

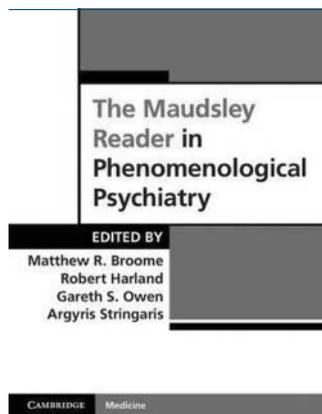
capable of making mistakes about our own good, and our capacity for self-deception is high. Metacognition is proposed as a mechanism by which we can critically evaluate our welfare. Thinking how professionals could engage with people with mental illness to develop metacognitive activity is useful, especially at a time when clinical guidelines have the potential to reduce professionals to technicians.

Many philosophers make assumptions about mental illness that bear no relation to the harsh challenges that many people with mental illness have to face in their daily lives. This makes their opinions appear superficial. Many readers may wince to read the assertion that disregarding sanity-preferring attitudes makes us better connected to each other. Also, the narrative of psychiatry as a mechanism for social control is rehearsed without questioning its validity for contemporary Western culture. Indeed, epigenetics (not mentioned at all) helps us to understand the complicated influences that social factors have on mental illness. A good position would be 'what is a good life' and 'what is required for human flourishing'. This is touched on but not developed.

Overall, it is an interesting book packed with wide-ranging concepts and diverse perspectives, their relevance varying depending on the background of the reader. The authors' styles vary, so it does not flow well if read from cover to cover. Some of the chapters are contradictory, requiring cognitive appraisal of the topic of recovery by the reader. This process is greatly helped by the introduction and overview of the sections by the editor. Disappointingly, the book makes no mention at all of the thorny issues of capacity, risk and compulsion. This leaves the fascinating topic of the philosophical aspects of recovery rather soft and one-sided.

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The Maudsley Reader in Phenomenological Psychiatry

Edited by Matthew R. Broome, Robert Harland, Gareth S. Owen & Argyris Stringaris.
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and organising this work in a meaningful way. They also supply short, accessible introductions to the individual writers which highlight their key ideas and place them in their intellectual context.

The editors are primarily concerned with clinical practice and are at pains to demonstrate how phenomenological approaches relate to understanding patients. They picture the novice psychiatrist in their early encounters with the mentally ill. Although the neurosciences provide knowledge of brain functioning and psychodynamic theory outlines unconscious mental mechanisms, the trainee still has to make sense of the often bewildering experiences of their patients. This is where phenomenology comes in.

The editors wisely avoid taking a dogmatic stance on the definition of phenomenology. They are well aware of previous, often acrimonious debates on the subject and point out that there is not just one type of phenomenology but several types, depending on who is writing about it. To help the reader understand phenomenological psychiatry, the editors provide the intellectual context out of which the discipline grew. First, they sketch the philosophical prehistory with extracts from such thinkers as Franz Brentano, Wilhelm Dilthey, Max Weber and Henri Bergson, all of whom broadly felt that the natural sciences were unable to provide a full explanation of humanity. Then the editors consider examples of the texts of leading phenomenological philosophers such as Edmund Husserl, Max Scheler and Martin Heidegger. This is the most taxing part of the book but it is necessary to have an acquaintance with these philosophers as their work provides the basis for the approach of the clinician-phenomenologists, such as Karl Jaspers, Eugene Minkowski and Ludwig Binswanger. The second half of the book considers how these psychiatrists and others examined clinical problems from a phenomenological perspective. Of particular interest is the subject of schizophrenia. Does it represent a 'loss of vital contact with reality' as Minkowski contended? Is it 'un-understandable' as Jaspers maintained? Or can 'existential analysis', as described by Binswanger, illuminate the matter? R. D. Laing was to maintain that an existential approach could make psychosis more comprehensible and, indeed, his famous critique of Kraepelin is reproduced in the book. Interestingly, the authors reveal that, even in Kraepelin's time, phenomenologically minded psychiatrists were making similar critiques.

The editors are realistic enough to concede that they have not discovered a 'lost ark' of psychiatric writing that unveils the mysteries of mental disturbance. For a start, the phenomenological psychiatrists made their observations within the framework of contemporary diagnostic categories and seemed curiously reluctant to leave their diagnostic 'preconceptions' aside, as advocated by the principles of phenomenology. Second, despite the expert guidance of the editors, some of the extracts from these pioneering clinicians still remain opaque and difficult to follow. Nevertheless, the book represents a formidable piece of scholarship and it also makes a strong case, in the face of our current preoccupation with seeing the patient in terms of brain dysfunction, that psychiatrists should attend to the individual's experience of mental disturbance, or as the editors put it: 'what it is like' from the inside.

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This is an important book: for the first time it brings together extracts on phenomenology and psychiatry from the classic European works. Many of these writings are newly translated or have been rescued from obscure books and journals. The editors have performed a great service to readers in selecting