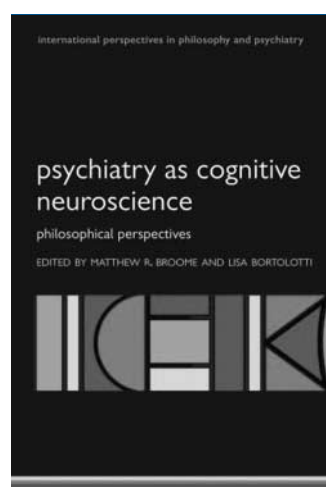


Asian and Arab communities in north-west London. Mental health services for Chinese people, counselling and day care for South Asian people in Waltham Forest and services for African–Caribbean people in Manchester are worthwhile examples. Guidance is given on developing psychological services for refugee survivors of torture.

On the whole, this book stimulates critical analysis of areas of discontent while also providing a direction towards future training and service development. I would recommend it as a valuable resource for multidisciplinary training as well as for planners involved in mental health service provision.

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Psychiatry as Cognitive Neuroscience: Philosophical Perspectives

Edited by Matthew R. Broome & Lisa Bortolotti.
Oxford University Press.
2009. £34.95 (pb). 400pp.
ISBN: 9780199238033

When philosophers have applied their minds to mental illness, their aim has sometimes been to highlight the shortfalls and inconsistencies in prevalent concepts of the nature of mental disorders. At worst, this has led to the view that mental illness has no real existence and that it serves only as a means of stigmatising and excluding those who do not conform to expected patterns of behaviour. Although this has often been interesting and illuminating, it has been of little help to those of us who have to understand and treat those with mental illness. It has certainly not led to any reduction in the demand for psychiatric services. However, the approach in this book is refreshingly pragmatic and free of ivory-tower scepticism. As a result, it demonstrates the important contribution that philosophers can make when they accept the reality and complexity of mental illness.

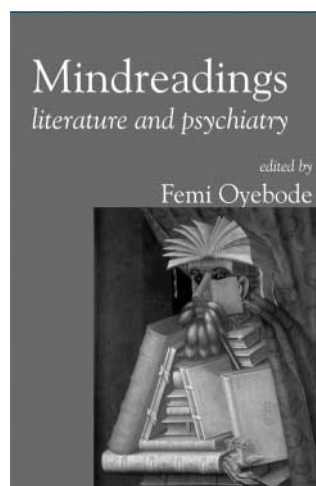
This contribution is one that is becoming of increasing importance with developments in neuroscience, such as brain imaging and molecular genetics, as applied to mental illness. Science is able to investigate normal and abnormal mental functioning in ways that are becoming increasingly fine-grained. This is throwing into sharp relief puzzles about the interface between brain disturbance and abnormal experience. It also emphasises the need for scientists to have a clear concept of what it is that they seek to investigate before they begin the process of framing testable hypotheses. One psychopathological phenomenon that is discussed at length in this book is delusions. Are these top-down, the products of disturbed information-processing, or bottom-up, an immediate, non-inferential experience? Or is the deluded patient better regarded as inhabiting an alternative reality

in which abnormal ideas arise in the context of a more pervasive disturbance of how the world is perceived? The experiments that are performed and the ways in which results are interpreted will depend on the answers that are given to questions such as these.

Matthew Broome and Lisa Bortolotti have assembled a stellar cast of contributors to this volume. They bring together philosophy and neuroscience in an attempt to give an account of psychopathology that is more detailed and penetrating than the standard descriptions and definitions. The quality of the writing and analysis is uniformly excellent without becoming inaccessible to a clinical readership. The combination of rigorous conceptual analysis and neuroscience will take psychiatry in new directions in future years. This book offers an important route map to that future.

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Mindreadings: Literature and Psychiatry

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RCPsych Publications. 2009.
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ISBN: 9781904671602

Why is a professor of psychiatry and former Chief Examiner of the Royal College of Psychiatrists recommending that psychiatrists should read novels and poems? In this century of the brain surely we should be gaining our continuing professional development tokens by studying neurochemistry and molecular biology – isn't literature just a frivolous and escapist retreat from the challenge of the hard sciences? As Clare Allan's Dr Diabolus says, 'Psychiatry is a science, pure science; I always say in its purest form one doesn't need patients at all'.¹

This interesting book provides abundant material to justify the reading of fiction as part of a psychiatrist's lifelong learning. As the neuroscientist, Maryanne Wolf, reminds us, 'reading enables us to try on, identify with and ultimately enter for a brief time the wholly different perspective of another person's consciousness'.²

The model psychiatrist in the College guidelines is an admirable person – humane, self-controlled, objective, patient and indefatigable. As the boy scout of mental hygiene he is pure in word, thought and deed. He does not become overinvolved, reveal personal details or violate boundaries. He readily seeks a second opinion. But as Samuel Johnson wrote in *The Rambler* in 1750, fiction conveys 'the knowledge of vice and virtue with more efficacy than axioms and definitions'.

The morality tales by Pat Barker, Will Self, Alastair Campbell, Patrick McGrath and Sebastian Faulks alert psychiatrists to our

own vulnerability, frailty and self-deception. These fables are more effective than hortations. We see the heroic W. H. R. Rivers in his true role as 'double agent'; the kind but humiliated Dr Mukti using his most dangerous patient as a guided missile to destroy his academic rival under cover of seeking a second opinion; the compulsive rescuer who seduces the sister of his most vulnerable patient; the brothel habitué and voyeuristic trauma specialist; and the over-zealous researcher who distorts a case history to suit his thesis. Fiction also provides us with anti-role models like Virginia Woolf's vacuous Sir William Bradshaw who never spoke of madness: 'He called it not having a sense of proportion'.

This book is a challenge to Harold Bloom's assertion that reading does not make us more caring. The authors show how literature helps us to see the world through the eyes of other people, to interpret their personal narrative and to enhance our sense of wonder. Thus, Professor Oyeboode explicates Franz Kafka's letters which 'show how important it is to attend to language . . . psychiatry is nothing if not a subject enacted within language'.

Allan Beveridge, a leading exponent of fiction for psychiatrists, argues that literature augments empathy and the ability to see the world from another person's point of view. This approach complements the professionally detached perspective of the clinician and gives us insight into the psychiatric encounter from the other side. Beveridge also shows how any narrative, whether literary or clinical, represents an individual's construction of events: the narrator, whether patient, informant or colleague, might be 'unreliable'.

While recognising that 'reading is not a substitute for experience', Beveridge shows how fiction can vividly present the moral quandaries and ethical dilemmas of clinical practice. Novels and theatre encourage the reader to rehearse these situations from different perspectives.

Martyn Evans, Professor of Humanities and Medicine, confronts the purist argument that it is 'disreputable' to use literature in an instrumental way and concludes that a capacity for sensitive interpretation might be a by-product of reading fiction. Oyeboode has contributed chapters on the autobiographical narratives of patients' lives and on poetry and psychiatry as well as Kafka's letters. Among many thoughtful analyses he explores the tension in depicting mental disintegration between the need for narrative coherence and the subjective experience of irrationality and chaos.

This wide-ranging book also covers literary accounts of death and dying, drugs and alcohol, dementia, intellectual disability and autism.

Femi Oyeboode's medical students and trainees are fortunate to have a teacher who is not only a reader but also a writer and a poet.

- 1 Allan C. *Poppy Shakespeare*. Bloomsbury, 2006: 195.
- 2 Wolf M. *Proust and the Squid: The Story and Science of the Reading Brain*. Icon Books, 2008: 7.

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