted and which uncritical reification of traditional healing tends to dismiss.

So, the claim by Robert Lemelson that a common ground between traditional healing and biomedical treatment can be found in their common lack of efficacy for disorders such as obsessive-compulsive disorder and Tourette syndrome will have to be considered in the light of his other observation. Namely, many of the patients he studied with these conditions and who had consulted traditional healers had not only been offered 'competing explanatory models' for their illness, but had been subjected to various forms of treatment, including some harmful ones, which were based on these often contradictory explanations.

This book, organised into 20 chapters, touches on many of those core issues that psychiatrists and mental health professionals are concerned about when contemplating partnership with traditional healers: healing practices, the knowledge base of healers, the experience of collaboration between healers and psychiatrists, the efficacy of healing practices, psychotherapy and religious healing, among others. As Thachil and Bhugra remind us, traditional healing is not just relevant to healthcare systems in low- and middle-income countries, but is equally important in high-income countries where globalisation continues to widen the cultural context in which clinicians have to perform their duties of healing. With so many contributors from diverse areas of experience and expertise, the editors of this book have done a marvellous job of ensuring that this treasure trove of information is presented in a way that any lay reader can comprehend and enjoy.

Oye Gureje Professor of Psychiatry, University of Ibadan, University College Hospital, Ibadan PMB 5116, Nigeria. Email: ogureje@comui.edu.ng

doi: 10.1192/bjp.bp.119.073551



Antisocial Personality Disorder: The NICE Guideline on Treatment, Management and Prevention

By National Collaborating Centre for Mental Health.
British Psychological Society & Royal College of Psychiatrists.
2010. £35.00 (pb). 360pp.
ISBN: 9781854334787

Having read the National Institute for Health and Clinical Excellence guidance on antisocial personality disorder and found it provided more questions than answers, I was unsure what this

text would add to my understanding. The book, however, is surprisingly interesting and helpful. The discussion around the available evidence and scope of the guidance addressed many of the ethical concerns I had about treatment of the condition under compulsion and interventions aimed at preventing its development.

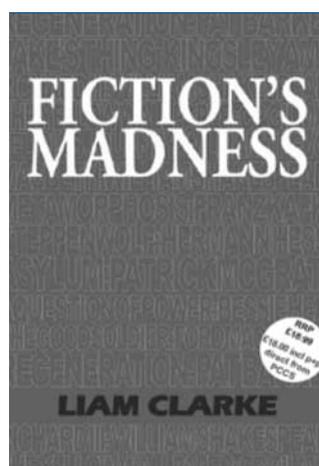
The first three chapters give a background to antisocial personality disorder and the methods used to develop the guideline. The following chapters lay out the guidance in detail along with the evidence on which it is based. In particular, the second chapter (which gives an overview of the condition, its history and diagnosis) provides a fascinating review of the relationship between offending behaviour and antisocial personality disorder. The chapters directly addressing the clinical guidance are a heavy read and at times difficult to follow, but they give useful summaries on the outcomes of studies on which the guidance is based. The accompanying CD-ROM covers some of the statistics in more detail, for those with a more mathematical persuasion than me.

As the evidence for effective interventions in adulthood is fairly weak, there is a focus on prevention, risk assessment and engagement with services. This book will mainly be of interest to those working in forensic psychiatry, but the chapter on interventions for children and adolescents (on which the guidance focuses heavily) will also be important for child and adolescent psychiatrists. The chapter on risk assessment gives an extremely useful account of the use and limitations of actuarial and clinical risk assessment. This will be of use to trainees starting a forensic placement.

Overall, the guidelines themselves highlight the uncertainty in the treatment of antisocial personality disorder. This text is enlightening as to the development of guidelines for the treatment and management of a controversial condition, which presents a challenge to psychiatrists and society as a whole.

