New books do not emerge frequently in the field of what has come to be known as forensic mental health. I approached this one with some uncertainty in the light of its seemingly rather expansive subtitle. I need not have worried. Indeed, I should have known better given the editors and contributors (the foreword is by Baroness Helena Kennedy). Do not be taken in. The content is much wider and the book is both fresh and refreshing. It needs to be explored actively, otherwise one might miss something.

Reviews that simply list content can be dull. However, in this case it is important to do just that to describe at least some of the range of material covered. The book has six sections: Violence and Dangerousness, Forensic Psychotherapy, The Law, Ethics, Social Policy and International Perspectives. The content is strong throughout, particularly in relation to social, cultural and gender issues in the first section, introduced through a discussion of the medical model, anti-psychiatry and psychiatry as an institution. Someone with little or no knowledge of, or prior exposure to, the field could start right here. The same is true of the chapters on forensic psychotherapy and ethics, while retaining the sophistication that one would expect considering their authors.

I would venture to suggest also that anyone contemplating research into violence, even on a modest scale, should read at least the two chapters on criminological approaches to violence and its relationship with mental disorder. The section on the law is succinct and avoids the tendency to just catalogue sections of the relevant Acts. It gives clear guidance to those coming newly to the courts as well as offering insights to the more experienced. This book is a real treat. John Callender offers an engaging and rigorous account of how science and morality meet, addressing important issues which should be thought about and discussed well beyond academic circles.

In the first part, ‘Thinking about morality’, Callender tackles the following questions: how did morality evolve? Which role do emotions play in moral decisions-making? On what grounds is punishment for wrongdoing justifiable? Many of the scientific studies that have made an impact on thinking about morality and moral responsibility are described, their results assessed, and their implications explored. For instance, Haidt’s social intuitionism model and Libet’s studies on the causal (in)efficacy of conscious decisions are discussed at length. The main theories in moral and political philosophy are presented fairly, compared and challenged on both conceptual and empirical grounds. That is why this is not just a great prelude to what comes next, but also a useful and comprehensive introduction to ethics in its own right.

In the second part of the book, ‘Thinking about free will’, the reader appreciates more of Callender’s own original thesis that the philosophical and practical problem of free will and moral responsibility can be enlightened by considering the role of spontaneity and creativity in art. The initial sections are a good critical summary of the literature on the alleged conflict between determinism and free will, and the implications that different solutions to this conflict have for moral responsibility and for reward and punishment. The later sections are where the author develops his idea that art and morals overlap and that moral judgements have a lot in common with aesthetic judgements.

The third part, on clinical applications, helps the reader apply the previous discussion to concrete cases of normal and pathological ‘lack of freedom’. One chapter is dedicated to psychopathic personality disorder, one to trauma and dissociation, and one to the several dimensions of psychotherapy.
The book is informative and thought-provoking. The author’s most interesting suggestion about the notion of free will is that, by choosing to act in a certain way, we create ourselves.

The following quote aptly summarises what makes action free and autonomous for Callender: ‘One way in which we can utilize our creativity is in generating models of our futures, which allow us to achieve lives in keeping with our desires and capacities. These models then become one of the causal factors that determine the decisions that we make about our lives’ (p. 209).

Many have seen the current recovery movement, with its emphasis on personalisation, social inclusion and choice, as having arisen from earlier civil rights and disabilities movements. Here is a book that substantiates that claim through a succession of biographical sketches of innovators and activists of the past couple of hundred years.

Davidson and his colleagues have engagingly illustrated the continuity and progression of ‘values in action’ through the lives of people who have become our inspirational forefathers.

