I will not pretend not to have felt a good bit jealous when I heard about The Shock of the Fall; first novel and Costa Book Award winner, by psychiatric nurse Nathan Filer. Where are all the psychiatrists when it comes to fiction writing? Well, they are certainly not to be found in this story. If, as a psychiatrist, you are hoping to find yourself portrayed for better or worse within the 300 pages of this tale of mental illness, you will be, frankly, disappointed. It is much worse than that. Psychiatrists are mentioned less than a handful of times throughout. On the face of it this may seem surprising, given that Matthew Homes, the narrator and central character, spends a significant part of the novel in an acute psychiatric unit, a little time on a high-dependency unit and is subsequently discharged on a community treatment order. The fact is that from Matthew's vantage point the psychiatrist is a very peripheral character with whom he has no interaction or relationship outside of the brief and heavily populated ward round. Apart from the very talented storytelling Nathan Filer has produced a fine description of psychiatry under New Ways of Working.

Some people read novels and say 'I didn't want it to end'. I wanted this book to end. If I am honest, I probably wanted it to end at the top of the cliff on page 247. It left me feeling sad. Sad for the patients, carers, nurses, support workers, but mostly sad for psychiatry.

Matthew's experiences of being a psychiatric patient both in and out of hospital are recounted with blush-inducing perceptiveness of what it must be like for patients caught up in modern-day mental health services and will undoubtedly ring true with any psychiatric professional, patient or carer. It is not a comfortable read.

The story begins at a holiday park a couple of days before Matthew's brother, Simon, dies in circumstances which are kept tantalisingly oblique until the near end. Near end that is, not the bitter end which you may be forgiven for anticipating as you progress through the book. Simon has Down's syndrome and intellectual disability and dies; Matthew has grief, guilt, drugs and schizophrenia; there is more than a hint that their mother and father have Munchausen syndrome by proxy; and Matthew's dope-smoking best friend is chained as a carer for a severely disabled parent. At first glance it reads more like a diagnostic manual which is not really the stuff of comedy and yet there are genuine laugh-out-loud moments which come as a more-than-welcome respite from this otherwise quietly disturbing novel.

Nothing seems to escape Filer's microscopic gaze in his effort to paint a searingly accurate canvas of the world inhabited by patients, but it is the external world within the confines of the hospital, rather than the internal world of Matthew's mental illness, where the observations of staff and his interactions with them are so well crafted with a brutal insight that makes you cringe and laugh in equal measure. The risk assessment form, in particular, is a masterful parody of justification, and I would challenge anyone having read this novel to ever complete another in the same way again. I have already said that psychiatrists make a very brief showing and also that it is a very real and true account of the current mental health services. The fact is that from Matthew's vantage point the psychiatrist is a very peripheral character with whom he has no interaction or relationship outside of the brief and heavily populated ward round. Apart from the very talented storytelling Nathan Filer has produced a fine description of psychiatry under New Ways of Working.

With this impressive book, Satel & Lilienfeld (practising clinicians in psychiatry and psychology respectively) have achieved a timely and balanced work on the limits of contemporary neuroscience. Brainwashed is an expose of 'mindless neuroscience: the over-simplification, interpretive license, and premature application of brain science in the legal, commercial, clinical and philosophical domains', and a damning critique of our now dominant assumption that a biological/Neuroscientific explanation is the best way to understand human behaviour.

The authors acknowledge neuroscience as a hugely important and influential field but emphasise its fledgling status. They focus particularly on the fMRI, the hallmark tool of neuroscience, and misapplied neuroscience, outlining the dangers of stretching paradigms beyond their appropriate use. The potential results are not only 'neuroredundancy' (fMRIs telling us things we already know about the world and contributing little or nothing in terms of useful data or knowledge) but also real societal harm. Brainwashed is a cautionary tale on the dangers of reductionism and the central question running through the book is whether we can ever understand the psychological through the neurological. This is, of course, nothing new, it is one of our oldest philosophical debates – the mind/body (brain) divide and the
resultant explanatory gap, i.e. how we comprehend our felt experience with reference to our neural activity. *Brainwashed*, however, has much to add not only by presenting authoritatively and clearly the philosophical issues at stake but in choosing to focus on the practical (mis)applications of neuroscience such as neuromarketing, addictions (and the brain disease fallacy), lie detecting and the errant use of neuroimaging within the criminal justice system, the rise of neurolaw, and issues of moral responsibility.

