

## Book reviews

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*Schizophrenia: the Positive Perspective. Explorations at the Outer Reaches of Human Experience.* By P. K. Chadwick. (Pp. 224; £21.99 pb; ISBN 978-0-415-45907-5 hb; ISBN 978-0-415-45908-2 pb.) Routledge, London: New York. 2008.

The author of this book (now in its second edition) is a polymath, with doctorates in both the physical sciences and in psychology, an ex-patient with a diagnosis of schizophrenia, leading to a serious suicide attempt (which he describes), a Pantheist, and for many years an academic in the area of the brain/behavioural sciences. In writing this review I should say that I share many such characteristics in my own storyline, yet, in one respect (the nature of our respective academic specializations) we differ. So I comment as one who is intrinsically sympathetic, having shared similar experiences, yet with points of contrast in our respective approaches, which may be of interest to readers.

In structure, the book has three parts: The first part (two chapters) introduces the general approach, emphasizing that we should take more seriously first-person accounts of major mental illness, that the best descriptions will emphasize the *proximity* of mental processes/experiences in psychosis/schizophrenia to those of 'normality', and that public attitudes (sometimes reflected in attitudes of mental health professionals) are a disgrace. I fully agree. Ex-patients who write of their experiences (amongst whom I am one) do so for a variety of reasons, including expressions of anger. This is not at all the author's motive. He accepts that 'schizophrenia' is an illness and that antipsychotic drugs were important in his recovery, and that biogenetic accounts are valid contributions to understanding this complex disorder, along with other psychological, psychodynamic and spiritual insights. He also challenges from the outset the standard physics-based/rationalist/reductionist concept of science (a point discussed below).

The second part (eight chapters) consists of autobiographical sections, with biographies of a number of persons he has met in practice as a community-based psychologist. At first this was territory familiar to me (experience of psychosis, schizotypy, and of ongoing schizophrenia traits) but, in later sections, moved well away from my 'home ground', to uncharted waters. The writing is uniformly eloquent, covers a vast range

of human experience, and is sometimes very moving. Rather than 'pathologizing' his subjects beyond recognition, here we hear convincing accounts of what it is like 'to walk in their shoes'. The author's motive here is broadly 'scientific', seen as 'descriptive phenomenology' rather than primarily 'explanation'. In first-person or biographical accounts of unusual mental states and personalities, it may be impossible to separate 'description' from 'interpretation'. Nevertheless, the combination of the two offered here, taken on its own terms, offers the reader empathic understanding, even when the respective metaphysical perspectives of subject and reader are far apart.

The final four chapters are reflections on what has gone before, including an interesting chapter on the interactions between CBT, psychoanalysis, existential therapy, spirituality and 'sense of self', in therapy. Although outside my area, I regard this chapter as an important one, clearly the result of deep thought.

My frequent reaction, all along, was 'yes! yes!', in exasperation that his insightful comments have, so far, so little currency. Examples include the insight that much is lost in research by focus only on group data (rather than individual stories); that we should be coming to regard psychotic breakdown as a failure of the preventive side of mental health services; that those who have experienced radical shifts in their mental processes are better placed than more staid individuals to comment on deep issues about mind and brain; that visual hallucinations may be exaggerations of subliminal images associated with thoughts; and that people with florid delusions often have, deep down, some awareness that their beliefs do not match reality. Likewise, it is not paradoxical to assert that schizotypy is *both* an excess of valuable traits (creativity, imagination), *and* the source of delusional ideas which in any sense are false (and therefore pathology). I could give many more examples.

Whereas the author's journey has been spent mainly assimilating first-person perspectives including his own into a broader framework, my own journey was to assimilate formative experiences as a single-neurone neurophysiologist with first-hand experience of florid psychotic illness. For me, the guiding metaphysics became a form of 'psychophysical parallelism' (as espoused by Spinoza or Fechner). So, I tend to seek formal parallels between the shape of subjective experience and the shape of dynamic brain processes, to derive what I suppose to be 'cross-level explanations'. In principle, I could apply this approach to some descriptions presented here, such as the distorted

sense of time, and the shifted balance between familiarity and novelty, for persons under the influence of cannabis.

