

## 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

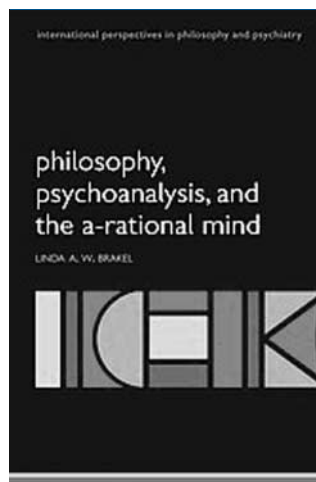
made to normalise the experience, seeing it as mood related, or reflecting issues of control and power, of being connected or disconnected. When given an opportunity, clients expressed their views of themselves and their minds, how they saw the world and relationships with significant others and with 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.

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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.

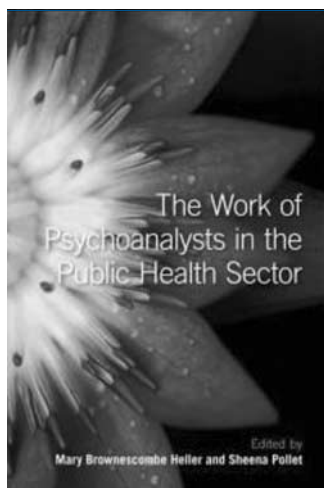
I was right to be nervous; this is a tough read. Professor Brakel seeks to present psychoanalysis as a theory of mind, using arguments from the general philosophy of mind. Specifically, she seeks to argue that there are two types of thinking described in psychoanalytic theory: what one might think of 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.

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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'.

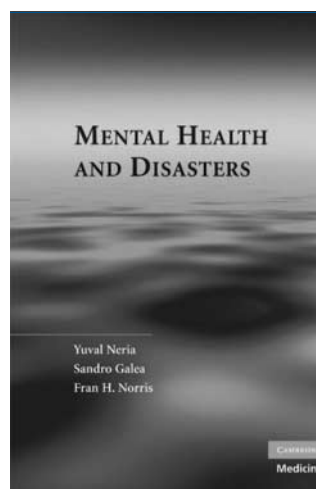
The choice of chapters and the order in which they are set gives the book a clear structure, taking the reader from working

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'.

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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.