Book Review

Making Sense of Madness: contesting the meaning of schizophrenia

By Jim Geekie & John Read. (2009)

(Routledge)

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To me, the sign of a book's quality is the degree to which it challenges me to think differently about myself and the way I operate in the world. In Making sense of madness, a multifaceted exploration of the subjective experience of schizophrenia, Jim Geekie and John Read provided me that challenge, and in an unexpected way: through their gentle broadmindedness. Their approach to schizophrenia - a word and concept whose very meaning they question - is as much philosophical as psychological, with an air of selfquestioning unsureness that does not leave the reader feeling force-fed yet another strong "objective" point of

Yet the authors do encourage us to join them in healthy self-questioning and to suspend some of our prior confidence about the meanings of madness. In so doing, their book is a plea for a perspective change - and urges that we start by taking more strides to include and integrate, and even place front and center, consumers first - person, subjective accounts into our professional understanding of madness. They point out all too clearly how the mental health community, both clinicians and researchers, have largely neglected those who have the most to say about this subject: those who have been there, and perhaps most importantly those who still *are* there.

I had to smile when they pointed

out the irony that although it is largely clients' self-descriptions of their conflicts that "earn" them their own DSM-IV diagnoses, once diagnosed the field almost universally ignores — and even more forcibly discounts—anything further they have to say about their experience. Yet my smile was tinged with pain, because I could not help but realise that to a degree I too, as a clinician, do this.

How much easier for me to pick a one-or-two-size- fits-all theory about schizophrenia and fit my clients into it. How much easier for me to fall into the comfortable trap of "knowing" why they have their problems - and "knowing" what will solve them (and getting frustrated with them when it doesn't go according to my plans). How much easier to go with the flow of a troubled system that views "patients" as medical specimens - an almost nonhuman Other. How much easier to relax the intensity of absorbing their points of view and turn away from the less-than-pleasant reality of seeing and hearing and feeling the world through their eyes and ears and hearts. And how much more emotionally difficult to be truly scientific, to lower the volume on the theories and let the clients' history and inner world - and the anxiety and isolation and sadness it so often carries - inform the healing.

As I read this book, I reflected many times how my approach to psychotic

clients would have been different had I read this book 10 years ago, when I was a social work student. As a student, I was pummelled by professors and supervisors and texts which all held to the "expert" point of view that psychotic people, with their supposedly biologically based problems, *need* medication, that therapy should primarily consist of convincing them to take their medication and accept the consequences of its side effects, and that any recovery they could make could only happen in the context of the medication first and foremost approach. It was suggested that my deep desire to listen to their problems was a nice sentiment - that I was a good soul to care – but that I was, to use a lovely phrase I have since learned from Joanne Greenberg (who used it in a different context) naively "whistling up the chimney". In hindsight – a hindsight this book nurtures – is it such a surprise that I, who felt the fallacy of this dogmatism, swung towards an opposing pole?

Yet this book does not press for a middle of the road approach. Geekie and Read instead make their case for respecting the client. Although they note that they do work with some clients who are medicated, they also speak openly of medication-free recovery. Likewise, they refer again and again to the value of the burgeoning consumersurvivors' movement, and they live up to MindFreedom's motto of giving clients the right to choose what works best for them.

What appealed to me most about this book – and opened the doors of my heart –was the authors' humanity. They approached the subject matter like scientists, in that they begin their study not with a foregone conclusion, but with a sense of curiosity and wonder. They lean heavily on the foundations of good information-gathering, and present in some detail what 15 clients of a first-episode psychosis service in New Zealand have to say about how they make sense of madness. They then discuss what fellow clinicians and researchers, from various schools of

thought, have to say. They also share their own personal histories of trauma and psychosis, which creates a humble backdrop for the book's explorations.

In a field where the modus operandi is to thrust forward your point of view with intentions of dividing and conquering those who do not share it, these authors do the opposite: they listen. In so doing, they become role models for more than they may even realize. They approach their audience of mental health professionals with the very attitude they advocate modelling towards clients: listening with an open mind, respecting the individual's personalized point of view, valuing the client's intrinsic worth through valuing his (or her) feelings, suspending our preconceived judgements about why he is the way he is, honouring his story as he tells it – whether it fits our expectations or not – and thereby giving him the safe space to explore himself, explore his history, explore his conflicts, explore his recovery on his own terms, and explore how to make sense of madness - and ultimately sanity – for himself.

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