Our Most Troubling Madness: Case Studies in Schizophrenia across Cultures
Edited by T. M. Luhrmann and Jocelyn Marrow.
£58.95 (hb), £24.95 (pb). 304 pp.
ISBN 9780520291089 (hb), 9780520291096 (pb)

Thomas Insel (2013) defined schizophrenia as ‘a collection of signs and symptoms of unknown aetiology, predominantly defined by observed signs of psychosis’ but this concise definition hardly grasps the human cost, experiences and consequences of psychosis. Quite unremarkably, the ICD-10 codes schizophrenia as F.20 that inadvertently strips off the human context of this illness.

Our Most Troubling Madness, edited by Luhrmann and Marrow, contains 12 case studies of people living with schizophrenia, a book that is compelling and disturbing in equal parts. The case studies continue where clinical case notes stop, extending into the realities of the lives of individuals with mental illness. As expected of anthropological studies, it dwells on the minutiae of everyday life of people living with schizophrenia drawn across cultures in Asia, Europe, America as well as Africa. There is a preference for stories from low- and middle-income countries (specifically India) and for the female gender.

In selecting more cases from low- and middle-income countries, the book draws up a comparison between people living with schizophrenia in these countries and those in high-income countries, with a focus on eliciting the social parameters that make for fairly better outcomes in low- and middle-income countries. It is paradoxical that in spite of better social welfare in terms of housing, occupational opportunities as well as treatment plans available to patients in London, San Diego and Chicago, patients in India and Ghana fair better because of the involvement of kith and kin in these countries.

It also reflects on how avoidance of the diagnostic label ‘schizophrenia’ may positively affect outcome in India where the majority of the cases described are that of young women whose illness were ignited by the pressures of marital customs in India, whose illness often returns them into the hands of their natal families as social misfits. This book calls our attention to the unperturbed realities of schizophrenia’s prognosis in spite of adequate antipsychotic dosages. Our Most Troubling Madness reminds us of the humanity of those whose diagnosis is what piques our scientific interest.

I have often felt that the 350-word limit is too little for an adequate book review; and reading Professor Meares’ new book has made me more certain than ever. Professor Meares’ work as a psychotherapist, researcher and practitioner is well known; with his colleague Robert Hobson, he developed and empirically tested a psychotherapeutic intervention called the conversational model of therapy. In this new work, he offers a thesis of how each of us ‘grows’ a self during our childhood years; and how an understanding of this process can help us to understand how psychotherapy ‘works’ and generates positive change.

Professor Meares writes with elegance and economy; and this comparatively slim book contains rich and thought-provoking material. He invites us to think about William James’ model of self-experience; especially its double aspect of ‘I’ and ‘me’. This ‘double vision’ entails a self-reflective process that is constantly iterating and thus developing; especially in conversation with others. He reviews the theoretical base, and the evidence, for the development of two types of human thought: what the physicist Pauli described as verbal and symbolic thought. Humans need to be able to use both types of thinking (which use distinct cytoarchitectural systems in the brain); and disturbances in these thinking systems result in the psychopathology that we see every day in general adult psychiatry.

It really is impossible to do justice to this work in a short review; to its breadth, depth and coherence of argument. Professor Meares draws on a range of evidence for his thesis, including neuroscience, quantum physics and poetry. This book is a valuable reminder to all practising psychiatrists that every person who seeks our help has a storied experience of self and personhood that they will want to share with us. It is the job of all psychiatrists (not just those called therapists), to be able to listen to these stories; identify the source of psychological pain; and use our own language skills to help the patient recover a more coherent sense of self and agency. Professor Meares’ book tells us why language and narrative are crucial for the development of self and culture; and I strongly recommend it.

Damis Ajayi, Federal Neuro-Psychiatric Hospital, 8 Harvey Road, Yaba, Lagos, Nigeria.
Email: ajayidami@gmail.com
doi:10.1192/bjp.2018.5

Gwen Adshead, Ravenswood House, Mayles Lane, Fareham, Hampshire PO17 5NA, UK.
Email: gwen.adshead@southernhealth.nhs.uk
doi:10.1192/bjp.2018.11