

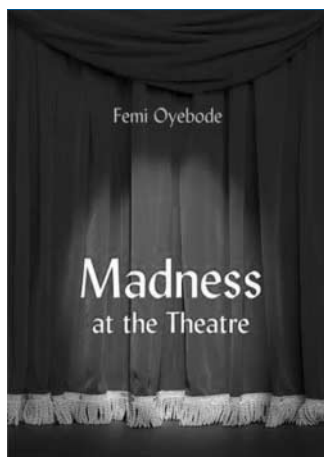
conventions and declarations. It plays a vital role in the United Nations' Universal Declaration of Human Rights from the 1940s, where the very first sentence of Article 1 reads 'All human beings are born free and equal in dignity and human rights'. Interestingly, although acknowledged as a concept underpinning the European Convention on Human Rights, dignity is not actually mentioned within it. Despite this, Professor Rosen acknowledges that some authors feel that dignity is a useless or even redundant concept and one subsumed by autonomy.

There are plenty of controversial and thought-provoking passages, such as when considering the issue of suicide, including the permissibility of suicide and the right of a person to end their own life, and discussion on the right of an individual to choose to behave in an undignified way as a corollary to the State's positive duty of having to protect 'the dignity of the human person'.

Human rights can be a nebulous concept for many – people invariably know they have them but most are unsure as to what they are, or how they affect reality. The author finds this situation 'deeply puzzling'. Although not clinically based, this is a very readable book. Philosophy novices such as myself, those interested in human rights issues, or the intellectually curious will find this book of interest. By the end the reader will have a more in-depth understanding of dignity as a rank or status, as an inherent value unique to humans, a behaviour or character that is dignified, or the idea that people should be treated with dignity and accorded respect.

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Madness at the Theatre

By Femi Oyeode.
RCPsych Publications. 2012.
£15.00 (pb). 112 pp.
ISBN: 9781908020420

This book's aim is clear: an exploration of the dramatic representations of madness in theatre. The preface highlights how both psychiatrists and dramatists are concerned with delineating extreme mental states. Throughout his journey from ancient Greek theatre to the contemporary work of Sarah Kane and Wole Soyinka, Oyeode locates examples of descriptive psychopathology. Readers will experience Shakespearean delusional jealousy in *The Winter's Tale*, induced jealousy in *Othello*, melancholia and factitious madness in *Hamlet* and disintegrative madness in *King Lear*. Oyeode explores how Ibsen exposed his characters' inner worlds, pre-dating Freud's concern with how the past affects us. Problematic family relationships, suicide and Côtard's syndrome are available for study in Ibsen's dramatisations.

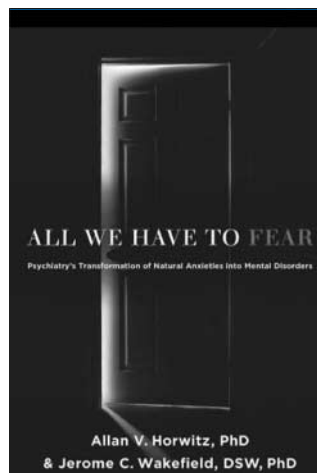
Ancient Greek theatre receives considerable attention. Of particular interest is the discussion of *Oedipus Rex*. Oyeode

argues that this ancient play challenges our contemporary 'assumed association between self-knowledge and personal growth'. It is Oedipus' quest for self-discovery (his unwitting incest and murder of a blood relative) which leads to tragedy. The book reaches its zenith when presenting uncomfortable dilemmas, made relevant to current-day psychiatry. This questioning of certainties finds greatest expression in chapter 7, through Harold Pinter's exposition of the 'quicksand that is reality'. Oyeode suggests that the encounters between this playwright's characters have parallels with those between psychiatrists and patients in a post-modern world: 'What is expected of both parties is ambiguous . . . can be experienced as threatening and potentially treacherous'. The point is reiterated by Kane's dramatic work, *4:48 Psychosis*, in which she bares her own mental anguish and her relationships with psychiatrists. In contrast to this focus on mental states of individuals, Soyinka's African plays are concerned with degenerating human society. Oyeode argues that Soyinka's plays evoke the brutality and corrupt leadership in parts of contemporary Africa, equivalent to a mad world.

Madness at the theatre has widespread appeal. The particular relevance of theatre to psychiatrists is best described by Tennessee Williams' Blanche DuBois as she addresses the courteous doctor who is taking her to the asylum: 'Whoever you are – I have always depended on the kindness of strangers'.

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All We Have to Fear: Psychiatry's Transformation of Natural Anxieties into Mental Disorders

By Allan V. Horwitz
& Jerome C. Wakefield.
Oxford University Press. 2012.
£18.99 (hb). 288 pp.
ISBN: 9780199793754

How do we account for the apparently inexorable rise in the prevalence of anxiety disorders in the Western world? What part are psychiatrists playing in this process? And who stands to benefit from it?

The authors propose that our current ways of classifying anxiety disorders are responsible. Although clinicians tend only to see people with problems, research instruments can lead us to define, as diseases, states that should be viewed as 'normal' anxiety. Hence the apparent increase of these states and the potential bonanza for Big Pharma. Evolutionary psychology is proposed as the prism to achieve the clarity we currently lack.

