

The Maudsley Reader in Phenomenological Psychiatry

edited by Matthew R. Broome, Robert Harland, Gareth S. Owen, and Argyris Stringaris. New York, NY, Cambridge University Press, 2012, 283 pages, \$130.00 (hardback), \$65.00 (paper).

The Maudsley Reader in Phenomenological Psychiatry might be the most challenging psychiatric book that I've read. How could it be anything but? Unless one unconditionally surrenders to a superficial "checklist" version of the diagnostic process, phenomenology is one of the most complex aspects of psychiatric practice and inquiry. As Wolfgang Blankenburg asks in one of the *Reader's* many essays on schizophrenia, "Do we really fully understand the criteria that we generally accept uncritically as given?" (p 166). It is therefore fitting that this book was (intentionally?) published so close to the release of the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5). Not to say that the two are incompatible competitors for your diagnostic devotion, but that the *Reader* offers inspiration and education for employing the standard diagnostic scheme without allowing it to become an interviewing manual or thought-stopper.

The editors begin this book with an account of its genesis. Essentially a labor of love by classmates-now-colleagues with shared enthusiasms, the *Reader* is more than just a compilation of original sources. Useful brief commentaries by the editors precede each section, and the individual readings are extracted and gently cut up to maximize efficiency and the conveyance of the intended points. The readings themselves were apparently tracked down with the vigor of a (disciplined) treasure hunt. Even those who did not suffer in their training from the usual neglect of phenomenology are sure to find plenty of "new" material here.

It is pointed out early on that the *Reader* is just what the title states, and not a "treatise or practical handbook." Those looking for a short cut to familiarizing themselves with Karl Jaspers' writings, for example, will not find it here (though Jaspers is certainly covered as well as frequently cited). Instead, readers will get a broad exposure to the field in terms of topics covered and approaches to them.

In terms of the effort element of this book's challenging nature, it starts heavy with abstract foundational philosophy and then (relatively) lightens by way of applying the insights and methods of the earlier sections to psychiatric conditions that we are all familiar with. The good news is that the *Reader* can—with the editors' encouragement—be browsed according to one's interests and needs. There is much to be gained from toughing it through works by Husserl, Scheler, and Heidegger en route to the sections devoted to brain injury, schizophrenia, affective disorders, and

obsessive-compulsive disorder, but the readings under these latter headings can certainly be consumed profitably on their own.

The most important challenges of the *Reader*, however, are not the ones it poses, but rather the ones it issues. Upon entering the more clinically oriented sections, I found myself "correcting" the names applied to certain manifestations of pathology. Soon, I realized that this was wasted effort. The point of absorbing oneself in these mostly 50- to 120-year old works is less to take in psychiatric "facts" that might have changed over the decades than it is to be exposed to an attitude of inquiry that is enduring, evolving, and potentially useful. Early introduction and frequent subsequent allusions to Heidegger's *Dasein* makes the patient's mode of "being-there" (in the world) a reference point for the investigations of psychopathology contained in this text. Varied opinions and techniques are conveyed regarding the task of adopting or intuiting patients' states of mind in order to meaningfully scrutinize their symptoms. Sometimes considered a cold, "objective" survey of plainly seen or reported symptoms, phenomenology is shown herein to be a way of getting at patients' experiences that rigorously melds humanism and purposeful medical activity. Thus, for example, Blankenburg's attempt to explain schizophrenic symptoms via a deficit in "common sense" simultaneously provides what I found to be a powerful account of the schizophrenia sufferer's alienation from his fellow humans. von Gebattel's account of "the world of the compulsive" likewise conveys a sense of otherness that is not so much woven into an examination of pathology as it is an emergent property of it.

Far from merely anthologizing some historical fascinomas, the editors of *The Maudsley Reader in Phenomenological Psychiatry* have provided a service to those involved in contemporary psychiatric practice, investigation, and training. This book challenges us to familiarize ourselves with an educationally underrepresented discipline and to avoid contentment, resignation, or overcommitment regarding those with which we feel most comfortable. To close with another quotation from the *Reader*, Binswanger uses the examination of "the manic mode of being-in-the-world" as a means of emphasizing that "you will only become a psychiatrist in the full sense of the word when you realize that the psychiatric task in its entirety must not be restricted to one of the single stages or positions on this path" (p 203). The editors have used their book to forcefully make the same point.

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