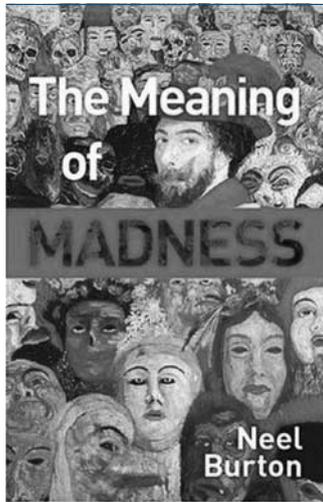


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



### The Meaning of Madness

By Neel Burton.  
Acheron Press. 2008.  
£14.99 (pb). 202pp.  
ISBN: 9780956035301

This book aims to explore what mental disorders can teach us 'about human nature and the human condition'. This ambitious plan, coupled with the fact that the book was written 'over two weeks', means it certainly moves with pace.

Each chapter starts with a description of a mental disorder, which is then used as a way into different territory, often philosophy. Although the intended audience is not made explicit, Burton assumes little prior knowledge of mental disorder, and the text has the feel of a primer pitched at those interested in psychiatry, but not necessarily practising psychiatrists.

As Burton has not defined his audience, he seems to take on responsibility for the reader. For example, when he raises existential questions in a chapter on suicide, he feels the need to advise a potential reader who may be 'struggling with mental disorder and contemplating suicide that . . . the bare experience of life is intrinsically valuable'.

A similar responsibility is implied when discussing how bipolar disorder is overrepresented in artists. Burton is careful not to romanticise mental illness and counteracts, almost as a disclaimer, 'All mental disorders are drab and intensely painful, and most people who suffer from one would never wish it on anyone, least of all themselves'.

This bleak statement perhaps overcompensates, and betrays the sensitive position that the author is in. This tension is fascinating, but on occasion the text swings between different levels of discussion, from educational, to philosophical argument, to didactic advice. I note that the author's previous publications were either 'straight' psychiatry textbooks or self-help books, and these very different registers are sometimes discernible in this book that aims between the two genres.

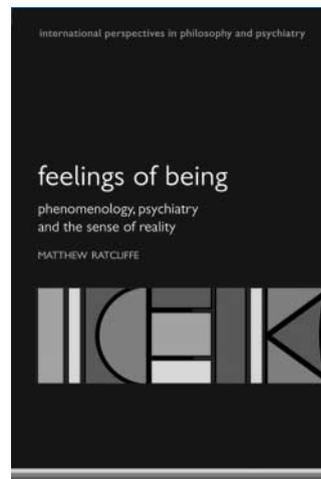
As a clinician, I found the chapter on depression particularly interesting. Burton points out that the cognitive distortions seen in people with depression are not far removed from the concept of 'depressive realism' – that people with depression see the world more accurately. These people may have 'the healthy suspicion that life has no meaning.' The author acknowledges that this line of argument might be anathema to psychiatrists dealing with the realities of managing depression. However, he eloquently floats the hypothesis that depression (at least in milder forms) can be adaptive, by signalling that 'something is seriously wrong that

needs working through'. Awareness of this meaninglessness could, he claims, help people to challenge their priorities.

The book does not provide easy solutions; the chapters usually finish with open ends and extended quotations. While this opens up the debate and implies that there are no concrete answers, this format may be the pragmatic result of a complex book written at speed. Its effect is often to give a fresh perspective on a familiar disorder.

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### Feelings of Being: Phenomenology, Psychiatry and the Sense of Reality

By Matthew Ratcliffe.  
Oxford University Press. 2008.  
£32.95 (pb). 320pp.  
ISBN: 9780199206469

This is not a book for the generalist. It is a specialist text on 'existential feelings', written in the tradition of Husserl, Binswanger and Merleau-Ponty. The author's aim is to 'offer a phenomenological analysis of existential feeling and show how this can be fruitfully applied to psychiatry and refined in the process' (p. 9). The analysis is conducted in a treacherous territory. It is difficult enough to attempt to distinguish between the concepts of 'feelings', 'emotions', 'mood' and 'affect', given how often these terms are conflated and misunderstood. But to add 'existential feelings' as opposed to physical/physiological feelings into this mix is to complicate matters further. This is the central problem with this book – its currency is imprecise language whereas the analytic work required for a book's success demands rigour and exactitude.

The psychological literature on emotions is well developed, from the James–Lange through to the Cannon–Bard theory and finally to the modern cognitive appraisal theories initially described by Schachter. For William James and Carl Lange, the physiological changes that occur as a result of autonomic response to a given situation are the actual experienced emotions. Thus, we are fearful because our hearts beat rapidly. Walter Cannon and Philip Bard challenged this view in the 1920s. Their hypothesis was that in confronting a stimulus, a subject has a simultaneous emotional response that leads to behaviour. In other words, emotions are simultaneous with the provoking stimuli. Schachter's two-stage theory adds context and cognitive appraisal into the picture such that it is the environmental context that determines the emotional label of particular physiological changes. In this book, Ratcliffe argues for William James' identification of feelings with emotions and in the process assumes that

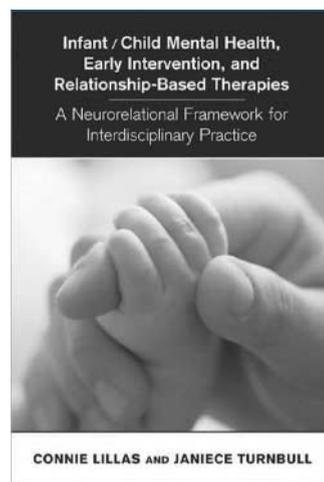
physiological changes as understood by James are synonymous with 'existential feelings'. I doubt that this is the case. Ratcliffe does not fully take on board the well-established criticisms of James' theory, many of which are derived from empirical findings.