Rebekah Bourne Forensic Psychiatrist, Wroxeter Offices, Shelton Hospital, Bicton Heath, Shrewsbury, Shropshire SY3 8DN, UK. Email: rebekah.bourne@nhs.net

doi: 10.1192/bjp.bp.110.080440



Fiction's Madness

By Liam Clarke.
PCCS Books. 2009.
£18.99 (pb). 232pp.
ISBN: 9781906254230

This is an odd and uneven book. The author, Liam Clarke, a reader in mental health at the University of Brighton, argues quite reasonably that exposure to great works of fiction can deepen our understanding of people with a mental illness and that a narrow 'evidence-based' approach, focusing on facts and figures, constricts our therapeutic ability. Clarke examines the depiction

of madness in the work of an idiosyncratic selection of writers, including Shakespeare, Kafka, Hermann Hesse, Kingsley Amis and Pat Barker. Although he brings great enthusiasm to the subject, the book is marred both by the author's opinionated pronouncements and the style in which it is written. This extract is illustrative:

Something that has always struck me about male psychiatrists is that compared to other medical specialists they take first prize for smugness. They exude a self-assurance hardly comparable to the contentious act of defining some human behaviours as illness so as to (frequently) treat these via legal detention and coercion. In addition, psychiatry operates from a knowledge base that is as rudimentary as it is fragmented and betimes misplaced (p. 146).

Badly written, this passage conveys the tone of the author, who makes repeated disparaging comments about psychiatrists throughout the book. The writing veers wildly between different styles. There are inappropriate attempts at blokeish informality – we learn that Anne in Shakespeare's *Richard III* is expected to 'bugger off stage left'. There are bizarre occasions when the reader is directly addressed and asked for their thoughts. And there is the ill-digested use of academic jargonese, for example, Charlotte Perkins Gilman's *The Yellow Wallpaper* is said to reveal 'the relationship of madness to sociality and especially its loci of power instituted in medical and gendered constructs' (p. 75).

Clarke begins with a brief history of the novel, informing us that novels can be very long but also quite short. As an example of the latter, he cites Kafka's *Metamorphosis*, which I always thought was a short story. He then tells us it was only in the 1950s that writers started to experiment with the form of the novel and the role of the narrator. This rather ignores Laurence Sterne's *Tristram Shandy*, which as early as the 18th century was playing

with the conventions of the genre. It also neglects James Hogg's *Private Memoirs and Confessions of a Justified Sinner*, a novel written in 1824 which features unreliable and double narrators. In Clarke's account of the history of psychiatry, we learn that psychoanalysis was a dominant force in British psychiatry in the 1930s, though this is not the case. We read that mental illness in women in the 19th century was often brought about and perpetuated by 'male malevolence' and patriarchal physicians, though recent feminist historians, such as Nancy Tomes and Joan Busfield, have challenged such simplistic readings of the past and have pointed out that the incidence of mental illness in males was roughly the same as in females. We are told that R. D. Laing 'should have attended more [to] the Western literary canon', although he was steeped in European literature and drew extensively on it in his writings.

Clarke seeks to demonstrate that the humanities can teach clinicians and therapists to be more reflective about their practice and the predicaments of their patients. Unfortunately, despite his obvious passion for literature, he does not emerge as a good advert for the benefits of reading. The charge of 'smugness' would seem to be more appropriately levelled at an author who, in the course of his book, is able to dismiss such major thinkers as Socrates, Nietzsche and Foucault.

Allan Beveridge Queen Margaret Hospital, Whitefield Road, Dunfermline
KY12 0SU, UK. Email: allanbeveridge@nhs.net

doi: 10.1192/bjp.bp.110.078295

BJPpsych

The British Journal of Psychiatry

Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health

Oye Gureje

BJP 2010, 197:336-337.

Access the most recent version at DOI: [10.1192/bjp.bp.119.073551](https://doi.org/10.1192/bjp.bp.119.073551)

References

This article cites 0 articles, 0 of which you can access for free at:
<http://bjp.rcpsych.org/content/197/4/336.2#BIBL>

Reprints/ permissions

To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at

[/letters/submit/bjprcpsych;197/4/336-a](http://letters/submit/bjprcpsych;197/4/336-a)

Downloaded from

<http://bjp.rcpsych.org/> on January 19, 2018
Published by The Royal College of Psychiatrists
