

challenged in various ways and value systems are changing, with a growing awareness of the consequences of consumerism, added to by the fallibility of financial systems. I would have thought that the recovery paradigm, with its emphasis on personalised outcomes, self-direction and valuing the local narrative while acknowledging the usefulness of science and biomedicine, would be the way forward.

Although it is sometimes difficult to follow the twists and turns of the philosophical debate unless the reader is well versed in this discourse, the book provides an impetus to debate and offers some insights into the historical context of how we live, often lacking in conventional discourse.

Debbie Mountain Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF, UK. Email: debbie.mountain@nhslothian.scot.nhs.uk

doi: 10.1192/bjp.bp.109.070128



The Recognition and Management of Early Psychosis: A Preventive Approach (2nd edn)

Edited by Henry J. Jackson & Patrick D. McGorry. Cambridge University Press. 2009. £40.00 (pb). 444pp. ISBN: 9780521671314

One of the more remarkable developments in psychiatry over the past two decades has been the rise of ‘early intervention’, both as a topic of research interest and as a policy principle attracting generous resourcing. Indeed, for those not directly involved, but who view the field with interest from outside, it is the possibility of mismatch between these two that is so fascinating – providing either the spectacle of a powerful machine rising from the systematic acquisition of technology or the hypnotic attraction of a Ferrari being driven swiftly, if inelegantly, along by a Vespa two-stroke.

The intuitive pull of the field is obvious – gone should be the days when, as Johnstone and colleagues in one of the seminal early studies found, patients and their families had to withstand more than 30 attempts and wait many years to get unheeding services to treat their concerns as valid. As a core practice principle, ‘early intervention’ is beyond challenge. And when framed by the powerful intellect of the late Jed Wyatt, one of that towering generation of mainly American authors who pioneered systematic review in psychiatry, an eye-catching theoretical perspective emerges to blow a pleasing breath of optimism into a specialty grown weary of the therapeutic pessimism its core business seems to offer. As the editors of this volume point out, however, there is nothing new about the field and other explanations for its ascent must be sought – perhaps in the move to community treatment, and child and adolescent psychiatry into areas it traditionally eschewed?

Be that as it may, early intervention is here to stay. The real question is the basis of its place at the policy table. Is it by dint of ‘desire’ or from scientifically validated ‘need’? This volume, as one would expect, is not diffident in attaching its colours to the latter mast, presenting itself with a logic that is engaging and enthusiasm that is contagious. It is a thoroughly comprehensive overview of the field and an excellent read well worth the effort,

bringing together an impressive array of those who have published in the field – though with an Australian bent (half the authorship), perhaps a worthy reflection of the contribution the Melbourne group have made to the field. It is certainly striking these days to find in a multi-author international text only two of some 60 authors from US centres, though whether this reflects American research interest or editorial factors is unclear.

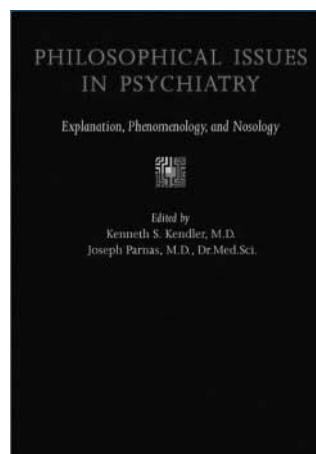
The book’s layout is systematic, with conveniently separated sections focusing on particular areas, some of which (e.g. section 2, ‘Risk and vulnerability’) are particularly informative, though some leave the outsider rather uncomfortable (e.g. public ‘literacy’ programmes and section 7, headed ‘Specific interventions’). It is particularly valuable to have the German perspective presented as the concept of basic symptoms is one the English-language generalist may not be familiar with but that holds much of interest. There is even an outline for those wishing to pursue service development.

There are inevitably some signs of schism, evident also in the literature (Weinberger and Pantelis talk lucidly and informatively about genetics and endophenotypes of schizophrenia but clinical contributions veer beyond these very specific boundaries set by Wyatt’s theorising) and some lingering grey areas, such as the issue of duration of untreated illness *v.* duration of untreated psychosis, are also notably absent as topics of debate. The biggest weakness however – the elephant in the room – is the failure of the volume to tackle head-on its critics. The read would have been immeasurably enhanced by a section devoted to issues of sample selectivity, confounding, the literature linking untreated interval to biological variables and the whole issue of the direction of causality – all those criticisms that leave many in the scientific community still wondering whether early intervention’s place at the policy table remains based as much on desire as science.