There are some areas where I hold back my assent, for instance, on occasion, where the author makes causal attributions (although generally he does so somewhat diffidently). I part company when we get to quantum physics (and the inference that, since events are not 'real' until there is an observer, this is telling us something deep about the mind). I hold back from accepting his tentative suggestion that the astonishing sensitivity to coincidence experienced by people in psychotic states may be an indication of sensitivity to real influences beyond normal perception. I would prefer the aphorism of Francis Bacon, applying it to both normal and abnormal situations:

It is a false assertion that the sense of man is the measure of things. On the contrary, all perceptions as well of the sense as of the mind are according to the measure of the individual and not according to the measure of the universe. And human understanding is like a false mirror.

I do, however, recognize that, among my acquaintances, those with the sharpest psychological insights about other humans often *do* attribute these insights to intuitions verging on the paranormal. All these matters no doubt reflect my own formative influences in physiology, a discipline much closer to classical physics than is psychology.

On the stigmatizing nature of the word 'schizophrenia', and the issue of *name-change* (which the author supports), dare I suggest that this is a particularly English problem, fundamentally about local media portrayal of major mental illness, rather than an issue to be exported around the world?

One of the deepest questions pervading this book is: 'What is pathology, especially in psychiatry?' Pathology started off as anatomical pathology, then became microscopic and chemical pathology; but the jump to *psychopathology* is vast. In schizophrenia, I see no hard evidence of categorically abnormal brain pathology, such as would have convinced Rudolph Virchow (although there is much evidence for 'statistical deviance' in brain measures). In *one* sense psychopathology can be defined as 'impaired information processing'. So auditory hallucinations represent pathology, in the sense that it is generally a good thing if one can distinguish between internal verbal thoughts and external voices, a distinction that may breakdown in schizophrenia. However, from a different cultural perspective, this experience is not clearly pathological. For the Maori of New Zealand (from where I write) 'hearing voices' from ancestors is a perfectly normal accepted part of their culture.

Clearly there is not just one viable world view. 'Scientific psychiatry' should not presume to have access to the sole true metaphysical perspective. I know this on logical grounds, from reading in the history of science, and from knowledge of the diverse people I call my friends. Inevitably I have strong allegiance to a perspective which works for me in science. It is not adopted by much orthodox psychiatry, nor by most of the people described in Peter Chadwick's book (whose perspectives are also quite varied); nor would I say that it was categorically true. Good psychotherapists should be more at home than I, swimming strongly, and sometimes saving lives, albeit 'way out of their depth' in this deep ocean. Trainee psychiatrists will regularly meet people with perspectives as diverse as those described herein. As a way into the inner world of such people, I believe this book to be of greater educational value than much standard description found in psychopathology or psychiatry textbooks.

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*Clinical Handbook of Schizophrenia*. Edited by K. T. Muesser and D. V. Jeste. (Pp. 650; \$75.00; ISBN 978-1-59385-652-6.) Guilford Publications: New York. 2008.

This handbook is an exhaustive summary of the state-of-the-art in the field of schizophrenia. Muesser and Jeste present us a comprehensive text with 63 chapters that cover a wide array of topics. Each chapter is formatted creatively to meet multiple purposes and have a wide appeal, including key points that provide distilled take-home messages. Best of all, it has an easy reading style.

The book is organized into eight parts, starting with overviews on history, epidemiology, biology, psychosocial factors, psychopathology and course. Next, we are presented with chapters on assessments and treatments. Then the focus shifts to systems of care, and special populations. Finally, policy and social issues, and a set of special topics are highlighted. Succinct tables supplement the narrative throughout. Particularly educational are the tables on treatment planning, family intervention, coping strategies and quality-of-life scales, just to name a few. Many topics typically not covered in previous books are introduced such as spirituality and religion, parenting, sexuality, etc. The chapters on treatment provide much practical