Moskowitz, a psychoanalyst and organisational consultant, promises a great deal having captured our attention with his title, and he manages to deliver. Through his engaging, casual and accessible style, with stories from daily life, the clinical arena and the laboratory, Moskowitz will succeed at informing, provoking and entertaining the lay reader, although his scholarly rigour will also make this book appealing to clinicians and academics. He effectively brings together the theory and practice of a range of disciplines in a refreshing way, making them comprehensible even to the untrained reader, a skill seldom displayed in this field. His experience working in a variety of settings, clinical, organisational and academic, is evident in his work as he seamlessly blends concepts from different schools of thought.

This is, in fact, what he sets out to do in his introduction: an ‘attempt to bring together and to connect what (he) can of this vast new field . . . to better understand human nature’. Essentially, he aims to provide a practical guide to the cognitive neuroscience revolution and demonstrate how to use scientific principles to improve our understanding of and relationship with others. Of course, it is over a hundred years since Freud outlined his wish to integrate knowledge of the brain with evolving concepts of mental functioning. Moskowitz draws on ideas from developmental psychology, learning theory, neurobiology, anthropology and linguistics, to name a few. The book contains pictures as well as case studies. Of particular note is the discussion of Bill Gates’ mindreading skills and the theory Moskowitz suggests as an explanation of Gates’ success.

My only criticism is that there are a number of typographical errors within the text, but overall, this is an exciting book, written with boundless enthusiasm – a joy to read.

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Neuroscience Revolution: A Guide to the Cognitive Neuroscience Revolution

By Michael Moskowitz.


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Reading Minds: A Guide to the Cognitive Neuroscience Revolution

By Larry Davidson, Jaak Rakfeldt and John Strauss.

Lessons learned from earlier civil rights and disabilities movements. Here is a book on personalisation, social inclusion and choice, as having arisen from earlier civil rights and disabilities movements. Here is a book that substantiates that claim through a succession of biographical sketches of innovators and activists of the past couple of hundred years.

Davidson and his colleagues have engagingly illustrated the continuity and progression of ‘values in action’ through the lives of people who have become our inspirational forefathers. Starting with Pinel, who inaugurated both moral treatment and the modern psychiatric era, they go on to social activists, Dorothea Dix and Jane Adams, pioneers of deinstitutionalisation, Erving Goffman and Franco Bassaglia, crusading civil rights and race leaders, including Martin Luther King, humane psychiatrists, Adolph Meyer and John Strauss and finally psychological and economic theorists, Lev Vygotsky and Amartya Sen.

Most of these names are familiar to even a casual student of the history of psychiatry but here is an opportunity to appreciate that nobody gets it right completely and to focus on what lessons can and should be carried forward as well as to underline cautionary notes concerning what we should avoid repeating.

However, it is initially puzzling that in a book dedicated to the roots of the recovery movement none of those reviewed specifically espoused ‘recovery’ as we currently know it. The authors could have written to their title by offering an annotated who’s who of more recent recovery champions. Instead, they have offered something more profound and helpful by tracing the guiding principles of recovery back through various forms of emancipatory humanism and values-led activism which has fuelled progressive change throughout the modern era.

This inspirational and supportive book concludes with an imagined conversation between those reviewed. Having drawn the reader into this challenging conversation as a witness, the authors conclude by sending him out to continue the debate with friends and colleagues but certainly better equipped.
This is an important contribution from international leads, which offers the reader interested in recovery an awareness of its substantial ethical and political foundations and the need to sustain a civil rights perspective.

Ian Marsh, an academic who ‘previously worked in a community mental health team’, has produced a puzzling work. For a start, he does not disclose his disciplinary standpoint, although this must surely be influential. The book was initially conceived, we are told, ‘as a form of discourse analysis’, in which the data for examination were ‘the linguistic elements of particular texts’. Now, it ‘examines historical and cultural forces that have influenced contemporary thoughts, practices, and policy in relation to this serious public health problem.’ This is an ambitious aim, for which the viewpoint of Michel Foucault may not be a wholly reliable guide.

