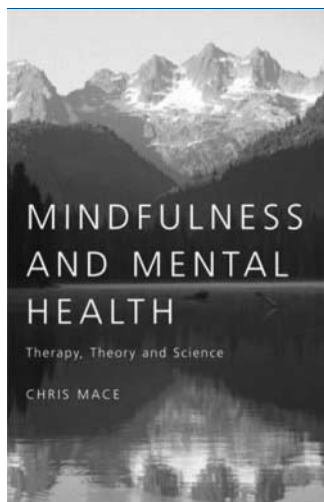


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Mindfulness and Mental Health: Therapy, Theory and Science

By Chris Mace.
Routledge. 2007.
US\$34.95 (pb). 200pp.
ISBN 9781583917886

A curious paradox of Western psychotherapy has been the neglect of consciousness – or awareness as Mace, in this stimulating and timely book prefers to call it – as both a focus for research and a target for therapeutic work. Freud took consciousness for granted and saw his project as plumbing the depths of that which we are unaware of; Beck acknowledged the need to work with the conscious mind, but the complexities and pathologies of cognition cannot be equated with consciousness itself. Both psychoanalysis and cognitive-behavioural therapy typically focus on the mind's 'content' rather than differing states of awareness themselves.

By contrast, Eastern, especially Buddhist, psychology takes consciousness as its object. Various types of mindfulness-training, ranging from meditation and yoga practices to the contemplation of Zen koans (apparent paradoxes, whose 'solution' produces sudden leaps in consciousness) aim to produce calm, clarity of apperception and grounding in the 'present moment', thereby freeing the mind from neurotic fears, miseries and self-defeating desires.

A minority of pioneering psychotherapists, notably Jung and Fromm, acknowledged this alternative psychotherapeutic resource, but only recently has mindfulness as a therapeutic technique entered the psychotherapeutic mainstream. Kabat-Zinn's mindfulness-based stress reduction for the physically ill, Linehan's dialectical behaviour therapy for borderline personality disorder and Williams and Segals' mindfulness-based cognitive therapy for recurrent depression are the best known.

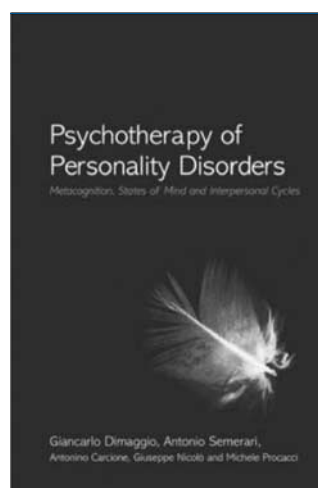
Mace's compact, accessible and well-written book surveys the field with a sympathetic but not uncritical eye. He covers the embryonic science of mindfulness (there are as yet few relevant functional magnetic resonance imaging (fMRI) studies) and looks at both psychoanalytic and cognitive attempts at rapprochement between mindfulness and their core discipline. He shows how cognitive-behavioural therapists have found standard technique insufficient to change the long-standing patterns of dysfunctional thought found in individuals with borderline personality disorder and chronic depression, and how adding mindfulness training can significantly reduce relapse rates. There is a fascinating discussion of the parallels between the Buddhist ideal of 'no mind' and the psychoanalyst Bion's injunction to therapists to approach their patients without 'memory and desire'. Mace cites studies showing

how mindfulness training for professionals (including the remarkable Monash programme for medical students) can improve outcomes for their patients. He sees the key contribution of mindfulness as enhancing the capacity for compassion by opening awareness to suffering – one's own and that of others. He deconstructs the concept of therapeutic mindfulness into three components: 'de-chaining' (slowing down perception, thus breaking the automatism of dysfunctional thoughts and actions), 're-sensing' (acceptance rather than avoidance of problematic feelings) and 'de-centering' (seeing mental pain as 'just thoughts').

I have but two critical comments. First, the book opens with an off-putting exposition of Buddhist psychology that is hard-going even for the initiated (admittedly, Mace disingenuously invites the reader to skip this chapter). Second, there is no mention of mentalisation, a related concept from the psychoanalytic tradition that forms the basis of Bateman's evidence-based programme for borderline personality disorder. With those caveats, I strongly recommend this book for any aware – or even semi-conscious – mental health professional.

Jeremy Holmes Psychology Department, Exeter University, Exeter EX4 4QG, UK.
Email: j.a.holmes@btinternet.com

doi: 10.1192/bjp.bp.108.049874



Psychotherapy of Personality Disorders: Metacognition, States of Mind and Interpersonal Cycles

By Giancarlo Dimaggio,
Antonio Semerari,
Antonio Carcione, Giuseppe Nicolò
& Michele Procacci. Routledge.
2007. US\$52.95 (hbk). 256pp.
ISBN 9780415412704

This book describes yet another model of personality disorder, outlining a cognitive constructivist model. The authors clearly have a predetermined perspective of personality and its functioning. However, rather than simply engaging in polemic, they have sought evidence to show not only that their view has clinical utility but also that there is empirical evidence, albeit single case study clinical evidence for the most part, to support it. The result is a book linking theory and treatment in a way that is recognisable to the clinician.

