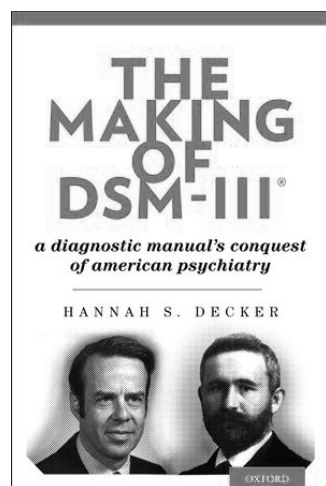


mental health clinicians need to be more proactive with their patients by first educating themselves and then their patients. Most importantly, the book takes away the white handkerchief of defeat that clinicians tend to hold up when faced with patients with personality disorder, and replaces it with effective tools to understand personality disorders and manage patients confidently and appropriately. Incorporating this in 66 pages makes this informative book by Dr Newton-Howes a must-have for every clinician.

Zainib Khan CT1 Psychiatry Trainee, Stratheden Hospital, NHS Fife, 19 Aytoun Road, Glasgow G41 5H, UK. Email: zainibkhan@nhs.net

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**The Making of DSM-III:
A Diagnostic Manual's
Conquest of American
Psychiatry**

By Hannah S. Decker
Oxford University Press USA. 2013.
£35.99 (pb). 466 pp.
ISBN 9780195382235

This book describes the history of the most important edition of the American Psychiatric Association's diagnostic manual: DSM-III, which came out in 1980, was a truly revolutionary document. Decker puts this story in a wider historical context. American psychiatry faced criticism from many quarters, including colleagues from other specialties, and felt particularly vulnerable about the reliability of its diagnoses. Only a few academics, most of whom worked at Washington University in St Louis, had focused on these issues.

The main character in this book is Robert Spitzer, a Columbia University professor whose portrait is next to that of Emil Kraepelin on the cover of the book. Spitzer adopted the views of the St Louis group, namely that in the absence of biomarkers, psychiatric diagnosis has to be made on the basis of systematic observation and phenomenology. Spitzer, a former psychoanalyst, had moved into psychometrics, but was also a brilliant politician. Often under attack, particularly from psychoanalysts, Spitzer almost always emerged victorious. The new system replaced prototypical descriptions (still to be found in the *International Classification of Diseases*) with algorithmic criteria that had the potential to make diagnosis more reliable. The DSM system was a convenient way of classifying disorders that were poorly understood (and remain so). It was never intended to be a treatment manual, although it has often been used that way, with clinicians conducting routine symptom checks instead of exploring life histories. As biological theories came to dominate the American system, that problem has not got any better.

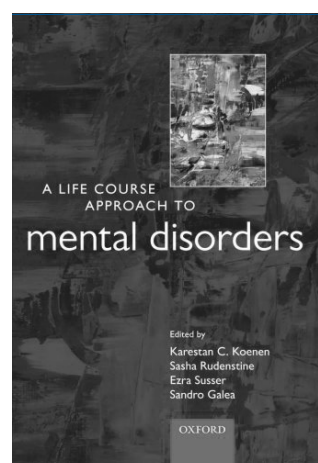
Decker has gone to primary sources and interviewed key players to find out how decisions were actually made. What makes this book outstanding is its analysis of medical politics. We would

like to believe that diagnostic manuals are based on empirical data. In psychiatry, this is not yet possible. Decker's book shows how outcomes often depend on which physicians are most influential and powerful.

This story is also highly relevant in view of the recent publication of DSM-5, which ignited a story of controversy that was also based on medical politics. While DSM-5 is not radically different from DSM-III, every change stirred up a storm of disagreement. It remains to be seen whether the upcoming ICD-11 system will produce similar levels of criticism. It also remains to be seen whether the research domain criteria proposed by the National Institute of Mental Health offer a viable alternative. It is likely that the diagnostic system cannot become more valid until research illuminates the true causes of mental disorders. In summary, this book tells a story that was relevant 35 years ago and remains relevant today.

Joel Paris Professor of Psychiatry, McGill University, Institute of Community and Family Psychiatry, 4333 Côte-Sainte-Catherine, Montreal H3T 1E4, Canada. Email: joel.paris@mcgill.ca

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**A Life Course Approach
to Mental Disorders**

Edited by Karestan C. Koenen,
Sasha Rudenstine, Ezra Susser
& Sandro Galea.
Oxford University Press, 2013.
£44.99 (pb). 336 pp.
ISBN 9780199657018

The life course approach to physical health has been modelled in previous publications by Oxford University Press; this is the first book to apply the concept to the theory of the development of psychiatric illness. From the effect of population-wide lead levels on the prevalence of schizophrenia, to the genetic risk factors for starting smoking, this book provides a wide-ranging critical overview of current theories and evidence for the aetiology of common mental disorders. The approach – part epidemiology, part sociology, genetics, public health, psychology, child development, and more – appears to be uniquely suitable when analysing the complex reasons why people develop mental illness.

For example, in chapter 6 the aetiology of schizophrenia is discussed in depth: genetic risk factors are analysed; maternal lifestyle and illness in pregnancy addressed; childhood cognitive development discussed, as well as biological and social factors; and later-life risk factors analysed. Contributing data are critically analysed, and include recently published prospective cohort data and large population-based studies, as well as twin and retrospective studies. A similar approach is taken to each mental illness in turn, in each case thoroughly and clearly presented.

