

assumes a sophisticated knowledge of philosophy on the part of the audience with much of the writing dense and technical. However, if one is selective – and the editors make the task of circumnavigating the book easier by providing short summaries at the start of each of the eight sections – there are many chapters which are not only accessible to the non-expert but also of direct relevance to clinical practice.

George Graham begins his chapter on models of madness with the story of ‘the man who aimed to compose . . . the Conjunction Theory of Mental Disorder’ by combining every theory ever proposed. Graham uses humour to demonstrate that any attempt to erect a grand, all-encompassing explanation of psychiatric illness is doomed, because not only are competing theories often incompatible, but we have to discriminate between the plausible and the absurd. Eric Matthews draws on the work of the French philosopher Merleau-Ponty to elegantly undermine the notion that psychiatry has to choose between being either exclusively ‘mindless’ or ‘brainless’. Matthews argues that Merleau-Ponty’s contention that human beings are ‘embodied subjects’ helps us to see that we need both the neurosciences and psychology in psychiatry.

In their discussion of the phenomenology of delusions, Louis Sass and Elizabeth Pienkos consider Bleuler’s notion of ‘double bookkeeping’. Many patients seem to be able to live simultaneously in their deluded world and in the world of the sane without being unduly troubled by the apparent contradictions. Like Jaspers before them, Sass and Pienkos wonder why patients seldom follow through the implications of their delusions: for example, why is the man who believes he is God still content to sweep the hospital floor? In an attempt to understand this phenomenon, they evoke the much-used analogy of madness as a dream: in sleep, we passively give ourselves over to the absurdities of the unconscious and yet we are aware that we are dreaming.

The psychiatrist Hanna Pickard has a thoughtful chapter on personality disorder which she sees as a ‘disorder of agency’. She argues that clinicians have to maintain that such patients are responsible for their actions, but, at the same time, avoid the seemingly logical step of blaming them when they falter. Denying that these patients have some degree of responsibility defies common sense, while blaming such individuals, who are often plagued by low self-worth, can be therapeutically damaging. A response by a patient, Lisa Ward, at the end of the chapter affirms that the type of approach advocated by Pickard was the one she found most helpful when she was in therapy.

Another contribution from someone who has direct experience of psychiatric problems is that by the philosopher and self-confessed alcoholic, Owen Flanagan. In one of the most interesting chapters in the book, he provides an existential perspective on addiction in which he portrays the individual as choosing the identity of the alcoholic, rather than being the passive victim of biological forces. This has consequences for treatment: it is not just a matter of the alcoholic abstaining; they have to develop a new mode of being in the world, they have to become a different person.

Towards the end of the book, Richard Askay and Jensen Farquhar compare the work of two men they consider to be the ‘greatest “meta-physicians” of the twentieth century’: Freud and Heidegger. These thinkers are not usually bracketed together, but the authors contend that, despite their intellectual antipathy, there are many similarities in their metaphysical approach. Both Freud and Heidegger sought to develop a comprehensive, unified account of the human condition. Both tried to uncover life’s hidden meaning while accepting that there was probably not a deep, unifying meaning to human existence. Both tried to develop a new ‘science of the human being’ which would inform a new

type of psychotherapy, in the case of Heidegger, existential analysis, in Freud’s, psychoanalysis.

The editors note that their book appears exactly 100 years after psychiatry’s first philosopher, Karl Jaspers published *General Psychopathology*. They are justified in their claim that this volume makes a major contribution to the tradition that Jaspers instigated. The involvement of practically all the major thinkers in the field and the sheer range of subjects covered makes this publication an impressive achievement.

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Mind, Modernity, Madness: The Impact of Culture on Human Experience

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2013 was a remarkable year for reconsideration of the nature and causes of ‘madness’. In public mental health, the watershed moment came with the first report by the US Centers for Disease Control and Prevention on mental health surveillance among children: mental disorders that present before the age of 18 are becoming more common and more complex. The evolution of DSM-5 led to vigorous protests by groups such as Speak Out Against Psychiatry and interesting debates such as whether we need to change the way we are thinking about mental illness (*The Observer*, 12 May 2013). In his entertaining *The Guardian* review, titled *Bipolar memoirs: What have I done?* (26 April 2013), psychoanalyst Darian Leader makes a key point: ‘The narrative of human lives is more or less absent in healthcare economies’.

Liah Greenfeld is a professor of sociology, political science and anthropology. *Mind, Modernity, Madness* completes a trilogy detailing the decline and fall of national culture. She says she was helped to find evidence on modern madness from medical libraries by her son, who ‘served as [her] guide to the confused world of American young adulthood’. Since the time of Jung, anthropology has enriched our understanding of mind, and I hoped this book would add to the narrative of human lives in a way that enriched mental health policy.

Early on Greenfeld delivers her central thesis: ‘A clear sense of identity being a condition sine qua non for adequate mental functioning, malformation of identity leads to mental disease, but modern culture cannot help the individual to acquire such a clear sense, it is inherently confusing’ (p.5). The emergence of nationalism has been the main cause of our deforming culture, through pervasive ‘anomie’.

Working from an axiom that ‘mind is a cultural phenomenon’, Greenfeld focuses on ‘psychotic disease’ as ‘fundamentally a malfunction of the “acting self” (the functional system or “structure” of will)’. She claims that ‘scientific skepticism’ is the ‘obvious reason for the lack of any attempt of an empirical, scientific study of the mind’, which she then attempts. Such sweeping, general assertions made reading more and more uncomfortable. For example, Greenfeld blames Tudor England for soulless science: ‘The immediate reason why science was institutionalized in England so early in the age of nationalism, while reflecting the growth of the national consciousness, was not directly related to the epistemological revolution it brought about. It was rather the inherent competitiveness of the national

consciousness and the fact that the English felt their literature not competitive with those of Latin countries, which made them opt for a new area of cultural creativity – science, which did not really exist anywhere else – in which to challenge its chosen rivals.’ What would Shakespeare make of that ‘fact’?

Overall, this monotonous book makes little attempt at balance or accuracy. An avalanche of anecdotes is not a solid evidence base for policy.

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