But what is the cognitive constructivist model? In essence, it is a deconstructivist model. Personality is seen as being made up of essential elements which become dysfunctional personality disorders: a meaning system which incorporates states of mind and the capacity to build a personal narrative; metacognitive processes – how you represent your own and others' mental states and understand motivation; monitoring capacities that link emotional and cognitive aspects of states of mind; and integrative and de-centering abilities with which we smooth out inconsistencies in our narratives and which we also use to put a brake on our

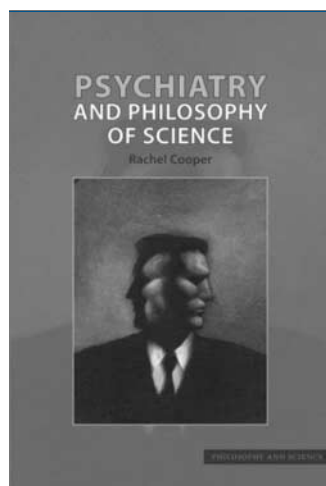
tendency to be self-centred. The theory becomes increasingly complex and the authors identify other essential cognitive processes commonly dysfunctional in personality disorder. But, importantly, they link the cognitive dysfunctions to interpersonal interactions, which instantly brings clinical relevance to the subject.

The authors have organised each chapter to ensure that relevant aspects of their theory are illustrated clinically, using sessional material for each of the personality disorders. This brings the book to life. The reader who is interested in psychotherapy discourse will find this book a veritable treasure trove. What the book does not do is tell you how to implement the treatment. But it does provide handy 'hints' – for example most individuals with personality disorder cannot easily self-reflect so techniques stimulating within-session scrutiny between patient and therapist are best left until later in treatment.

Overall, this book forms part of an ambitious attempt to create a coherent understanding of personality disorders and to offer treatment consistent with that understanding. For some it will be a little too deconstructivist as a model. It is also not for the reader who is naïve about treatment methods or who has limited understanding of personality disorder. But I would urge those who are well-versed in the literature on personality disorder to read this book.

Anthony Bateman St Ann's Hospital, Halliwick Psychotherapy Unit, St Ann's Road, London N15 3TH, UK. Email: anthony@mullins.plus.com

doi: [10.1192/bjp.bp.107.039636](https://doi.org/10.1192/bjp.bp.107.039636)



Psychiatry and Philosophy of Science

By Rachel Cooper.
Acumen. 2007. £16.99 (pb). 197pp.
ISBN 9781844651085

In this book psychiatry is viewed by Cooper (a philosopher of science) as an area of intellectual endeavour and academic research. However, despite the obvious appeal such an approach will have to many psychiatrists, the book is also aimed at philosophers of science, who, to their credit, are increasingly being drawn to sciences other than physics (indeed, the book appears in Acumen's series 'Philosophy and Science'). Cooper describes these twin goals thus:

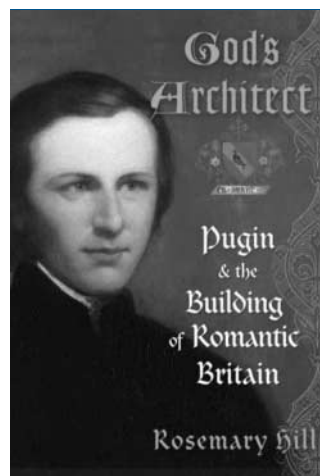
'For readers interested primarily in psychiatry I shall show that psychiatry is similar enough to other sciences for ideas from the philosophy of science to be helpful in solving conceptual problems within psychiatry. For readers interested primarily in the philosophy of science I shall show that psychiatry is different enough from other sciences for an investigation of psychiatry to enable old problems in the philosophy of science to be viewed from a new and fruitful angle' (p. 1).

The book is made up of ten chapters, with the central eight divided between four themes: the nature of mental illness; explanations in psychiatry; relations between theories; and managing values and interests. All the chapters are remarkably strong, covering topics such as randomised controlled trials and the pharmaceutical industry, reductionism, the nature of disorder and whether mental illnesses are myths. For me, the two most thought provoking were the second chapter on explanations in psychiatry (individual case histories), and the first chapter on the relations between explanations (when paradigms meet). The latter chimed with my own anxiety that psychiatry was not a unitary science at all, but rather a practice which drew on numerous sciences of varying degrees of rigour. Cooper is more optimistic and suggests that psychiatry is a multi-paradigm discipline. However, this optimism is tempered by a realistic appreciation of the problems this plurality can bring: competition between professionals and researchers, hegemony of one paradigm over others and difficulties in communication between workers in different paradigms. Here, she suggests, the DSM may serve as a 'contact language', a common reference point to orientate different research and clinical approaches. The chapter on individual case histories will resonate with clinicians used to Jasperian terminology: Cooper discusses the limits of understanding, rationality and the role of individual events in a history in enabling one to simulate the mental state of another and, in turn, empathise and make predictions.

The book is clearly written, succinct and the author wears her great learning lightly. In contrast to many philosophy of psychiatry texts, Cooper draws widely and predominantly on the psychiatric, rather than the philosophical, literature. The book is highly recommended to all psychiatrists interested in the questions that underpin their professional activities, as both clinicians and researchers. By the time I had finished the book I had noted several cited by Cooper that I rushed off to order and am now reading; I can think of no greater praise.

Matthew Broome University of Warwick, Globet Hill Road, Coventry CV4 7AL, UK.
Email: m.r.broome@warwick.ac.uk

doi: [10.1192/bjp.bp.108.050831](https://doi.org/10.1192/bjp.bp.108.050831)



God's Architect. Pugin and the Building of Romantic Britain

By Rosemary Hill. Allen Lane. 2007.
602pp. £30.00 (hb).
ISBN 9780713994995

In this biography the relationship between mental disorder and creativity in of one of Britain's most prominent architects is examined.

Born in 1812, Augustus Welby Northmore Pugin was the son of a French émigré artist, who ran a drawing school in London,