Nine years ago, Patrick Cockburn was reporting from the Middle East as foreign correspondent for a national newspaper. Henry, his charming and talented 19-year-old son, was enjoying his first year at university. On 6 February 2002, while in Kabul, Patrick received a desperate telephone call from his wife Jan. Henry had almost drowned swimming in the freezing Newhaven Estuary. Voices told him to do it.

So marks the onset of Henry’s schizophrenia and the beginning of a long and painful journey for Henry, Patrick and their family. Trees and animals speak to Henry, urging him on, instructing him. They tell him to run away, to walk barefoot and naked, pilgrim-like, through the ancient streets of Brighton and Canterbury. Henry is detained under the Mental Health Act and diagnosed with schizophrenia, spending the next 6 years in a variety of psychiatric hospitals. Compelled onwards, he escapes more than 30 times, regularly outwitting staff, even on the most secure wards. Once out, Henry puts himself singularly against the elements. Out of contact, missing for days, the family and staff wait anxiously for his safe return.

Told through alternating chapters, Henry and Patrick give their own first-person accounts of Henry’s illness. The result is a moving and insightful portrait of the devastating effect of schizophrenia on one family. Henry is convinced of the intense spirituality of his experiences, which he recounts in a raw, unflinching prose. With great honesty and integrity, he describes why he does not believe he is ill and why he refuses medication. He tells of the intense terror, his long hours of loneliness and boredom on the ward, the increasing gap between himself and his peers, and his struggle to make sense of it all. It is humbling and heartbreaking to read.

Patrick describes the events as they occur, following the slow unfolding of Henry’s schizophrenia and his psychotic breakdowns. He skillfully covers schizophrenia with his clear and sympathetic journalistic prose, and incisively appraises the state of modern psychiatric services and current research advances. Both Patrick and Henry are skilled and gifted writers, but it is the natural understanding between father and son that makes Henry’s Demons an unforgettable account of schizophrenia. This really is a must-read for anyone involved in treating individuals with schizophrenia. A stark reminder of the very human cost of this all-too-common illness.

The British Journal of Psychiatry (2011) 199, 434–436

Lisa Conlan  ST5 General Adult Psychiatry, Lambeth Community Addiction Service, Lorraine Hewitt House, 12–14 Brighton Terrace, London SWF 8DQ, UK. Email: lisa.conlan@lslam.nhs.uk
doi: 10.1192/bjp.bp.111.095034
managed to achieve this scientific goal while still making the book readable. Their stated aim was to cut to the chase in presenting research findings, and they did so throughout. A multitude of both qualitative and quantitative studies are deftly presented here. This is an authoritative review of a specialist area, and should be a reference text for psychotherapists of all backgrounds. It will also be of interest to any psychiatrist who wants to appraise their own alliance-forming skills.

It would, after all, be surprising if in 31 chapters on the topic of the self there were nothing to try to ‘contradict and confute’. Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider. It seems invidious to name any particular chapter in a book full of intellectual challenges, but much in this volume would be of interest to psychiatrists. The richness in this volume cannot be captured by a brief review. But, then, the richness of the concept of self cannot be pinned down by any single approach. Those who tend to reductionism fail to convey a really convincing sense of the lived self, which is – as many of these authors suggest – both embodied and embedded (p. 619) or situated (p. 717). In this regard the philosopher Edmund Husserl was quoted twice (pp.328 and 527) as describing ‘a transcendence in the immanence’. So, although (in postmodern mode) we may wish to eschew any notion of a Platonic transcendent world (p. 696), nonetheless we may yet wish to hang on to a sense of other, of something beyond the material, captured by the concept of ‘self’ but played out or revealed through our bodily goings on in the context of the human world. This is, after all, at the heart of psychiatry: a concern for the psyche as demonstrated bodily in specific cultural, historical and social contexts.

