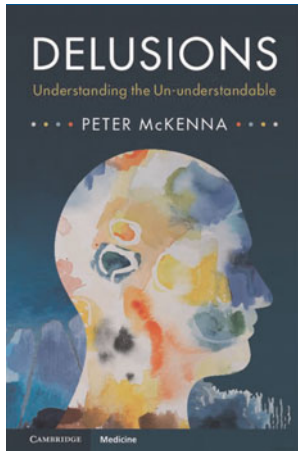


Book review

Edited by Allan Beveridge and Femi Oyeboode

**Delusions: Understanding the Un-understandable**

By Peter McKenna.
Cambridge Press. 2017.
£39.99 (hb). 176 pp.
ISBN-13 978-1107075443

Peter McKenna's concise book *almost* renders delusions understandable. The first half catalogues different delusion contents, drawing on McKenna's clinical experience. The second half begins by dismissing the continuum from healthy odd belief to delusion by focusing on millennial cults. Since these are socially transmitted, and delusions are not, McKenna argues that the idea of a continuum cannot hold. The fact that folie à deux exists means that the social transmission of a delusion from one afflicted person to an otherwise healthy conspecific challenges McKenna's conclusion but is not considered.

McKenna masterfully synthesises the jumping to conclusions (JTC) bias literature, wherein individuals with delusions are held to make overhasty decisions. JTC is significantly enhanced in patients with schizophrenia. But it bears no specific association with delusions and so he concludes that it cannot be a mechanism for delusion formation *per se*.

He is less critical of aberrant salience. Here, dopamine in the ventral striatum imbues events with incentive salience, such that the events grab attention: too much dopamine in ventral striatum, too much incentive salience. Delusions, therefore, result as a means to explain away that salience. Although there are impairments in incentive salience attribution tasks in schizophrenia, and the underlying neural circuitry is deranged, neither of these effects correlates with delusions, just like the JTC.

McKenna next invents a new category – propositional delusions, which, 'include the familiar range of persecutory, grandiose, hypochondriacal and other beliefs which, as far as one can tell do not contain any intrinsic abnormal significance'. There could clearly be aberrantly salient experiences for each of these delusions – for example, Cotard syndrome could involve a surprising absence of proprioceptive feedback. Perhaps this stems from McKenna's examination of neuropsychology. He focuses on a few small studies where semantic memory is related to delusions. He appears to believe that since beliefs are expressed as propositions they must involve linguistic processes. Results that relate semantic processing with delusions are therefore attractive. This work is reviewed uncritically.

Next, McKenna covers neurochemistry. He favours the dopamine story; however, he acknowledges its shortcomings. This section of the book is brisk, informative and very enjoyable. He goes on to describe the two-factor theory of Coltheart, Davies and Langdon. Damage to two independent mental modules is invoked: first, a perceptual module that renders the content of the delusion,

and second, a belief-evaluation module. McKenna ignores that this theory is specific to delusions following neurological injury (Max Coltheart, personal communication). Nevertheless, he recognises that at the core of the theory is a prediction error, engendered by the surprising experience. For McKenna, this is aberrant salience. Next, the belief evaluation deficit augurs the formation of the explanatory propositional belief.

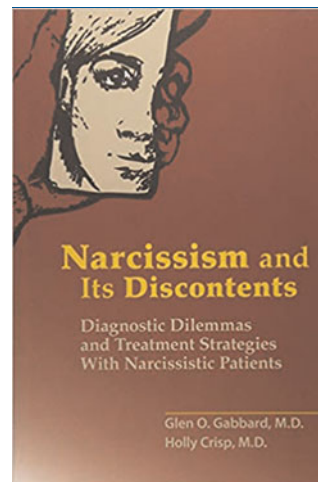
Two-factor theory has been in development for nearly 20 years. It remains vague on the second factor and scant on empirical examination. There are other models that link, brain, mind and belief that can explain delusions in terms of prediction error processing too, namely predictive processing accounts, which receive little direct consideration. However, it is testimony to the quality of McKenna's writing and analysis that he manages to consider the menagerie of delusion theories so cogently.

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Philip R. Corlett, Department of Psychiatry, Yale University, USA. Email: philip.corlett@yale.edu

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**Narcissism and Its Discontents: Diagnostic Dilemmas and Treatment Strategies with Narcissistic Patients**

By Glen O. Gabbard and Holly Crisp.
American Psychiatric Association
Publishing, 2018.
£33 (pb), 360 pp.
ISBN 9781615371273

This slim volume is rich in therapeutic insights into a complex psychological problem. Both authors are experienced psychotherapists who write clearly and compassionately about the theory and clinical presentation of narcissistic psychopathology. They describe the continuum from relatively benign narcissistic dysfunctions that may be quite common in therapy seekers, to the malignant/antisocial narcissistic personality disorder that will probably only be seen by forensic practitioners. They also helpfully subdivide narcissistic problems into (a) grandiose (b), fragile and hypersensitive and (c) the high-functioning narcissist who may only seek therapy after a kind of crisis.

