

strongest, with individual chapters covering stimulants, lysergic acid diethylamide and related drugs and the currently hot topic of cannabis. Psychosis and neurological conditions is also very comprehensively covered, as is psychosis and genetic disorders. The neurobiology of schizophrenia, functional imaging and neurological examination in schizophrenia are also discussed. Every chapter is well written and takes a modern evidence-based approach. Occasional tables and illustrations are nicely presented but these average only one or two per chapter. I can see only two weaknesses. First, the coverage of delirium (which the authors file under toxic psychosis) is rather brief. Second, there is almost nothing of note on dementia with Lewy bodies, even in the chapter on psychosis and neurodegenerative conditions. This is an omission that should be corrected for the next edition.

Overall, there is much to like in this volume and I highly recommend it to all psychiatrists who have tended to overlook this area in the past. Now there is no excuse.

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the brain (in the right frontal region particularly) engenders in people a reversion to utilising more primitive psychodynamic defence mechanisms, such as delusional projection. It seems the idea is that there is a genuine paralysis, for example, resultant on brain damage and this too can give rise to denial of disability (anosognosia) or projection (thinking the limb an imaginary friend or persecutor) via the reactivation of these primitive mechanisms.

The second half of the book seems largely independent of the first and is more ambitious. The author moves away from clinical concerns to notions of self, identity and consciousness and proposes the 'neural hierarchy theory of consciousness'. Here, Feinberg introduces the notion of 'nested hierarchy'.

The book as a whole is easy to read and of interest. However, as a stand-alone text, I felt it was not fully convincing in terms of the arguments offered and the data used. Feinberg has very compelling ideas which, if correct, are very important and I look forward to reading their exposition in future publications.

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From Axons to Identity

Neurological Explorations of the Nature of the Self



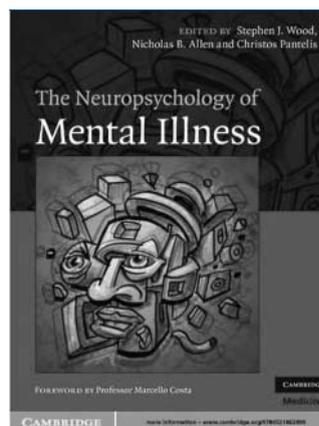
TODD E. FEINBERG

From Axons to Identity: Neurological Explanations of the Nature of the Self

By Todd E. Feinberg.
W. W. Norton. 2009.
US\$25.95 (hb). 288pp.
ISBN: 9780393705577

Todd Feinberg is an accomplished writer who manages to convey a lot of information in a relatively short compass. Laudably, he illustrates his points with transcripts of interviews with patients, particularly in the first half of the book.

From the clinical material he draws on, Feinberg has a great interest in what he terms 'neuropathologies of the self' – anosognosia, asomatognosia and delusional misidentification, including Capgras and Fregoli syndromes. In the first half of the book, Feinberg's topic is one that those interested in psychosis and the philosophy of delusions are familiar with: how to give an account of delusions, and how, if at all, delusions are distinguished from other irrational beliefs and confabulations. Although the terminology is not employed, Feinberg works within the Maherian paradigm (a delusion being an explanation of an anomalous experience) and, like many contemporary researchers and theoreticians, adds in a second stage (traditionally, this second stage is a reasoning bias or neuropsychological deficit), which in combination with the odd experience leads to the delusion or unusual belief. For Feinberg, the main thesis is that damage to



The Neuropsychology of Mental Illness

Edited by Stephen J. Wood,
Nicholas B. Allen
& Christos Pantelis.
Cambridge University Press. 2009.
£55 (hb). 443pp.
ISBN: 9780521862899

One of the lesser noted revisions in the draft DSM-5 is a change in the definition of a mental disorder from 'a manifestation of a behavioural, psychological, or biological dysfunction' to one 'that reflects an underlying psychobiological dysfunction', highlighting the fact that we have increasingly come to regard neuropsychology as the best compromise in the vexatious mind-body problem and sometimes the reluctant redeemer of a medical specialty best known for its irreconcilable differences between objective and subjective world views.

Wood, Allen and Pantelis's comprehensive book aims to map out what this compromise has told us about the causes and effects of psychiatric disorder so far and, furthermore, what we have learnt about how to integrate neuropsychological approaches into the art and science of psychiatry. One component of this manifests itself as a series of competent and up-to-date review chapters on what we know about the neuropsychology of schizophrenia, as well as developmental, personality, eating, substance use, obsessive-compulsive and mood disorders, although I was left puzzled by the lack of chapters on anxiety disorders or post-traumatic stress disorder, both of which have received a great deal of neuropsychological attention.