There is, thus, plenty for the psychiatrist to ‘weigh and consider’ in this volume. But if I may stoop to one criticism, there is almost nothing (a few passing references) to do with dementia. And I would have thought that the reality of dementia should tell us a lot about the self. As Hermans says, ‘The self can only be properly understood when intersubjectivity and sociality are considered as intrinsic to its embodiment in space and time’ (p.654). This has implications for our understanding of people with dementia; but, then, it has implications for all of us.

The Oxford Handbook of the Self
Oxford Handbooks in Philosophy.
Edited by Shaun Gallagher.
Oxford University Press. 2011.
£85.00 (hbk). 768pp.
ISBN: 9780199548019

I could not help recalling Francis Bacon while reading this book: ‘Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider’. It would, after all, be surprising if in 31 chapters on the topic of ‘the self’ there were nothing to try to ‘contradict and confute’. Equally, in a beautifully produced book written by a host of intellectual luminaries, I was often inclined ‘to believe and take for granted’.

It is a book written by philosophers and psychologists. The whole series of Oxford Handbooks is an impressive (and expanding) academic achievement. They are mainly philosophical, but much in this volume would be of interest to psychiatrists. Although the discussion is focused on issues around and conceptions of the self, a variety of psychopathologies make an appearance, for example derealisation, depersonalisation and phantom limb phenomena. The findings of developmental psychology are used to elucidate our sense of self. Neuroimaging in connection with self-recognition is discussed and several chapters probe the relationship of neuroscience to philosophy. The intellectual challenges in this area are brought out by the editor in his introduction: ‘Depending on the precise nature of the questions being asked, there seems to be overwhelming evidence that the self is both everywhere and nowhere in the brain’ (p. 4). There are chapters on multiple personality disorder, autism, anorexia and schizophrenia.

‘The most exciting sections, for me anyway, were those that showed how philosophy might change or clarify clinical practice. It seems invidious to name any particular chapter in a book full of such expertise, but that by Parnas and Sass on self-consciousness in schizophrenia was masterful. Their claim is that schizophrenia should be associated with disorders that ‘affect the articulation and functioning’ of the ‘minimal or core self’ (p.532). They say: ‘a phenomenological approach, in particular one centred on disorders of self-experience, offers the possibility of capturing the elusive yet distinctive, unifying features of the schizophrenic disorders’ (p.542). On this basis they bemoan the lack of intimate long-term acquaintance in contemporary psychiatric practice, which might mitigate some of the disturbance in the person’s sense of subjectivity.

The title of this book reflects its lack of appeal to the casual reader, as well as illustrating its transatlantic origin. Few of us are likely to be enthused by ‘a state of the art consideration of the biopsychosocial perspective on pain management’, as this book is described in the introductory chapter. When we later reach the chapter dealing with treatment strategies and read that ‘effective
management of chronic pain necessitates the consideration of biological as well as psychological and social covariates that influence the experience and manifestation of such chronic conditions; we scream for the intervention of a copy editor to guillotine such padding. Books that are badly written are often able to provide valuable reference material but this is not the case with this volume. There is only less than half a page (out of 475) that deals with complex regional pain syndrome, a well-known chronic pain condition, and this airily states that there is no known cure for it, despite the fact that there have been promising results for the use of physiotherapy and biphosphonates in treatment.

It is disappointing to discover these failings, as the first editor was involved in the reorganisation of training in pain medicine by the Accreditation Council for Graduate Medical Education (ACGME) in the USA and correctly emphasised that all those working in pain medicine should be competent in the assessment of pain and be able to develop a treatment plan that involves all other relevant healthcare professionals. It may be that this book has fallen short in its objectives, as the first editor has written only the introduction and the conclusion to this volume. In addition, apart from a few established researchers in the pain field, most of the other 61 contributors, all of whom work in America, are not well known.

For the record, there are three main sections in the book, concerned with assessment of pain and ‘integrative’ management of specific types of pain, in addition to the treatment strategies involved in the model depicted in the book’s title. There is duplication of information in the last two parts.