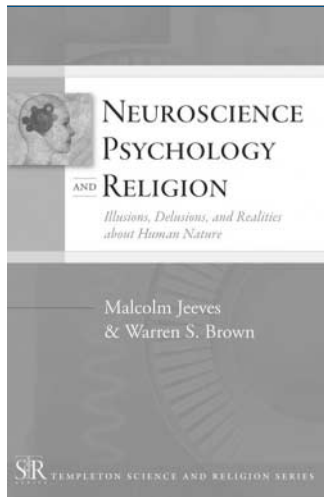


Book review

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Neuroscience, Psychology
and Religion: Illusions,
Delusions, and Realities
about Human Nature**

By Malcolm Jeeves
& Warren S. Brown.
Templeton Foundation Press.
2009. US\$17.95 (pb). 168 pp.
ISBN: 9781599471471

The past few decades has witnessed an exponential growth of research on neuroscience, neuropsychology and religion, and this volume, authored by two distinguished neuroscientists, is a well-written, state-of-the-art and balanced account of this area. Malcolm Jeeves, a neuropsychologist, is emeritus professor at St Andrews University, Scotland. Warren Brown, also a neuropsychologist, is professor at the Graduate School of Psychology at Fuller Theological Seminary, California.

The authors successfully weave together empirical research findings with philosophical and theological discussions to provide a clear and lucid account of this developing area of study. They address a number of issues of relevance to neuroscientists, philosophers and, I would also argue, psychiatrists: the relationship between science and religion; the mind/brain problem; the neuropsychological/neurophysiological basis of religion and morality; and 'what human nature is'. In asking these questions they discuss what makes humankind uniquely human.

The book outlines the recent advances in neuroscience along with a description of various types of imaging. The relationship between religion and science is discussed and, more specifically, the recent move from a 'warfare' approach to one of 'partnership'. Diverse views about the relationship between the soul, mind and brain are presented from a historical perspective. Further, the authors draw interesting parallels between the 'science' of phrenology and the recent attempt of scientists to find a 'God spot'. Psychiatrists with an interest in brain damage and psychological functioning may find particularly relevant sections where principles of brain functioning, localisation, consciousness, and the neuropsychological basis of morality are discussed. Later in the book the focus changes to look at evolutionary psychology. The authors concentrate on a number of areas of contemporary interest: language, theory of mind, mirror neurones and altruistic behaviour in animals. They ask what makes humans distinctive in terms of psychological capacities.

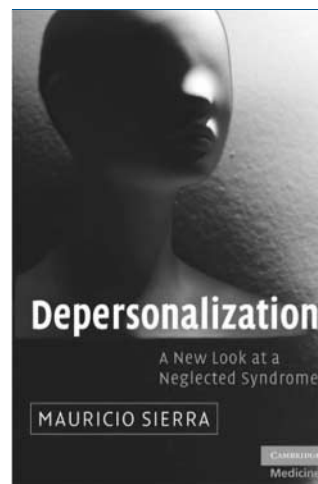
Various studies examining the neurophysiological basis of religious experience are described, including studies of temporal lobe epilepsy, transcranial magnetic stimulation and brain imaging, as well as the neurological basis of morality. As regards the mind/brain problem, various philosophical positions are outlined: reductionism, determinism and emergence. The authors

present a sophisticated analysis of the issue, finding a middle way between dualism on the one side and reductive physicalism or materialism on the other. They contend that an emergence theory of mind provides the most coherent model for making sense of this body of neuropsychological research. There is a lucid theological discussion of the Christian notion that man is made in the image of God and how this accords with recent neuroscientific findings. Finally, the authors argue that spirituality is embodied and embedded in a cultural milieu but this area of neuroscience is a work in progress requiring better interpretations, a sentiment I would completely agree with.

If there is one criticism of this book, it is that it includes too many topics for discussion. Subsequently, their philosophical analyses are necessarily limited in some areas, such as the biological basis for religion/spirituality. Overall, however, this is an excellent book. I would fully recommend it to psychologists and psychiatrists and anyone with an interest in this area.

Simon Dein Honorary Consultant Psychiatrist, North Essex Partnership NHS Foundation Trust, Research Department of Mental Health Sciences, University College London, UK. Email: s.dein@ucl.ac.uk

doi: 10.1192/bjp.bp.109.073700



**Depersonalization:
A New Look at a
Neglected Syndrome**

By Mauricio Sierra.
Cambridge University Press.
2009. £50 (hb). 182 pp.
ISBN: 9780521874984

Depersonalisation is an enigmatic syndrome which has attracted attention since the first recognisable descriptions in the early 19th century, reaching a peak in the mid-20th century but subsequently dwindling. The 21st century, however, has seen a resurgence of interest, as evidenced by the establishment of dedicated clinics and research units. The author of this monograph, a lecturer and researcher at the Institute of Psychiatry, King's College London, where one of the first such centres is located, is thus well placed to provide an up-to-date and authoritative review of the subject.

Beginning with the history of the condition, the author traces the gradual realisation that depersonalisation is not just a non-specific comorbid symptom but can be a chronic, incapacitating disorder, which is now recognised in both DSM-IV and ICD-10. Covered in the book are symptoms, the depersonalisation spectrum, drug-induced depersonalisation, psychiatric comorbidity, neurology, culture, pharmacotherapy, psychotherapies, and neurobiology. Symptoms fall into five groups: emotional numbness, unreality of self, temporal disintegration, unreality of surroundings, and bodily distortion. We learn that half of those individuals who experience depersonalisation have an abrupt

onset and in a third the syndrome runs an episodic course. In a majority symptoms commence in the late teens.

