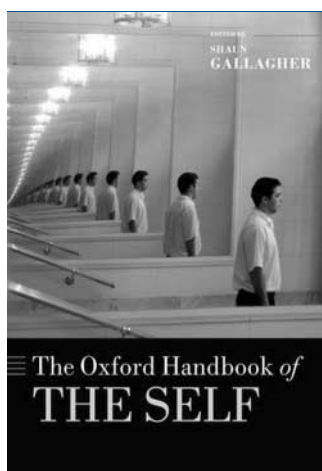


managed to achieve this scientific goal while still making the book readable. Their stated aim was to cut to the chase in presenting research findings, and they did so throughout. A multitude of both qualitative and quantitative studies are deftly presented here. This is an authoritative review of a specialist area, and should be a reference text for psychotherapists of all backgrounds. It will also be of interest to any psychiatrist who wants to appraise their own alliance-forming skills.

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The Oxford Handbook of the Self

Oxford Handbooks in Philosophy.
Edited by Shaun Gallagher.
Oxford University Press. 2011.
£85.00 (hb). 768pp.
ISBN: 9780199548019

I could not help recalling Francis Bacon while reading this book: 'Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider'. It would, after all, be surprising if in 31 chapters on the topic of 'the self' there were nothing to try to 'contradict and confute'. Equally, in a beautifully produced book written by a host of intellectual luminaries, I was often inclined 'to believe and take for granted'.

It is a book written by philosophers and psychologists. The whole series of *Oxford Handbooks* is an impressive (and expanding) academic achievement. They are mainly philosophical, but much in this volume would be of interest to psychiatrists. Although the discussion is focused on issues around and conceptions of the self, a variety of psychopathologies make an appearance, for example derealisation, depersonalisation and phantom limb phenomena. The findings of developmental psychology are used to elucidate our sense of self. Neuroimaging in connection with self-recognition is discussed and several chapters probe the relationship of neuroscience to philosophy. The intellectual challenges in this area are brought out by the editor in his introduction: 'Depending on the precise nature of the questions being asked, there seems to be overwhelming evidence that the self is both everywhere and nowhere in the brain' (p. 4). There are chapters on multiple personality disorder, autism, anorexia and schizophrenia.

The most exciting sections, for me anyway, were those that showed how philosophy might change or clarify clinical practice. It seems invidious to name any particular chapter in a book full of such expertise, but that by Parnas and Sass on self-consciousness in schizophrenia was masterful. Their claim is that schizophrenia

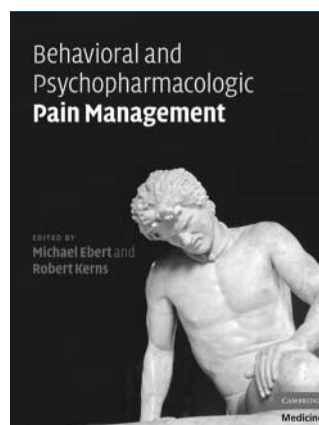
should be associated with disorders that 'affect the articulation and functioning' of the 'minimal or core self' (p. 532). They say: 'a phenomenological approach, in particular one centred on disorders of self-experience, offers the possibility of capturing the elusive yet distinctive, unifying features of the schizophrenic disorders' (p. 542). On this basis they bemoan the lack of intimate long-term acquaintance in contemporary psychiatric practice, which might mitigate some of the disturbance in the person's sense of subjectivity.

The richness in this volume cannot be captured by a brief review. But, then, the richness of the concept of self cannot be pinned down by any single approach. Those who tend to reductionism fail to convey a really convincing sense of the lived self, which is – as many of these authors suggest – both embodied and embedded (p. 619) or situated (p. 717). In this regard the philosopher Edmund Husserl was quoted twice (pp. 328 and 527) as describing 'a transcendence in the immanence'. So, although (in postmodern mode) we may wish to eschew any notion of a Platonic transcendent world (p. 696), nonetheless we may yet wish to hang on to a sense of other, of something beyond the material, captured by the concept of 'self' but played out or revealed through our bodily going on in the context of the human world. This is, after all, at the heart of psychiatry: a concern for the psyche as demonstrated bodily in specific cultural, historical and social contexts.

There is, thus, plenty for the psychiatrist to 'weigh and consider' in this volume. But if I may stoop to one criticism, there is almost nothing (a few passing references) to do with dementia. And I would have thought that the reality of dementia should tell us a lot about the self. As Hermans says, 'The self can only be properly understood when intersubjectivity and sociality are considered as intrinsic to its embodiment in space and time' (p. 654). This has implications for our understanding of people with dementia; but, then, it has implications for all of us.

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Behavioral and Psychopharmacologic Pain Management

Edited by Michael H. Ebert
& Robert D. Kerns
Cambridge University Press. 2010.
£60.00 (hb). 506 pp.
ISBN: 9780521884341

The title of this book reflects its lack of appeal to the casual reader, as well as illustrating its transatlantic origin. Few of us are likely to be enthused by 'a state of the art consideration of the biopsychosocial perspective on pain management', as this book is described in the introductory chapter. When we later reach the chapter dealing with treatment strategies and read that 'effective

management of chronic pain necessitates the consideration of biological as well as psychological and social covariates that influence the experience and manifestation of such chronic conditions', we scream for the intervention of a copy editor to guillotine such padding. Books that are badly written are often able to provide valuable reference material but this is not the case with this volume. There is only less than half a page (out of 475) that deals with complex regional pain syndrome, a well-known chronic pain condition, and this airily states that there is no known cure for it, despite the fact that there have been promising results for the use of physiotherapy and biphosphonates in treatment.

It is disappointing to discover these failings, as the first editor was involved in the reorganisation of training in pain medicine by the Accreditation Council for Graduate Medical Education (ACGME) in the USA and correctly emphasised that all those working in pain medicine should be competent in the assessment of pain and be able to develop a treatment plan that involves all

other relevant healthcare professionals. It may be that this book has fallen short in its objectives, as the first editor has written only the introduction and the conclusion to this volume. In addition, apart from a few established researchers in the pain field, most of the other 61 contributors, all of whom work in America, are not well known.

For the record, there are three main sections in the book, concerned with assessment of pain and 'integrative' management of specific types of pain, in addition to the treatment strategies involved in the model depicted in the book's title. There is duplication of information in the last two parts.

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