Ratcliffe also argues that Capgras and Cotard syndromes are best understood in the light of his elucidation of existential feelings. For Ratcliffe, Capgras syndrome 'arises due to changed existential feeling, involving the diminution or absence of possibilities for interpersonal relatedness' (p. 143) and this is similarly true for Cotard syndrome as it is for depersonalisation. In his examination of these abnormal experiences, Ratcliffe concludes that both Capgras and Cotard syndromes cannot be regarded as delusions, meaning false beliefs, in an ordinary sense. In other words, individuals who exhibit these phenomena are not taking a propositional attitude when they assert that they are dead or that impostors have replaced their relatives. Although many philosophers share this view, it merely shows how complex delusions are to be reasoned about. The final word on the nature of delusions is yet to be written. But it is the neglect of the robust and consistent findings of impaired face processing and other cognitive neuropsychological abnormalities in Capgras syndrome in particular that undermines Ratcliffe's account.

Ratcliffe's approach is interesting and novel, an example of interdisciplinary scholarship. There are original insights and illuminating descriptions of what anomalous or morbid existential feeling may be like. This is really Ratcliffe's main contribution, an insistence on a phenomenology of existential feelings and a re-emphasis of the importance of this approach for clinical psychopathology.

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**Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies.**  
A Neurorelational Framework for Interdisciplinary Practice

By Connie Lillas & Janiece Turnbull.  
W. W. Norton. 2009.  
£33.00 (hb). 420pp.  
ISBN: 9780393704259

Lillas and Turnbull first establish that the significant advance in our knowledge of human development and psychopathology comes at a price, namely the increased fragmentation and separate languages of highly specialised professionals, each of whom works with one part of the person. The whole is lost, and the treatment of one part of the whole is less effective, unless its connection to the whole and to the multi-determined nature of the problem becomes evident.

Lillas and Turnbull's excellent new book proposes a neuro-relational framework for understanding and treating young

children and their families in a comprehensive and integrated manner. They propose that each problem is assessed from the perspectives of the four systems of brain functions (regulation, sensory, relevance and executive) as well as the developmental factors both in the individual and in the parent-child relationship. Why is the relationship and relationship-based therapies given such a primary place? As the authors note, 'Relationships are the dominant influence for the developing brain' (p. 39). Why must all four brain systems be considered? Because the brain is a highly organised organ that functions holistically. Given the complex richness of the authors' framework, the value of a multi-disciplinary practice is apparent.

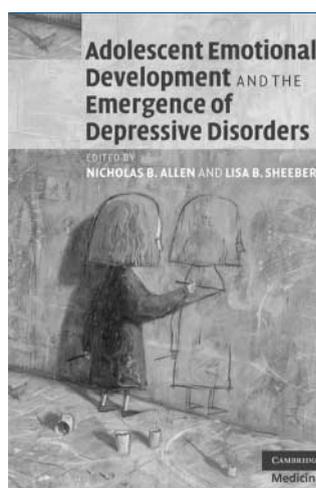
The authors go into great detail in demonstrating developmental features of each brain system along with problems that emerge within each system and their interrelatedness with problems from other systems. Most importantly, a range of interventions that address each system's problems and their overlap is provided in great detail. Lillas and Turnbull clearly value the excellent assessment and treatment strategies provided by the organisation Zero to Three. They easily give credit to individuals and programmes that provide a full range of interventions consistent with their framework.

I believe that the neurorelational framework truly does reflect both the dynamic, non-linear nature of the functioning of the brain and holistic needs of the unique child and family.

This is truly an important work for making more comprehensive what we know, how we communicate what we know, and how we best influence the unique development of each child and family in our care. Were this book to be 'perfect', it would describe the theory of infant intersubjectivity presented by Trevarthen, as well as making greater mention of attachment researchers such as Sroufe and the developmental psychopathology concepts of Cicchetti.

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**Adolescent Emotional Development and the Emergence of Depressive Disorders**

Edited by Nicholas B. Allen & Lisa B. Sheeber  
Cambridge Medicine. 2008.  
£55.00 (hb). 378pp.  
ISBN: 9780521869393

What is 'normal' moodiness in teenagers and why is adolescence such a high-risk period for depressive disorders? This book both explores normal teenage emotional development and suggests why some adolescents may be more vulnerable to depression than others, and also more vulnerable than children and adults. Placing the emergence of depressive disorders within a developmental