

artery disease, hypertension, diabetes mellitus, rheumatoid arthritis and inflammatory valve disease have a relationship to alexithymia. Over-inclusiveness of this sort detracts rather than adds to the credibility of the concept, indeed it would indicate to me an almost complete lack of perspective. There is an attempt to cover the biological literature but this lacks broadness of concept and is appropriately focused on specific articles in relation to amenergic transmission.

In summary, this is an attempt to integrate psychoanalytic theory with evidence-based biological theories. An attempt which I feel sadly fails.

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### **The Psychiatric Team and the Social Definition of Schizophrenia: An Anthropological Study of Person and Illness**

By Rob Barrett. Cambridge: Cambridge University Press. 1996. 337 pp. £45 (US\$69.95) (hb). ISBN 0-521-41653-1

This book is an addition to the long literature that comprises what used to be called medical anthropology, following Goffman. Barrett's important aim is to retain a curiosity about what appears self-evident. This is an unpopular activity, which can be unnerving for the reader,

and there is a danger that this provocative book will end up consigned to the dusty top of our library shelves.

Barrett claims that schizophrenia, as regarded by mental health workers, shows characteristics that are remarkably similar to core attitudes in Western culture. In particular, there are two dichotomies: first, between the person as an object or as having a subjective existence; and second, between the person as divisible into parts or as an indissoluble whole. These are issues in the current Western view of what a person is. They are also core problems in schizophrenia when mental health workers discuss and write about the disorder.

These dimensions feature strongly, though unwittingly, in the step-like process that a patient undergoes after admission: at first, perceived (and dealt with) as an object, then dismantled into a set of symptoms and pathologies, followed by a reconstruction as a 'worked-up' case and, finally, reinvested with subjectivity as a person once again.

A core challenge is that the last step in this process – the restoration of an agent with volition – requires moral evaluation from us. Professionals normally avoid moral judgements about their patients but, doing so, they inevitably denude patients of their person-hood; and that difficulty of achieving full person-hood is exactly the problem faced by people with schizophrenia.

Now, Barrett does not just recommend being more judgmental, he says that mental health workers *are* so. Whether we like it or not, we like/dislike, approve/disapprove of patients and their use of us. Such judgements are plentiful in tea-room conversations when staff relax, and cannot be called

to account. Despite this off-duty quality, these *sotto voce* evaluations are essential. They hold patients responsible for how they are and what they do. Thus, the patient is returned to being a person, and rescued from the category of 'case'.

The perception of a patient as an object – the object of scientific enquiry – and the point of view that sees the patient as constituted by his social environment, are usually quite distinct in clinical psychiatry but, in Barrett's view, they are not contradictory. Though much 20th-century psychiatric effort is expended in debating this conundrum – an object of neuroscience, or a human moral dilemma – Barrett's four-step process dissolves this contest into a process, a process where one or other view is appropriate at different stages. That happy and pragmatic conclusion left me uneasy. We are accustomed to thinking that each of these views gives some quite different ontological status to 'schizophrenia', as a biochemical defect of the brain, or as a socially contrived label. Barrett's extreme pragmatism thwarts that thirst for fundamental understanding.

There are many more profundities that come from Barrett's unique position, trained as an anthropologist while working as a psychiatrist. This book demands a much more thorough appraisal than I can give in a short review. That is all the more reason why it should be read and studied by psychiatrists working in the Western tradition; and, indeed, by all trainees before they take for granted what is, for the rest of us, self-evident.

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