This volume is a worthy successor to its own first edition and will rightly be regarded as a widely-read bible of early intervention. While there is much fact and more wisdom in the Good Book and few whose life would not be bettered by knowledge of its content, it is also a work whose richness is best appreciated by those of faith.

David Cunningham Owens University of Edinburgh, Department of Psychiatry, Kennedy Tower, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF, UK. Email: david.owens@ed.ac.uk

doi: 10.1192/bjp.bp.109.073247



Philosophical Issues in Psychiatry: Explanation, Phenomenology and Nosology

Edited by Kenneth S. Kendler & Josef Parnas. The Johns Hopkins University Press. 2008. US\$60.00(hb). 424pp. ISBN: 9780801889837

This is a serious and important book dealing with the concepts that underpin models of explanation, the nature of psychiatric phenomena, and whether psychiatric taxonomy reflects ‘real’ diseases. It grew out of a conference held in Copenhagen in 2006.

If anything, this book confirms that psychiatry is a complex subject. Sandra Mitchell deals with this by describing the general features of complexity and distinguishing between compositional and dynamic complexity. Her case is that complexity has implications for our explanatory theories and that in psychiatry in particular reductionist methods that attempt to decompose complexity to its constituent parts are unlikely to be successful.

The chapter by James Woodward, 'Cause and explanation in psychiatry', is perhaps the most illuminating. Woodward asks what on the face of it is a simple question: to what extent do candidate causal explanations involving 'upper-level' or relatively coarse-grained or macroscopic variables such as mental or psychological states (e.g. highly self-critical beliefs or low self-esteem) or environmental factors (e.g. parental abuse) compete with explanations that instead appeal to underlying, 'lower-level' or more fine-grained neural, genetic or biochemical mechanisms? In order to answer this question Woodward makes clear that causal relationships are different from correlational relationships. He defines a cause as something that 'must make a difference to its effect . . . there must be at least two possible states, corresponding to the cause being present or to the cause being absent or to the cause being in one state rather than in another such that which of these is realised is associated with some change or difference in the state of the effect (p. 143)'. Here Woodward is stating the obvious but often the obvious bears repeating. Furthermore, he develops a model for judging the quality of an explanation of causal claim.

The section on phenomenology is testing for the reader in that it draws on Continental philosophical tradition – the technical language and the concepts that underpin this section are somewhat less familiar to the reader from the English-speaking

world. Phenomenology is interested in the mental contents and observable behaviours of psychiatric patients as well as what these reveal about 'the basic constitutive structures of consciousness such as self-awareness, embodiment, spatiality, temporality, and intersubjectivity'.

Shaun Gallagher clarifies the distinction between intentional actions and mere movement. These two terms are often conflated and this conflation is the basis of the confusion in the literature between the neural underpinning of intentions and what is termed the illusion of conscious will.

Josef Parnas in the epilogue writes: 'Our goal in this book has been to expose you to first rate philosophical thought addressing a range of issues central to the science and practice of psychiatry. Philosophy is not like natural sciences in striving for a definitive solution of an issue – of proposing the *answer*. Rather the goal has been to stimulate the readers to think more clearly and more deeply about the problems before you (p. 395)'. The authors have definitely challenged the reader to reflect on the complexity of psychiatry. Some of the ideas are tough and not easy to grasp. If anything, the complexity of the biology of psychiatric disorders is matched by the complexity of the potential causal explanations. This is not a book for everyone but it is certainly one that researchers, scholars and anyone involved in trying to explain the nature of psychiatric disorders to a sceptical audience ought to read.

Femi Oyebode Department of Psychiatry, University of Birmingham, The National Centre for Mental Health, 25 Vincent Drive, Edgbaston, Birmingham B15 2FG, UK.
Email: femi.oyebode@bsmhft.nhs.uk

doi: 10.1192/bjpp.109.071647