Satel & Lilienfeld write with a rare clarity and economy of language. Their intended audience is wide and they seamlessly bridge the gap between popular-science book and academic essay on the important challenges facing current neuroscience. The book is well referenced and up to date, and they write authoritatively on all the disparate topics they cover. That said, the succinct nature of the book is also a weakness. Given the complexity of the subject matter, I did feel at times it might benefit from a more in-depth analysis. This is, I imagine, a necessary trade-off to reach the wide-ranging audience this book deserves.

*Brainwashed* is ultimately about what neuroscience can and cannot tell us about ourselves and a thought-provoking plea for the understanding of human behaviour on multiple levels, including the psychological, cultural and social.
In this comprehensive and rare text on ECT, Ghaziuddin & Walter systematically address the issues of stigma, training, consent and practice. Procedures and practice have been progressively refined and now modern anaesthetic methods are in use. Pre-assessment is thorough, outcome measures are both generic and specific, including cognitive assessment scales and neuropsychological testing; electrocardiography, electroencephalography and brain imaging are recommended. It would appear that there are no absolute medical or neurological contraindications to ECT. Specific chapters are dedicated to ECT treatment studies and procedures for particular disorders, with accompanying case vignettes.

In conclusion, the evidence from open studies and case series for ECT in children and adolescents is convincing. Those clinicians who have during the course of their practice seen profoundly depressed children and young people unresponsive to treatment, young people with life-threatening catatonic states, or severely self-injurious children with autism spectrum disorder who head-banged until brain damage ensued, will, no doubt, consider ECT more readily after referring to this book. Others need training. If you are considering the administration of ECT for your patients or discussing the ‘pros and cons’ with the young person and their family, be sure to refer to this work.

It is beautifully written and as a result it is an easy and entertaining read, with illustrative case studies that provide windows into the real-life world of deaf people. Humour, pathos and tributes to the resilience of deaf people are woven adroitly into the clinical narrative. The content covers broad facts about deafness and deaf people in society, moving on to discuss deaf children’s early development and the massive impact on them of communication and education choices made for them by others.

Assessment, diagnosis and treatment of mental disorders in deaf children, adolescents, adults, older people and deafened and deaf-blind people are all covered. The sections on taking a history and working with interpreters are particularly detailed and helpful.

I recommend this book to mainstream clinicians and to all the clinicians already working with deaf people. Reading it opens one’s mind to the unusual experiences and presentation of mental illness in a group who have a different perspective on the world and who ‘hear’ through their eyes.

---

Gordana Milavic
Michael Rutter Centre for Children & Young People, The Maudsley Hospital, De Crespigny Park, Denmark Hill, London SE5 8AZ, UK. Email: gordana.milavic@slam.nhs.uk
doi: 10.1192/bjp.bp.114.150565

---

Helen Miller
consultant psychiatrist, Adult Deaf Service, Bluebell Ward, Springfield Hospital, 61 Glenburnie Road, London SW17 7DJ, UK. Email: helen.miller@swlstg-tr.nhs.uk
doi: 10.1192/bjp.bp.114.153310

---

Mental Health and Deafness: Professional Perspectives on Deafness, Evidence and Applications
By Margaret Du Feu & Cathy Chovaz.
ISBN: 9780199860753

Like the authors of this book, I work as a consultant psychiatrist with adults who have been deaf from an early age and communicate in sign language. Unlike the authors, I am hearing and when I go home at night I switch back into the hearing world. Both authors are deafened and rely on sign language to communicate. This book is remarkable in that it is the first textbook on mental health and deafness written by deaf professionals, a consultant psychiatrist and Canada’s first-ever deaf clinical psychologist.

