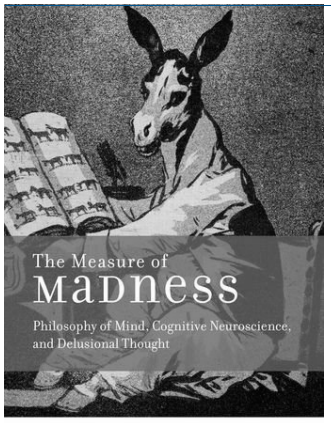
prevention of mental illness in individuals vulnerable to, or even diagnosed with, psychiatric illness. The evidence presented is relatively sparse compared with the large studies described in earlier chapters, but the available data for multi-pronged lifestyle intervention in early life are so positive that we can only agree with the authors when they state that further research is merited.

The authors have produced a successful, comprehensive overview of current data around the multifactorial, ever-changing aetiology of mental illness. The life course approach will be of use to clinicians working in mental health when modelling the factors contributing to mental illness on a population-wide and individual level, and would be a valuable tool for developing new and exciting approaches to tackling mental illness at a local and national level.

Alex Callear Broad Based Trainee, Sheffield Health and Social Care NHS Foundation Trust (SHSC), **Madeleine Treavis**Broad Based Trainee, SHSC, **Helen Crimlisk**Consultant Psychiatrist, Director of Undergraduate Psychiatry, SHSC and Module Lead, University of Sheffield, Eastglade Community Mental Health Team, 1 Eastglade Crescent, Sheffield S12 4QT, UK. Email: Helen.Crimlisk@shsc.nhs.uk

doi: 10.1192/bjp.bp.114.144642



The Measure of Madness: Philosophy of Mind, Cognitive Neuroscience, and Delusional Thought

By Philip Gerrans.
MIT Press. 2014.
£27.95 (hb). 304 pp.
ISBN: 9780262027557

The theoretical definition of delusion put forward in this book is as follows: 'Delusions arise when default cognitive processing, unsupervised by decontextualised processing, is monopolised by hypersalient information'. This definition contrasts with that which most psychiatrists are familiar with, namely that delusions are false beliefs held with extraordinary conviction and impervious to counter-argument. Herein lies the problem with this book. It takes its departure from discussions ongoing primarily within philosophy and maybe psychology. It ignores for the most part issues that are of direct interest to psychiatrists. The psychiatric literature that is quoted is often merely a platform from which to take a leap into other territory.

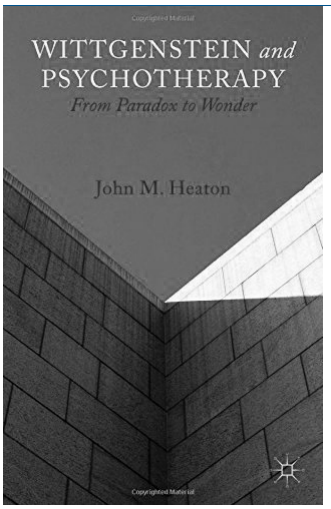
The definition of delusion that psychiatrists use is important because it forms the basis for examining particular claims that patients make within a clinical encounter. It is pragmatic in nature and it is widely accepted that it is problematic. It distinguishes abnormal phenomena that arise from perceptual alterations, for instance, from those that seem to pertain simply to matters of judgement or in other terms, matters of belief. The definition offered in this book, at its very best, might be regarded as a hypothetical statement about the pathophysiology of delusions. The most glaring and obvious error is that it assumes that all delusions arise out of some aberrant mechanism to do with 'salience'. Now, it is clear that the term 'delusion' is simply a descriptive term and that it does not refer to a homogenous phenomenon. It can arise as an elementary yet erroneous belief *de novo*, without any antecedent experience, in the so-called autochthonous delusion. It can arise in the context of a normal perception that is given an unusual and false meaning (delusional perception) or in the context of demonstrable impairment of visual (often facial) processing in delusional misidentification syndromes and more prosaically in the context of other abnormal experiences such as auditory verbal hallucinations (secondary delusions). What these varying kinds of delusions have in common is that the patients express false beliefs. A good way to understand this is to think of the varying routes to abnormality of gait – abnormalities in the basal ganglia, in the dorsal column pathway, in the cerebellum, etc. No one would think that a simple encompassing definition somehow gets at the heart of abnormalities of gait.