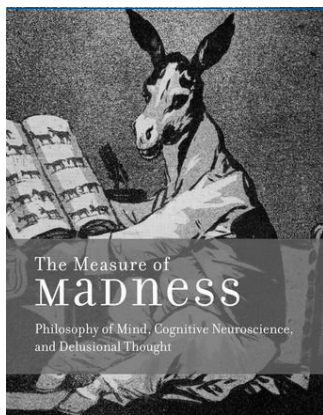
The most involving chapter is the final conclusion, which outlines the few published studies of interventions aimed at the

prevention of mental illness in individuals vulnerable to, or even diagnosed with, psychiatric illness. The evidence presented is relatively sparse compared with the large studies described in earlier chapters, but the available data for multi-pronged lifestyle intervention in early life are so positive that we can only agree with the authors when they state that further research is merited.

The authors have produced a successful, comprehensive overview of current data around the multifactorial, ever-changing aetiology of mental illness. The life course approach will be of use to clinicians working in mental health when modelling the factors contributing to mental illness on a population-wide and individual level, and would be a valuable tool for developing new and exciting approaches to tackling mental illness at a local and national level.

Alex Callear Broad Based Trainee, Sheffield Health and Social Care NHS Foundation Trust (SHSC), **Madeline Treavis** Broad Based Trainee, SHSC, **Helen Crimlisk** Consultant Psychiatrist, Director of Undergraduate Psychiatry, SHSC and Module Lead, University of Sheffield, Eastglade Community Mental Health Team, 1 Eastglade Crescent, Sheffield S12 4QT, UK. Email: Helen.Crimlisk@shsc.nhs.uk

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Philip Gerrans

The Measure of Madness: Philosophy of Mind, Cognitive Neuroscience, and Delusional Thought

By Philip Gerrans.
MIT Press. 2014.
£27.95 (hb). 304 pp.
ISBN: 9780262027557

The theoretical definition of delusion put forward in this book is as follows: 'Delusions arise when default cognitive processing, unsupervised by decontextualised processing, is monopolised by hypersalient information'. This definition contrasts with that which most psychiatrists are familiar with, namely that delusions are false beliefs held with extraordinary conviction and impervious to counter-argument. Herein lies the problem with this book. It takes its departure from discussions ongoing primarily within philosophy and maybe psychology. It ignores for the most part issues that are of direct interest to psychiatrists. The psychiatric literature that is quoted is often merely a platform from which to take a leap into other territory.

The definition of delusion that psychiatrists use is important because it forms the basis for examining particular claims that patients make within a clinical encounter. It is pragmatic in nature and it is widely accepted that it is problematic. It distinguishes abnormal phenomena that arise from perceptual alterations, for instance, from those that seem to pertain simply to matters of judgement or in other terms, matters of belief. The definition offered in this book, at its very best, might be regarded as a hypothetical statement about the pathophysiology of delusions. The most glaring and obvious error is that it assumes that all delusions arise out of some aberrant mechanism to do with 'salience'. Now, it is clear that the term 'delusion' is simply a

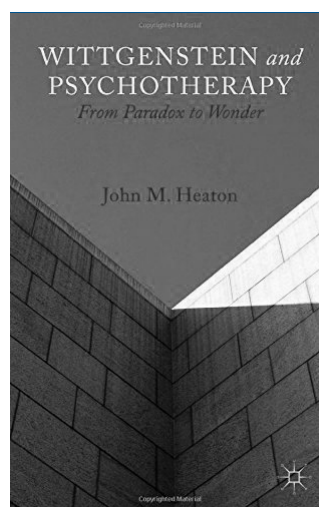
descriptive term and that it does not refer to a homogenous phenomenon. It can arise as an elementary yet erroneous belief *de novo*, without any antecedent experience, in the so-called autochthonous delusion. It can arise in the context of a normal perception that is given an unusual and false meaning (delusional perception) or in the context of demonstrable impairment of visual (often facial) processing in delusional misidentification syndromes and more prosaically in the context of other abnormal experiences such as auditory verbal hallucinations (secondary delusions). What these varying kinds of delusions have in common is that the patients express false beliefs. A good way to understand this is to think of the varying routes to abnormality of gait – abnormalities in the basal ganglia, in the dorsal column pathway, in the cerebellum, etc. No one would think that a simple encompassing definition somehow gets at the heart of abnormalities of gait.

From the foregoing, you might think that I did not enjoy this book or that I might not recommend it to our readers. But the curious thing is that I did enjoy reading it and that I would recommend it to those people who have an interest in the nature and status of delusions. It is wide-ranging in its approach. It is well researched and thoughtful. It makes connections that would not normally be considered to be relevant to the clinical study of delusions. There are discussions about dreaming, about passivity and mirror neurons. Even when I disagreed, for example, with the inclusion of passivity experiences in a book about delusions, it was helpful to be forced to think what the distinction is between an experience and a delusion.

There is increasing interest by philosophers in abnormal phenomena. I suppose my view is that the best application of philosophical inquiry into psychopathology is that which treats the phenomena not as curios but as the lived experience of real people. But, also one that takes care with the clinical literature.

Femi Oyebo Professor of Psychiatry, National Centre for Mental Health, 25 Vincent Drive, Edgbaston, Birmingham B152FG, UK. Email: Femi.Oyebo@bsmhft.nhs.uk

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Wittgenstein and Psychotherapy: From Paradox to Wonder

By John M. Heaton.
Palgrave Macmillan. 2014.
£58.00 (hb). 184 pp.
ISBN: 9781137367686

John Heaton has written widely on Wittgenstein and psychotherapy. He trained in medicine, psychology and philosophy at Cambridge. He is a psychotherapist and lecturer at Regent's University London with a leaning towards existential psychotherapy. His mastery of Wittgenstein is evident throughout this book and clearly articulated.