From my perspective the two greatest challenges in working with this patient group are sharing their experiences of discrimination and abuse and the difficulty mainstream health services consistently have understanding and meeting their needs. This book has been written for clinicians who have relatively little experience working with deaf children and adults and is designed to be an introductory text for mainstream clinicians to better equip them to serve the needs of their patients.

Nostalgia is often portrayed as a rather cosy emotion, for example the Ostalgie for the former East Germany portrayed in films such as Wolfgang Becker’s 2003 Good Bye Lenin! or the ‘nostalgia shop’ (‘Out of the Past’) described in Woody Allen’s 2011 Midnight in Paris: ‘What was prosaic and even vulgar to one generation had been transmuted by the mere passing of years to a status at once magical and also camp’ (opening lines of a book written by Gil Pander). However, Professor Draaisma, of the University of Groningen, reminds us of the painful root of the word nostalgia, invented in 1688 by Dr Johannes Hofer by translating the German Heimweh into Greek. Jaspers also described a case series of individuals who, in despair, committed arson and murder in order to get home – a world away from the ‘magical and camp’.

The essays in this engaging volume deal with ageing, normal forgetfulness and reminiscence, and summarise a large amount of empirical research. One particularly fascinating chapter deals with the commodification of memory loss through memory training (which only seems to train you to be better at memory training games). The chapter ends, in an interesting parallel to Barbara Ehrenreich’s Smile or Die: How Positive Thinking Fooled America and The World, with a thoughtful consideration of the
implications of the maxim ‘use it or lose it’ and the unhelpful corollary that someone might be considered responsible for their memory problems through not having ‘used it’ enough.

Interestingly, a 19th-century prediction that nostalgia would become extinct due to increased communication has not come to pass in our era of social networks. The nostalgia factory of the title refers to the resurgence in later life of childhood memories in émigrés, ‘[but] the real nostalgia factory is time, which makes emigrants of us all . . . [Y]our reminiscences impress upon you that you are no longer living in the land of your youth. You find yourself in a foreign country without ever having left’ (pp. 143–4).

As an FY2 doctor hoping soon to enter into psychiatry training, Our Necessary Shadow was for me an eye-opening read. Having had first-hand experience of the day-to-day job of a psychiatrist, I now also have much greater understanding of and respect for clinical psychiatry.

The book is aimed at the general public in an attempt to provide greater understanding of ‘what psychiatry is, what it can and what it cannot do’. In the first section, the reader is taken on a tour through the history of psychiatry, including the way its development has been influenced by societal changes and international events such as wars. This historical background helps the reader to better understand past decisions, both good and bad. Current practice is described and challenged in a balanced and candid way. The future of psychiatry is honestly discussed, including areas and practices that could be improved.

For the general reader, psychiatry is explained in comprehensible terms. Many feared aspects, for example ECT, are demystified and their benefits clearly explained. Many readers will be from a generation accustomed to viewing psychiatry with a degree of suspicion. Much of the book is dedicated to giving a truthful account of the darker parts of psychiatry’s history, with fascinating insights into the character of the individuals involved. There are no excuses made for the darkest hours of psychiatry’s past. However, there is also plenty of material provided to challenge the views of the hardest cynic.

Throughout the book, Professor Burns uses professional and personal anecdotes and gives constructive opinions, which make this so much more than ‘just another textbook’. For early-career psychiatrists, this is an inspirational volume. For more experienced clinicians, it is a welcome refresher and reminder of psychiatry’s past and present, with a glimpse of what the future may hold. Most importantly of all, it is a chronicle of the impact of the profession on society, thinking and psychiatry itself – ‘that most human of medical disciplines’.