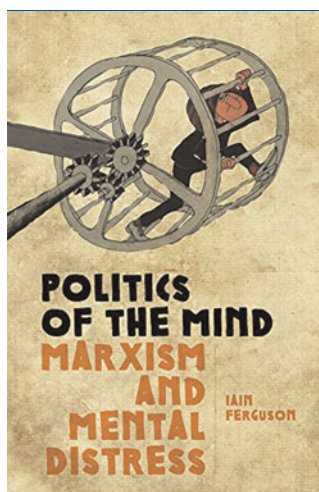
I enjoyed reading this book which is full of useful clinical advice about therapeutic strategies with difficult people; not just people with narcissistic problems but also those with a range of complex personality pathologies. I especially liked the clinical vignettes,

which address not only the patient's experience, but how the therapist's own response to such patients can be problematic. The book beautifully articulates how troubling narcissistic 'symptoms' can be defensive strategies against intense feelings of shame, helplessness and fear of dependence on others. Such symptoms include controlling language or behaviour and intense competitiveness which may often also involve a kind of overt contempt. Gabbard and Crisp-Han make it easy to see why 'narcissistic' has become a highly pejorative term, and how no one wants to get the diagnostic label of narcissistic personality disorder.

The book ends somewhat abruptly without a conclusion, which I thought was a pity. I would have liked to have heard more from these authors about the relevance of narcissistic dysfunction in relation to other problems in the experience of the self; for example, people who somatise or have other sorts of dysfunctional bodily experiences. Finally, I would have welcomed the musings of these particular experts on the connections between individual narcissism and social structures that emphasise individual rights and an emphasis on competition as well as the effect on high-functioning narcissism in the workplace, especially in business and politics.

Gwen Adshead, Consultant Forensic Psychiatrist, Psychotherapist, Southern Health National Health Service Foundation Trust, Ravenswood House, Mayles Lane, Fareham, Southampton, Hants PO17 5NA, UK. Email: g.adshead@nhs.net

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Politics of the Mind: Marxism and Mental Distress

By Iain Fergusson. Bookmarks. 2017.
£9.99 (pb). 160 pp.
ISBN 9781910885659.

This book unashamedly presents a contemporary political analysis of mental distress and health service provision. Bookmarks are a socialist publishing house and Iain Fergusson a prominent political

activist and social work academic. Indeed one of the strengths of the text is Fergusson's attention to research evidence and critical theories.

Chapter one *The crisis in mental health* sets the stage and resonates with the lived experiences of those with mental health problems, their families and staff working in the sector. Fergusson places the increasing levels of mental disorders described by the World Health Organisation and Mental Health Foundation within the context of social, economic and, in particular, work-related factors. He describes 'the intensification of work' leading to an 'epidemic of work related stress'. He also decries the pressures on unemployed and disabled people, particularly since the 2008 financial crash, and a 'brutal' benefits system, all of which he sees as contributing to increasing mental ill health in our society.

Subsequent chapters explore these themes in detail with reference to Marx, Laing, Lacan and others. Fergusson presents a review of the history of psychiatry in which he argues that psychiatrists have tended to over-medicalize mental distress. This historical approach provides useful background reading relevant to current dilemmas: contemporary psychiatrists often find themselves wrestling with debates about the relative importance of biological and social models of mental distress and how these different elements interact.

Fergusson also raises concerns about how attempts to dispense with the medical concept of 'mental illness' may, as an unintended consequence, make it harder to defend cuts to existing, publicly-owned mental health services. He also acknowledges how the Royal College of Psychiatrists has continued to draw on an illness model in order promote parity between mental and physical health service funding.

In conclusion, Fergusson attends to criticisms of both antipsychiatry and over-medicalization. In doing so he helps to progress the debate and calls for collaboration between those from different backgrounds and paradigms who are concerned with improving services 'through critical and non-reverential debate'.

This is a timely and informative book which I would recommend to a wide audience. Fergusson's voice is academic but accessible and the book is divided into clear sections with interesting quotes included. Fergusson raises uncomfortable issues for both psychiatrists and also, at times, for proponents of non-medical approaches including the recovery movement. This book challenged me to think again about political influences on mental distress, my role as a psychiatrist and the importance of considering the historical and social contexts in which we all work.

Josephine Anne Richards, MBBCh, MA, MD, MRCPsych, Consultant Psychiatrist, Locum, ADHD Service, The Whiteleaf Centre, Oxford Health NHS Foundation Trust, Bierton Road, Aylesbury HP20 1EG, UK. Email: jo.richards@oxfordhealth.nhs.uk

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