

It is divided in to three sections, 'Schizophrenia in the pre-morbid period', 'Schizophrenia at the time of the first episode' and 'Treatment of early schizophrenia'.

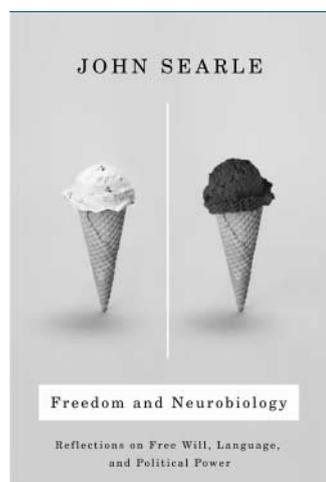
I liked the first section best, not least because with its help I was able clearly to return smart questions from a particularly testing student – a mark of value for money if ever there was one. Chapters of particular note include those on neurocognitive deficits, first-episode schizophrenia and the prodromal period, which managed to tackle pharmacological and behavioural interventions. These areas are covered better than that of treatment in the first episode, which lacked similar scope by focusing exclusively on pharmacology. On the whole the treatment section was weak compared with the pre-morbid and first-episode sections, and in reality one can question whether a comprehensive review of current treatment in schizophrenia was beyond the range of this small text.

Novel topics that were included and made good reading included gender differences in schizophrenia and late-onset schizophrenia, both neglected areas of the field.

This is a great travel-size book to update adult psychiatrists and those in child and adolescent mental health services, and will also be of use to those coming up for membership. Definitely worth its price tag.

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Freedom and Neurobiology: Reflections on Free Will, Language and Political Power

By John R. Searle.
Columbia University Press. 2007.
128pp. US\$ 24.50 (hb).
ISBN 0231137524

How do we, 'meaning creating' agents fit in 'with a universe that consists entirely of mindless, meaningless, unfree, nonrational, brute physical particles' (p. 5)?

According to Searle, in order to answer this question we need to understand the 'basic facts of philosophy' and the relationships between them. He identifies the basic facts as consciousness, intentionality, language, free will, society and institutions, politics and ethics. The task of the philosopher is to ask questions about them in such a way that answers can be tested in the light of physics and biology. This has been achieved to a considerable degree with consciousness, intentionality and language. What about free will?

Spinoza thought free will is an illusion. He argued that our actions are no less determined than the path of a stone that has been set in a course of flight. Supposing the stone could 'think' halfway through the flight that it 'wanted' to reach the pre-determined destination. If this were so, it would be subject to the illusion of free will.

Searle wishes to salvage our subjective experience of free will as a legitimate expression of freedom. He gives the example of a

restaurant diner who is asked by the waiter what he wants to eat. It would be absurd for the response to be 'Look, I am a determinist. I will just wait and see what I order because I know that my order is determined' (p. 11)!

Searle draws a distinction between causes and reasons. Human reasons differ from physical causes. Human reasons depend on consciousness, intentionality, language, free will, etc. These are properties of the brain in the same way that solidity is a property of the molecules that constitute a wheel. Solidity matters because it makes the wheel roll down a hill. Does free will matter in a similar way or is it an illusion?

If free will makes a difference and is also biologically founded, Searle argues, we must find a way of relating it to quantum indeterminism in physics. However, he has already warned us in the introduction that the 'problem of free will is unusual among contemporary philosophical problems in that we are nowhere remotely near to having a solution' (p. 11). In chapter one he sets out why this is so and concludes that in order to understand free will we need to understand 'the self' biologically and this we have also failed to do to date.

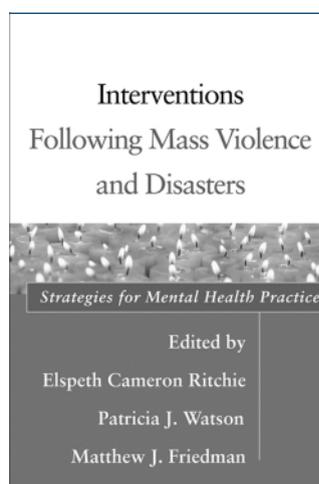
In the light of the above ignorance and uncertainty some might conclude that the basic facts of philosophy might not matter at present. In chapter two, which deals with 'Society and institutions and their relations to politics,' Searle shows us why this would be wrong.

Politics depends on political institutions such as the presidency, parliament etc. These depend on citizens subjectively agreeing to their status. Institutions have what Searle calls a 'status function'. It is its status function, agreed socially, that turns a green piece of paper into a dollar note. This is an example of human reasons differing from physical causes and, clearly, being of consequence.

This slim, elegantly written and intellectually rigorous volume which consists of an introduction and two lectures given to general audiences, sets out some core issues on the interface between the philosophy of mind and the sciences. It can be read with profit by all psychiatrists, both those inclined towards Spinoza's and those inclined towards Searle's views.

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Interventions Following Mass Violence and Disasters: Strategies for Mental Health Practice

Edited by Elspeth Cameron Ritchie,
Patricia J. Watson
& Matthew J. Friedman.
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The events of 11 September 2001 have determined many developments in world affairs and it is not surprising that their influence has reached mental health services. In the USA the trauma of 9/11

reinforced the anxieties of a nation troubled by other episodes of mass violence such as the Oklahoma bombing and Columbine massacres. The people of Britain also know what this feels like, the 7 July bombings and mass violence in Dunblane and Huntingdon are all too fresh in public minds. Therefore, this book is timely in considering our response to mass violence and disasters and how we can prepare for further episodes.

The area covered is detailed with 43 authors contributing to the chapters, mostly academics, psychiatrists and psychologists working in this field in the USA. Military psychiatry, mass violence, disasters, individual violent assault and high-risk professions are touched upon, although there is a prominence throughout of the mental health response to mass violence and in particular the 9/11 atrocities. Aspects covered include planning for disasters, preparing people who are likely to be traumatised (such as soldiers and high-risk health workers) and organisational and resource issues. This public health agenda is quite prominent, with accounts of how authorities responded to events in the USA.

The coverage of mass violence includes early intervention, intermediate and long-term treatment of victims, along with a particularly interesting chapter on improving resilience in traumatised populations. Other chapters focus on research and evaluation of services for mass trauma, training staff, consultation with communities and issues for special groups such as children and Black and minority ethnic groups.

Despite the comprehensiveness of its coverage, there were some disappointments. The focus on events in the USA (particularly 9/11) meant that the mass violence that is so prevalent in low- and middle-income countries is rarely addressed. When we reflect on events in Cambodia, Rwanda and the Congo, it seems clear that any discussion of mass violence needs to address the fact that it usually takes place in these countries where mental health resources are scarce or non-existent. However, the emphasis the authors were seeking seems to be an academic discussion of services in a high-income Western country. It is also surprising that eye movement desensitisation and reprocessing is discussed in only half a page out of over 400, despite its frequent use in the treatment of post-traumatic stress disorder (and its inclusion as a recommended treatment in the UK National Institute for Health and Clinical Excellence guidelines).

Putting aside these reservations, this is an excellent and learned resource for certain readers. Any professional involved in public mental health responses to mass violence and disasters in high-income Western countries would benefit from having a copy to read and close to hand if the worst were to happen.

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