The prevention of suicide is a public health priority and, as such, the study of suicide is of broad and increasing interest. *Suicidology: A Comprehensive Biopsychosocial Perspective* is therefore timely as it brings together evidence from diverse disciplines to provide a solid grounding in the methods, theories, facts and figures of suicide research. The book is aimed at interdisciplinary undergraduate and postgraduate researchers, as well as novices in the field of suicide research, and this comprehensive text successfully meets the needs of this audience.

The first sections lead the reader on a journey, from the basics of theory and methodology, to individual factors associated with suicidal behaviour, and on to the role of mental illness, alongside the genetic and neurobiological basis of suicidal behaviours, all presented in easily digestible sections that flow logically from one to the next. The more technical and data-heavy sections are well balanced with case-study examples, often of well-known individuals, which may seem gratuitous to some readers, but does help to link the content to real-world contexts and remind the reader that behind the facts and figures are real people – a point that the suicide researcher should always keep in mind. The later sections of the book place suicidal behaviours within cultural and historical contexts and delve into special topics such as military suicide and suicide in prisons. Given that the main reasons for conducting research into suicide is prevention of suicidal behaviours, I was glad to see four chapters dedicated to the discussion of treatment, prevention and postvention.

However, it would be an oversight not to add a word or two of caution to the potential reader. While efforts have been made to include broader international perspectives, the content remains largely focused on US data and relies heavily on the work of the author. While not a problem in itself – the text reflects Maris’s significant contribution to the field – the reader may wish to seek out more recent work from across the world or from their local region to fully capture current perspectives. The second point, and my only real criticism, concerns some of the language used in the text. The term ‘committed suicide’ appears multiple times (a term that has fallen out of use owing to the implied association with criminal behaviour) and what I assume is supposed to be an amusing anecdote relating to the phrase ‘significant udder’ is misogynistic and unwelcome in a contemporary text.

Provided that you can give these minor slips a free pass, this text is an excellent and comprehensive resource for the student or novice researcher, covering the fundamentals of suicidology. This is an erudite book. Its detail does not make it an easy read at times, but maybe this should be expected of a philosophical text. And the summaries of its argument at various points make clear its logic. Essentially it makes the case that madness can be grounds for identity. The user/survivor movement in psychiatry generated a particularly radical activism based on social movements such as Mad Pride. The field of mad studies now allows for the counter-experience of those with diagnosed mental illness, creating a challenge to the dominance of biomedical psychiatry. From this point of view, survivor experience must be foregrounded and madness itself is seen as being of value.

The author, Mohammed Rashed, did basic training in psychiatry before moving to research in philosophy and psychiatry. He is less concerned in the book with the resistance to the power and control of psychiatry represented by the ‘mad movement’. Instead, he focuses on its intellectual claim that madness can be grounds for identity and culture.

Intrigued by how madness can be framed positively when it appears so inherently negative, he argues that it can be grounds for identity if it is ordered in some way. He acknowledges that mad narratives can have benefits both for the activists themselves and beyond. Nonetheless, he does accept that in many cases madness lies beyond the limits of recognition. The book’s rich philosophical narrative has excursions into Hegel’s *Phenomenology of Spirit* and the work of Charles Taylor, among others.

The user/survivor movement, of which the mad movement is a part, has been associated with so-called anti-psychiatry. There may be a sense in which madness is an understandable, even sane and creative, response to an insane world. Stigma can be countered by demands for societal recognition of the discrimination against mad people.

I doubt whether the mad movement worries too much about whether its demands can be justified philosophically. But if it did, it could point to this book for a very thorough rational argument in its favour. The implications are that the challenges of the mad movement do need to be taken seriously by psychiatry. From my point of view, the book may not have sufficiently taken on board the protest from people who think they have not been well treated, or have even been abused, by psychiatry. But it provides a very valuable contribution to a neglected area of the user/survivor experience in the philosophy of psychiatry.

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