This is a well-written critique of different ways of classifying anxiety disorders. I particularly liked the historical review of thinking about anxiety, spanning classical authors, the age of neurasthenia and Freud. The authors write, of course, in the shadow of the American health system, with its coupling of

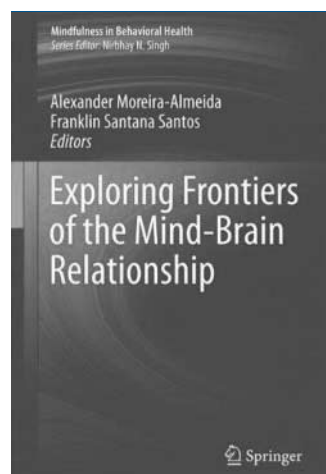
diagnosis and reimbursement. It grates, at times, that the authors refer to DSM as though it were the only way that psychiatrists think about anxiety. However, their critique could apply equally to ICD. It is also curious that the authors use the word 'design' when discussing the outcome of unplanned effects of natural selection. Although I am sure they do not mean it, it suggests that there is an 'ideal' evolutionary solution to every predicament. The very range of characteristics within a 'normal' population suggests a more scattergun process.

The central idea is that many anxiety problems should not be labelled as disorders because, at one time in our evolutionary history, these characteristics were adaptive. The problem is that evolutionary psychology offers plausible explanations that are not falsifiable. So, the idea that we can clearly identify characteristics that have had evolutionary survival value, and so should be seen as normal, is not as clear-cut as the authors propose. Indeed, the mismatch between the current environment and certain characteristics surely suggests that these characteristics have become maladaptive.

As a non-specialist in anxiety disorders, I found this book informative and illuminating, if not finally convincing. I would, though, recommend it to any psychiatrist as a provocative survey of this difficult area.

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Exploring Frontiers of the Mind-Brain Relationship

Edited by
Alexander Moreira-Almeida
& Franklin Santana Santos
Springer, 2012.
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ISBN: 9781461460206

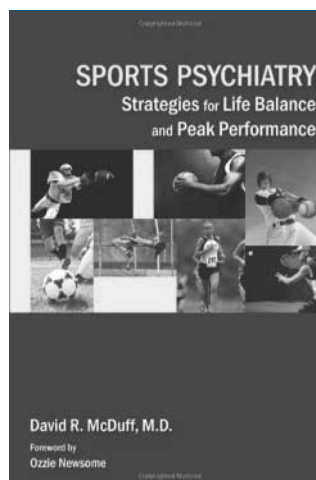
This is an unusually good post-conference book and would be an excellent way into the relevant concepts and literature. An underlying theme is that a reductionist, materialist approach is inadequate to explain certain experiences – mind is more than a product or epiphenomenon of the brain. Most scientists adopt a materialist view or so-called 'promissory materialism' (that this belief will be scientifically demonstrated in the future), but we are reminded here that science should not be conflated with materialism. With modern investigative methods such as scanning, much of the content and function of mind can be related to brain location or function. Consciousness, however, the active faculty for experiencing in an individual system, remains mysterious, although delved into non-verbally by religious adepts, particularly Buddhists, over thousands of years. Field theorists, for example William James, propose that while the brain ordinarily reduces our cognitive perception, in certain states a change in this filter mechanism extends the field of the mind to consciousness produced elsewhere.

Materialism does not explain acquisition of information when a person is physically isolated from the source or when clinically dead (as in near-death experiences). Descriptions of near-death experiences, out-of-body experiences, end-of-life experiences, mediumship and reincarnation have accumulated with intriguing consistency of content. Some described features defy a reductionist, materialist explanation. For instance, in near-death experiences accurate reports of what could only have been seen during out-of-body experiences: typically, the person claims to have been hovering just below the ceiling looking down on his or her resuscitation. The AWaRE study is currently attempting to determine, with ingenious method, how veridical such accounts are.

The first two chapters present the major conceptual and philosophical issues. The third is an overview of 19th- and 20th-century literature on parapsychological phenomena. Imaging and neurobiological correlates of meditation and spiritual experiences are well described. I found two chapters on conceptions of consciousness, in terms of models of quantum physics, heavy going, but perhaps the most fascinating in proposing how experiences of non-local consciousness, while incompatible with classical physics, may be explicable in terms of quantum physics.

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Sports Psychiatry: Strategies for Life Balance and Peak Performance

By David R. McDuff.
American Psychiatric Publishing.
2012. £39.00 (pb). 310 pp.
ISBN: 9781119953548

The first National Lottery draw on 19 November 1994 began a revolution in British sport that has seen Team GB climb steadily from 36th in the Olympic medal table in 1996 to 3rd at the London 2012 Games. Thanks to lottery funding there is now a level of technical and logistical support for elite performers unimaginable a generation ago. Yet, in the UK at least, this seldom includes ready access to high-quality psychiatric expertise; certainly not in the manner envisaged by David McDuff in *Sports Psychiatry: Strategies for Life Balance and Peak Performance*.

From the first chapter, McDuff sets out the scope of sports psychiatry practice where the emphasis is not only on a set of competencies (he lists and describes eight) but also on a style of working. This style is a recurring theme throughout the book where therapies must be tailored to fit the circumstances of high-performance sport and where an on-site psychiatric presence guarantees accessibility and secures engagement.

There are fascinating chapters on stress recognition and control and energy regulation, which are rich with practical