From the foregoing, you might think that I did not enjoy this book or that I might not recommend it to our readers. But the curious thing is that I did enjoy reading it and that I would recommend it to those people who have an interest in the nature and status of delusions. It is wide-ranging in its approach. It is well researched and thoughtful. It makes connections that would not normally be considered to be relevant to the clinical study of delusions. There are discussions about dreaming, about passivity and mirror neurons. Even when I disagreed, for example, with the inclusion of passivity experiences in a book about delusions, it was helpful to be forced to think what the distinction is between an experience and a delusion.

There is increasing interest by philosophers in abnormal phenomena. I suppose my view is that the best application of philosophical inquiry into psychopathology is that which treats the phenomena not as curios but as the lived experience of real people. But, also one that takes care with the clinical literature.

Femi Oyebode Professor of Psychiatry, National Centre for Mental Health, 25 Vincent Drive, Edgbaston, Birmingham B152FG, UK. Email: Femi.Oyebode@bsmhft.nhs.uk

doi: 10.1192/bjp.bp.114.161901



Wittgenstein and Psychotherapy: From Paradox to Wonder

By John M. Heaton.
Palgrave Macmillan. 2014.
£58.00 (hb). 184 pp.
ISBN: 9781137367686

John Heaton has written widely on Wittgenstein and psychotherapy. He trained in medicine, psychology and philosophy at Cambridge. He is a psychotherapist and lecturer at Regent's University London with a leaning towards existential psychotherapy. His mastery of Wittgenstein is evident throughout this book and clearly articulated.

The central theme with which he is concerned can be gestured at by the Wittgensteinian quote, 'A picture held us captive': when reflecting on linguistic meaning we assume that words derive their sense by being associated with pre-existent objects and processes. Nouns like 'table' seem straightforwardly to be meaningful because tables exist and so on. Similarly, it seems that psychological terms such as 'beliefs', 'wishes' and 'thinking' must refer to special objects located in an inner place called 'mind'.

This picture persuades us to erect scientific theories of how these inner items function causally to explain behaviour, emotion and thought. Expressions of distress, 'neurotic' or 'psychotic', are corralled into symptoms which indicate disturbances in putative theoretical mechanisms. These mechanisms are postulated by psychoanalytic theories of psychic function, reductive biological ones or computational models. Under these circumstances both the patient's and the therapist's understanding becomes distorted by the particular picture with which they may be working. The patient cannot find the proper 'expression' of her discomfort and hence therapeutic relief.

The urge to theory-build dissolves by recognising that the meaning of psychological words is not internal items of any kind, but derives from their place in the symbolism of language and how they are used. Problems of psychological distress are thus not dealt with by increases in scientific knowledge but are failures 'to love, reason, and understand the way forms of language can produce false appearances . . . they are signs the person . . . has lost the feeling his life has a unity and integrity' (p. 9).

The admonitions against theory-building are well taken and Heaton skilfully traces the introduction of infants into identities as persons shaped by the symbolic world in which they move. Nevertheless, some caution should be exercised in the use he himself makes of Wittgenstein's cautionary tale. One might suspect an existential therapist of theoretical leanings towards the view that distress must always represent existential confusion. Hence, Heaton is inclined to ascribe excessive therapeutic efficacy to the achievement of personal clarity of philosophical expression in the remission of emotional, cognitive and behavioural problems. Also, Wittgenstein was interested in dissolving metaphysical and ontological problems thrown up by being held captive by a picture. It is controversial that his way of unpicking these should be described as 'therapeutic', nor is it obvious that it can be transferred straightforwardly from philosophical reflection to psychotherapy.

Charles Pickles Clinical Psychologist, NHS Fife, Stratheden Hospital, Stratheden, Cupar KY15 5RR, UK. Email: charlespickles@nhs.net

doi: 10.1192/bjp.bp.114.157412