Depersonalisation-inducing drugs include alcohol, cannabis, ecstasy, lysergic acid diethylamide and ketamine, with the principal comorbid psychiatric disorders being anxiety and depression, but rarely schizophrenia. Associated neurological disorders, as well as the widely known temporal lobe epilepsy, include migraine, head injury and hypersomnia syndromes. There are anecdotal reports of response to various medications, but the author concedes that there is no officially recognised pharmacotherapy. Improvement is also reported with both psychodynamic and cognitive-based psychotherapies, and abreaction. Neurochemical studies suggest effects on brain serotonin, opioid and glutamate systems, and brain imaging reveals increased activity in prefrontal regions and reduced activity within the limbic system. In a final chapter the author attempts to 'pull the threads together' but, through no fault of his, this is long on speculation and short on evidence. The Cambridge Depersonalization Scale, introduced in 2000 by the author in collaboration with Berrios, is usefully included as an appendix.

Sierra's claim that more has been learnt about depersonalisation in the past decade than in the previous century is credible, but this comprehensive overview also exposes the limitations of our current knowledge. Nevertheless, it contains much to interest and educate all who contend with the condition, whether as patient or therapist.

Kenneth Davison Consultant Psychiatrist Emeritus, and Honorary Lecturer, Newcastle University, Newcastle-upon-Tyne, UK.

doi: 10.1192/bjp.bp.109.073684

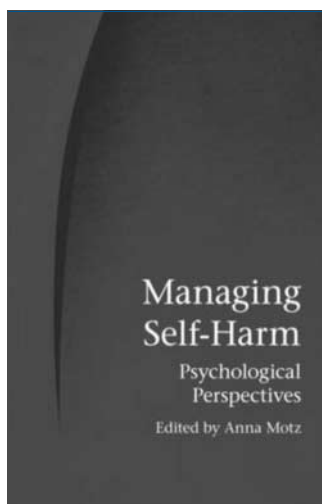
In so doing it comes as a relief to read a book that explicitly makes a powerful case for psychodynamic meaning: one key message being that self-harm is a communication that the clinician is being asked to understand and make sense of to the patient.

We are given privileged, front-row access to clinicians struggling to do just this when confronted by apparently self-destructive behaviours. We see practitioners evolving an expanding complexity in their work in a way that begins to do justice to their patients' humanity as well as their destructiveness. However they treat themselves, these patients are no longer treated as 'other'. Indeed, what the authors capture with great honesty is just how hard this work is. Yet, expertly delivered, the reader is never left behind, carrying a sense of 'I wish I could do that'. There remain profound moments of exasperation, disgust and yes, even dislike, as the therapists attempt to weave a path that is neither overindulgent (of the 'poor you' variety) nor sadistic (of the 'you've done this to yourself' variety).

If there is a quibble, it is about the book title – I do not think it sufficiently reflects the therapeutic achievement presented in this volume or wider clinical reality. Sometimes those who self-harm get beyond needing to be managed and stop self-harming. This book comes highly recommended precisely because it demonstrates how the skill, thoughtfulness and resilience required of clinicians who work with this challenging, and sometimes inspiring, patient group can bring about fundamental change.

Jack Nathan Consultant Psychotherapist, Self-Harm Out-Patients Service and the Maudsley Psychotherapy Service, South London and Maudsley NHF Foundation Trust, Maudsley Hospital, Denmark Hill, London SE22 0DP, UK. Email: jack.nathan@slam.nhs.uk

doi: 10.1192/bjp.bp.109.073528

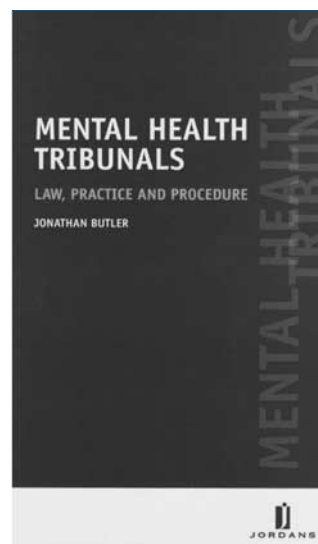


Managing Self-Harm: Psychological Perspectives

Edited by Anna Motz.
Routledge, 2009.
£19.99 (pb). 248 pp.
ISBN: 9781583917053

Reading this book brought to consciousness something I did not know I knew: namely, how far the world of psychiatry has grown professionally, from a place where people with personality disorders could be portrayed as 'the patients psychiatrists dislike' (in 1988), to a point where the disorder is 'no longer a diagnosis of exclusion' (2003). These patients are now rightly offered therapy supported by a requisite and growing evidence base. A similar fate has also been bestowed on those who self-harm, who in many cases themselves have a personality disorder.

This book, carefully edited by Anna Motz, contains papers from practitioners working in different settings and represents a growing body of clinical work that reflects these developments.



Mental Health Tribunals: Law, Practice and Procedure

By Jonathan Butler.
Jordan Publishing, 2009.
£65.00 (pb). 489 pp.
ISBN: 9781846611391

The changes to the mental health review tribunal in 2008 were overshadowed by those to the Mental Health Act. The tribunals service acknowledges that the change has few implications for patients, hospitals or local Social Services so it is perhaps difficult to raise expectations in this audience for this book. Most people are aware that there is no longer any such thing as the mental health review tribunal (although struggle with what to call its successor) but as other changes are related to practice and procedure, this book should be a useful adjunct to the information readily available on changes to the law relating to mental health.