There are three sections. A short explanation of Foucault’s ‘critical analysis of truth’ is followed by an account of the contemporary ‘regime of truth’ in relation to suicide. Finally, six historical chapters consider suicide in periods from Ancient Greece and Rome to the present, followed by a case study of Sarah Kane. This British playwright, who killed herself in 1999, wrote a series of plays in each of which a character attempts suicide, with or without success. These are said to illustrate the ‘process whereby individuals can come to resemble descriptions of pathological identities produced in relation to psychiatric truths and practices.’

Assuming that suicide is undesirable, Marsh says that a more controversial aim, in relation to its prevention, can be ‘the desubjectivisation of those constituted as patients, in relation to their desire to die . . . a refusal of what is taken to be . . . a “dissolving” of oneself.’ Although admitting that in many cases there is no need for such a critique, the author says that for others ‘formulation of non-lethal strategies of resistance may prove to be of help’. The resistance is to the interfering activities of society, but who the strategies would help is not made clear.

Marsh touches on the later theories of Freud and draws extensively on the work of Nikolas Rose in relation to the ‘diffusion of psychiatric power’. He particularly confronts understanding pathological states of mind as universal phenomena, ‘interpreting them instead as variable cultural and historical contributions’. Interpreted flexibly, such a view is now largely non-controversial. The special value of Foucault’s analytic tools is said here to be their ability to expose a whole field of enquiry to new, challenging questions. But is that all, and did it require such a ponderous approach?

Sleep can be considered a model for mental illness as a reversible delirium. Sleep is intimately associated with aminergic, cholinergic and gabaergic neuromodulators, which are also associated with mental illness. Sleep and sleep disorders may provide a useful window to advance our understanding of the complexities of the brain neurophysiology underlying the mechanisms of brain disorders that result in mental illness.

This book aims to provide a comprehensive review of sleep and mental illness. This it achieves with aplomb. A thought-provoking foreword is followed by chapters divided into three subsections. The basic sciences section is up to date and concise, with useful tables and relevant references. The neurophysiology of sleep and neurophysiological abnormalities of sleep associated with depression and insomnia are explored. Animal models of sleep and stress, with implications for the potential role of sleep in the processing of emotional events, are discussed in a dedicated chapter.

Section 2 addresses neuroendocrinology, including changes observed in disturbed sleep and depression. Gender differences in peptidergic sleep regulation are highlighted as a contributor to the higher risk of depression in females. The fascinating relationship between sleep and eating highlights the overlapping neuroendocrine influences of orexin, ghrelin, leptin and cortisol. The expanding role of melatonin from circadian rhythm regulation to disruption in affective disorders, use of dim light in melatonin onset and putative roles in neuroprotection offer intriguing insights into future directions for translational research.

Section 3 forms the largest component of this volume and is devoted to clinical aspects of sleep and mental illness. Current best practice for the assessment and management of common sleep disorders encountered in psychiatric practice is discussed by experts in the field. Insomnia receives particular consideration, justified in view of the evidence that it is a predictor for anxiety disorders, affective illness and psychosis. The parasomnias are
addressed in a chapter dedicated to forensic aspects of sleep in psychiatric patients.

There are few shortfalls in the book but the management of parasomnias needs to be expanded. Narcolepsy is discussed briefly in a chapter on the classification of sleep disorders but my view would be that it deserves a dedicated chapter. Klein–Levin syndrome is rare but on balance needs more consideration than a fleeting reference.

This volume is intended to be a resource for the multidisciplinary management of sleep disorders. It will be most useful to psychiatrists and psychologists. However, other sleep specialists, including basic scientists, neurologists and respiratory physicians, will also find it an invaluable resource.

I really enjoyed two chapters in particular. Chapter one, ‘Current depression landscape: a state of the field today’, lists the receptor systems and novel compounds currently in development and also touches on the thorny issue of how many individuals with depression might actually have an unrecognised bipolar spectrum disorder. Chapter four, ‘Translational research in mood disorders: using imaging technologies in biomarker research’, does a great job of illuminating this complex but increasingly important field. Some of the other chapters, such as the chapter on animal models of depression and medicinal chemistry, will be more interesting for researchers in these fields but were nonetheless very clearly written.