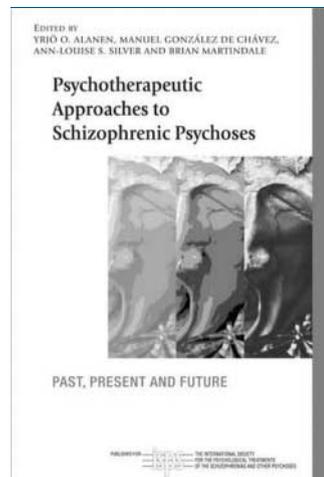
The book also boasts a section of chapters dedicated to examining psychopathology from the perspective of normal

neuropsychological processes and their associated weaknesses, with exceptional sections on how neuropsychological approaches integrate with other fields such as genetics, neuroimaging, emotion and diagnostic approaches. Perhaps most surprisingly, the book closes with a section dedicated to a 'trialogue' between neuroscientists, philosophers and psychiatrists starting from the premise, outlined by Stephens and Graham, that mental illnesses are fundamentally disorders of consciousness. Jaak Panksepp is perhaps the most provocative, arguing for an evolutionary account of emotional neurocircuitry and hence a common substrate for conscious affective experience and pathology across species, whereas Vogely and Newen go for a more contemporary approach that examines self–other distinctions in light of recent research on the 'default network'. Even if talk of consciousness leaves you cold, or indeed, frustrated, these chapters serve to elaborate numerous examples of how neurocognitive theories cannot be value-neutral with regard to what is considered a normal or abnormal human process.

Despite its intentionally wide scope, this book is not the best place to look for a complete review of the neurocognitive evidence for each psychiatric disorder, but as a practical resource for how to use and make sense of neuropsychology in psychiatry, it is indispensable.

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Psychotherapeutic Approaches to Schizophrenic Psychoses

Edited by Y. O. Alanen, M. G. de Chávez, A. L. S. Silver & B. Martindale. Routledge. 2009. £24.99 (pb). 420pp. ISBN: 9780415440134

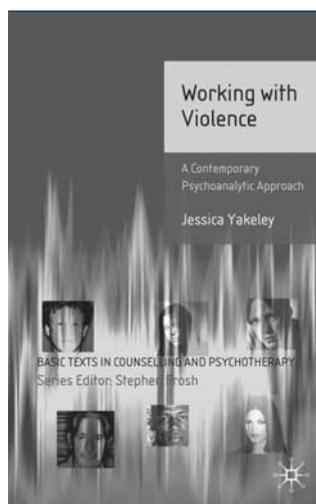
Without schizophrenia there would be no psychiatry. Yet – whether because of underfunding, lack of a coherent treatment philosophy, post-modern instrumentalism, the malign influence of Big Pharma, the intractable nature of the condition, or scientific ignorance – it is hard to deny that things are far from even good-enough in services for people diagnosed with schizophrenia and their families. Most psychiatrists will have had calls for help from distressed relatives or friends about a loved one behaving oddly or clearly mentally unwell, for whom no satisfactory treatment seems forthcoming: no psychiatric beds, professionals who do not answer the telephone, a psychiatrist unconcerned or on leave, ineffective medication producing bad side-effects. At times it is hard not to feel angry, ashamed and impotent about the failings of one's profession.

The International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses, whose summation and manifesto this book is, takes as its starting point the limitations of a narrowly biomedical approach. In place of – or, from your reviewer's position, ideally alongside – antipsychotics, genetics and brain science, there is a need for a humane, person-centred, relational, family-oriented approach, offering de-stigmatisation, continuity, optimism and understanding. The roots of this come from two main sources, both of which are traced in the historical section of this compelling compendium. First is the psycho-analytic perspective, however questionable in its details, brilliantly expounded here from a Kleinian position by Murray Jackson and ethnographically by Lyn Chua. The second is the 'needs adapted' approach to mental illness, described by some of its leading practitioners – Alanen, Rosenbaum, Cullberg – a manifestation of Scandinavian social democracy miraculously managing to finesse the oxymoron of institutional yet personalised care.

Inevitably there are some reservations about this book. It suffers from the unevenness of tone and quality endemic in multi-author tomes. Conspicuously absent are psychosocial psychiatry's big beasts – Leff, McGorry and Burns come to mind – who might have lent academic gravitas. Although its critique of conventional services is stringent, the alternatives offered are in the main merely vaguely humanistic. Little attempt is made to delve into the complex relationship between genes and the environment, the exact role of trauma in psychosis, or ways of devising services that meet both psychodynamic and scientific and economic criteria. Silver and her colleagues argue that the tide is turning and that the psychotherapeutic relationship is once more moving to the mainstream of mental health services. Let us hope that she is right, and that this book will play a full part in that shift, not drowning but waving.

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Working with Violence: A Contemporary Psychoanalytic Approach

By Jessica Yakeley. Palgrave Macmillan. 2009. £21.99 (pb). 224pp. ISBN: 9780230203631

The subspecialty of forensic psychotherapy is a relatively young one. However, the tradition of psychotherapeutic approaches to understanding violence and aggression, which underpin much of the theory and practice in this field, has a much longer history.

Working with Violence is a recent addition to the 'Basic Texts in Counselling and Psychotherapy' series, aimed at an 'introductory