Tom C. Russ  
Clinical Lecturer in Old Age Psychiatry, Division of Psychiatry, Alzheimer Scotland Dementia Research Centre, Centre for Cognitive Ageing and Cognitive Epidemiology, all at the University of Edinburgh, and Scottish Dementia Clinical Research Network, NHS Scotland. Division of Psychiatry, Kennedy Tower, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF, UK. Email: tc.russ@ed.ac.uk
doi: 10.1192/bjp.bp.114.144675

Mariam Ali  
FY2, Faculty of Medicine, Imperial College London, and Oxford University Hospitals NHS Trust, London, UK. Email: mariam.ali06@imperial.ac.uk
doi: 10.1192/bjp.bp.113.143727

When W. H. Auden wrote poetically soon after Freud’s death that Freud had become ‘a whole climate of opinion’, this was certainly true in the world of 1940. Psychoanalysis and world events had collided with Freud dying in exile from his beloved Vienna in Hampstead, London soon after the declaration of war in September 1939. The regard for psychoanalysis then and the centrality of the theory to mainstream psychiatry is well illustrated in this new work of detailed scholarship by Daniel Pick. Pick is best known to those interested in the history of psychiatry for his Faces of Degeneration (1989) and in this most recent book he combines his interests as a professor of history and a trained psychoanalyst in giving an account of how the theory of psychoanalysis was called upon by military intelligence to give insight into the mindset of Nazism and fascism. Psychoanalytic theory was already exploring the issue of mass psychology and how populations might fall under the sway of a charismatic leader, and Pick references the work of Fromm, Reich and others in this regard.

Where this book is most fascinating is in its account of psychiatrists coming face to face with Nazi leaders. The most celebrated example is the case of Rudolf Hess, Hitler’s deputy, who in a bizarre episode flew himself to Britain in May 1941, ostensibly to try to arrange peace talks with Britain. Concerns soon emerged about the sanity of the deputy Führer and Dr Henry Dick of the Tavistock Clinic was engaged as part of the medical team looking after Hess under conditions of secrecy and security and with British Military Intelligence involvement. (A more popular account of the Hess internment can be found in Camp Z by Stephen McGinty (2012), including the drama of Hess’s suicide attempts.) Pick reproduces the statement by Hess...
at the Nuremberg trial along with extracts from the clinical notes of Dick. In the end it is difficult to tell with Hess where paranoid and perverted political ideology becomes psychopathology but his testimony and that of other Nazi leaders at Nuremberg, both to the court and to psychiatrists, illustrates well the powerful hold that an ideology and a charismatic leader can exert even after defeat. Hess clearly states he would have behaved no differently if he had his time over again and his faith in Hitler remained to the end. A number of psychiatrists published accounts of their examinations of the Nuremberg war criminals in the post-war years and Pick draws on these accounts.

For such a detailed work of scholarship this book is inexpensive and is a recommended addition to both institutional and personal libraries. It is doubtful today that psychiatrists would be viewed as having a position of privileged insight into a political phenomenon such as the rise of fascism and this book therefore documents an important and forgotten juncture in the history of our discipline.

Iain David Smith  consultant addiction psychiatrist, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0DY, UK. Email: iain.smith@ggc.scot.nhs.uk

doi: 10.1192/bjp.bp.112.124669
Electroconvulsive Therapy in Children and Adolescents
Gordana Milavic
Access the most recent version at DOI: 10.1192/bjp.bp.114.150565

References
This article cites 0 articles, 0 of which you can access for free at:
http://bjp.rcpsych.org/content/205/5/414.2#BIBL

Reprints/permissions
To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at
/letters/submit/bjprcpsych;205/5/414-a

Downloaded from
http://bjp.rcpsych.org/ on June 26, 2017
Published by The Royal College of Psychiatrists

To subscribe to The British Journal of Psychiatry go to:
http://bjp.rcpsych.org/site/subscriptions/