Although this is quite a small book (just eight concise chapters), I felt that it could have been even punchier. Given the book’s subtitle of ‘moving beyond monoamines to discover novel treatment strategies for mood disorders’, two of the chapters (one on defining depression endophenotypes and another on genetic and genomic studies of major depressive disorder) – although being excellent summaries in their own right – did not in my view fit particularly well with the book’s main aims. Another minor criticism was that some of the references for key points did not cite original articles but rather referred the reader to another book (usually – and this may just have been coincidence – a book published by Cambridge University Press).

This is a very useful and interesting publication with a great deal of clearly summarised information on biological depression research. It gives a concise overview of likely future directions for new treatments, but it is difficult not to be pessimistic about the future of this research area in the UK given the recent departure of key industry players and a regulatory environment which makes the development of new psychiatric drugs a complex and expensive undertaking.

In 2010, three major pharmaceutical companies (GlaxoSmithKline, AstraZeneca and MSD) announced that they would be stopping their UK-based research into new treatments for psychiatric and neurological disease. This is likely to have profound repercussions, not only for the neuropsychiatric research community, but also on the development of new treatments for conditions (such as depression) which we know have an enormous impact on public health. In this respect, Beyer & Stahl’s book is timely, and will be of interest both to those of us who investigate psychiatric disorders and for psychiatrists who believe that we need to support research which aims to develop and test new treatments for common disorders like depression.

For me, there are two important messages from this book. The first is that depression is a heterogeneous collection of clinical syndromes with different causes and, as such, to treat it effectively we will need to have a range of different pharmacological (and psychological) approaches. Second, the antidepressant treatments we have at present may be helpful for many patients but we need to acknowledge that a large proportion do not respond particularly well to these treatments, as highlighted by the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study. More research into the causes of depression, why only some patients respond to antidepressants, and the development of new treatments for depression are therefore much needed.
the effectiveness of second-generation antipsychotics with the first-generation antipsychotic perphenazine in schizophrenia. When the trial was conceived, second-generation antipsychotics had become an expensive first-line choice, with their respective manufacturers vying for marketing share. Nearly 1500 patients were enrolled and followed up in a pragmatic study design that allowed patients to switch treatments for 18 months. The initial paper was published in the *New England Journal of Medicine* after an embargo that mirrored the publication of a new Harry Potter novel. Interest was high in the US pharmaceutical industry and in the country on the whole, as this was the first significant independent trial of atypical antipsychotics. The headline results from the first phase showed little difference between the study antipsychotics, except for olanzapine, which was significantly superior for the main outcome (all-cause discontinuation). However, olanzapine was associated with more metabolic side-effects. In a later phase of the trial, clozapine demonstrated superior effectiveness. Subsequently, the project was much criticised, as both the study design and results challenged current thinking and prescribing patterns. Rather than being the definitive study, CATIE further fuelled the debate around differences between antipsychotics. Subsequent studies showed that the CATIE project had little influence on antipsychotic prescribing rates in the USA.

This book is not just a reprint of all published CATIE papers – it takes us beyond the hype of the first publication by reminding us of the breadth and depth of the trial. There are chapters on economics through to genetic testing. Indeed, the only parameter that appears not to be covered is medication adherence, even though there are discussions around drug levels. Each chapter is based on available papers but provides more detail and comment than can be achieved in today’s word-limited journals. Extra chapters look at the impact of CATIE and compare the results, albeit selectively, with recently published studies. There are additional insights on the design of such studies and comment on the more controversial (at least to some) aspects of the study design.

This book will be of major interest to anyone involved in psychopharmacology. However, the richness of the use of social and cognitive end points means that there is a wealth of information for those who have no interest in antipsychotics but are interested in the lives and outcomes of people with schizophrenia.

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