

vulnerability to unstable mood in sufferers, but this is a vulnerability that exists on a continuum with normality. It was no coincidence that Stephen Fry's recent TV series on bipolar disorder largely featured creative people like himself, because people with the genetic loading for bipolar disorder, and this includes first-degree relatives of sufferers with bipolar disorder, also inherit a potential for creativity.

Darwin realized that although natural selection for survival is essential for evolutionary success, sexual selection for reproduction is also necessary to ensure that descendants bearing the genetic inheritance are left. As Geoffrey Miller has pointed out in his book *The Mating Mind*, natural selection for survival will have ensured we have a crudely accurate model of the world but sexual selection will have been indifferent to the accuracy of our more complex belief systems and may favour ideologies that are entertaining or comforting, like religious conviction, political idealism and pseudo-science. The sexual selection theory explains why higher levels of the genetic traits for creativity and bipolar disorder are found in the population than are necessary for purely functional reasons, because they are selected unconsciously by potential mates as signs of mental fitness.

Overall, the idea that to function optimally it is helpful to be mildly self-deluding, contains an element of paradox that seems to me to be an essential component of any convincing theory of mental function. It seems obvious that it is not just religious belief *per se*, but extremities of belief generally, such as those displayed by Hitler or Stalin, which can be devastating. Richard Dawkins feels passionately that he would like to replace God with the science of a rational, enlightened, liberal humanist. He is fortunate that he excels both as a scientist and a writer, which presumably helps provide engagement and meaning in life for him. Less fortunate others, and this is much of the world's population, are likely continue to turn to religion for help with this. Nevertheless, for those who rate truth at least as highly as emotion, this excellent book is well worth reading.

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*Psychiatry in the Scientific Image*. By D. Murphy. (Pp. 405; \$35.00, ISBN 0-262-13455-1.) The MIT Press. 2006.

Spanning 400 pages this was no doubt a difficult book to write. It is also a difficult book to read. Many worthwhile things are difficult and *Psychiatry in the Scientific Image* is one of them. Drawing from work in the philosophy of science and the philosophy of mind, Murphy argues that psychiatry should be a branch of medicine which studies brain diseases. As in other areas of medicine, these diseases should be validated etiologically.

Murphy does not accept the biological reductionism that is usually associated with the defense of the medical model. He believes that reducing explanations of psychiatric disorders to genetic and lower level physiological events would not provide the explanations that a 'mature' scientific psychiatry would seek. What would it seek? It would seek to understand *why* people become schizophrenic, depressed, manic, autistic, etc. Answering the 'why' question will require knowing what has gone wrong with the brain, how it got to be that way, and what makes it stay that way. That kind of explanation, says Murphy, is to be found in cognitive neuroscience.

There is also some drama here. For example, Murphy claims that a properly scientific psychiatry, called *clinical cognitive neuroscience*, would not find any use for the conventional distinction between neurology/neuropsychology and psychiatry. Related to his call for a merger, Murphy claims that cases of blindness and diabetic coma should be considered mental illnesses. He declares that psychiatry should adopt the same notions of the mental as used in the cognitive sciences where visual experiences and consciousness are paradigmatic mental events. Like many philosophers, Murphy believes that common-sense assumptions about psychology have been mistakenly allowed to play a regulative role in both psychiatry and clinical psychology.

According to Murphy, something is a mental disorder if it has the right sort of causal history. Aberrant genes and lowered level of serotonin offer unsatisfying explanations of depression,

if they are even explanations at all. An entire range of levels that exist between the biological and the phenomenological have been left out of psychiatry, but those levels are where some of the best scientific discoveries can occur, and possibly where more satisfying answers to the why questions can be found. Furthermore, whether the causal influences come from genes or from dysfunctional family dynamics, they all end up in the integrative level of brain function studied by the cognitive sciences.

Broadly considered, *cognitive science* refers to the information processing that occurs in thinking, reasoning, perception and affect. It studies how the different parts of the brain work together to create psychological states. Clinical cognitive neuroscience would study the ways in which the various cognitive mechanisms break down. Murphy also notes that the mechanistic explanations that the cognitive neurosciences seek may not be available for every condition classified as a mental disorder.

The targeted focus of this book will frustrate some readers. Murphy has limited sympathy for descriptive psychopathology, which he suggests is harmful because it is designed specifically to discourage research into the etiological aspects of psychopathology. In fact, one of the purposes of operationally defined descriptive categories was to identify more homogeneous groups so that etiology could be better investigated. Of course, it did not turn out that way. Descriptive psychopathology also functions similarly to secularism in the political sphere – it seeks agreement on basic issues so that the taxonomy can be used by those with differing philosophical perspectives such as psychoanalysis, behaviorism, cognitivism, etc. Murphy, however, contends that a psychiatric taxonomy properly belongs to the scientific study of psychopathology. Because he views ‘additional’ uses of the taxonomy, such as clinical uses, as derivative, the secularist intent behind the DSM does not concern him.

That is not to say that practitioner-relevant information is lacking. Murphy recommends an exemplar-based view of classification which is similar to the prototype matching view proposed by Drew Westen and Jonathan Shedler. What he adds to previous proposals is the claim that exemplars should be placed in casual

frameworks. He also engages in an interesting exploration of the dynamic relationship between the general and the particular that occurs when models or ‘*exemplars + causes*’ are applied to specific cases and groups of cases.

A wide range of topics are covered, including an extensive critique of Wakefield’s definition of mental disorder, plus discussions of natural function, rationality, values, social construction, evolution, psychiatric nosology and the nature of explanation in science. His discussion of these topics is worth a careful read. Befitting a Caltech philosopher, he tends to side with the more hard-core scientific perspectives on most issues, but, surprisingly, he resists the prevailing winds in scientific psychiatry and canvasses with categorical rather than dimensional models.

The book is primarily written for philosophers, but I’d recommend it to any psychiatrist or clinical psychologist with an interest in conceptual issues related to taxonomy, science, or the mind. As the book progresses, it increasingly illustrates an interaction between a firm belief in the ability of science to tell us how the world really is and a confrontation with the complexities of multifaceted disciplines such as psychiatry and clinical psychology, where attempts to develop literally true representations of the world invariably fall short, seemingly by philosophical necessity.

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*Clinical Psychology for Trainees: Foundations of Science-Informed Practice*. By A. Page and W. Stritzke. (Pp. 289; £29.99; ISBN 0521615402.) Cambridge University Press: Cambridge, 2006.

This paperback book provides a useful overview of most of the skills that clinical psychologists need to develop throughout their training and to my knowledge it is the first published book aimed specifically at this group. It could also be a very useful resource for those contemplating a career in clinical psychology or working as assistant psychologists. The authors describe their aim as ‘to consider each of the core