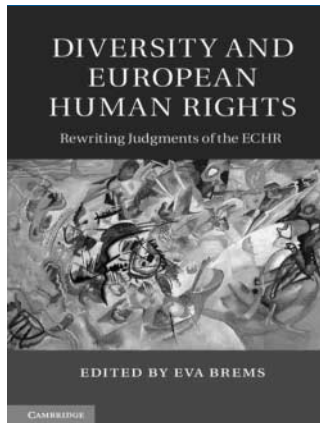


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Diversity and European Human Rights: Rewriting Judgments of the ECHR

Edited by Eva Brems.
Cambridge University Press. 2013.
£80.00 (hb). 495 pp.
ISBN: 9781107026605

This is an original, innovative academic tome. Under the leadership of an eminent human rights professor, a group of international researchers tackled the ‘magic mountain’ of case law from the European Court of Human Rights. The book concentrates on the often neglected situation of diverse non-dominant groups: children, gender, religious, sexual and cultural minorities, and people with disability. The collective aim of the authors was described as ‘the emancipation of non-dominant groups through a change in culture’. The book’s innovative character lies with the invention of a new method for reviewing previous epoch-making case law. The authors, experts in their given areas, were to ‘put themselves in the Court’s shoes’ in their critical analysis of key judgments (rather than the ‘traditional method of external scientific analysis’). It is this method of analysis which makes the book very readable, and although it is, of course, legally technical in places (but not overwhelmingly so for legal novices), it has a surprisingly conversational reading style, which is impressive given the diversity of contributing authors.

Each chapter provides detailed research into the topic under analysis, often advancing the cases being analysed by using more recent jurisprudence and international human rights law and, in effect, bringing the cases up to date. Following such analysis, the salient part of the original judgment is revisited and revised accordingly. Overall, I found the analysis more interesting than the actual judgment revisions.

One of the main aims of the book was to transform academic views into judicial language. In all, 18 judgments were reviewed. Interestingly, only eight of these cases found that the original human rights non-violation became a violation. However, while the other ten cases were unaltered in terms of the violation or non-violation of Convention rights, the judgments were invariably amended and enhanced by the authors following their critiques.

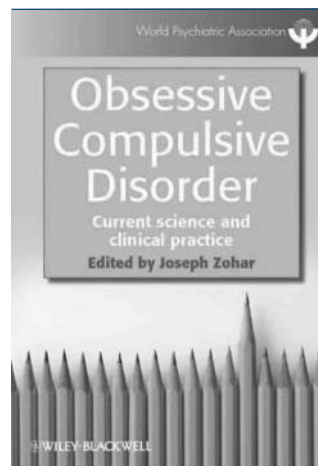
Of the cases analysed several stood out. For example, *V v. UK* concerned the trial of an 11-year-old boy, one of two killers in the notorious murder of the 2-year-old boy James Bulger in 1993. While a shocking case, the judgment was seminal in that it set important standards for the fair trial of children in adult courts. Another case, that of *A, B and C v. Ireland*, analysed the emotive, highly restrictive abortion laws in Ireland. *Deschomets v. France* looked at a decade-long custody battle underscored by a religious disagreement leading to a family crisis. *Leyla Sahin v. Turkey* considered the case of a medical student having been denied access

to enrolment in university due to wearing a hijab and hence being discriminated against on grounds of her religion.

The disability section is the most readable for psychiatrists. The three chapters consider the right to treatment (and specifically, of expensive assistive devices to enhance personal autonomy) of people with a physical disability; the impact of unnecessary institutionalisation on the personal life of an individual who has been granted a conditional discharge under the Mental Health Act 1983 (*Kolanis v. UK*); and probably the most important chapter revisiting the case of *Herczegfalvy v. Austria*, which for more than two decades has been considered the benchmark case for psychiatric treatment in terms of Article 3 rights (freedom from inhuman and degrading treatment). I found this chapter riveting in its detail and elucidation of how such a case should be considered nowadays and I very much suspect this chapter is prophetic of what is to come in this clinical area.

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Obsessive Compulsive Disorder: Current Science and Clinical Practice

Edited by Joseph Zohar.
Wiley-Blackwell. 2012.
£59.99 (hb). 358pp
ISBN: 9780470711255

Forming part of the World Psychiatric Association’s Current Science and Clinical Practice series, this book has brought together a number of experts who discuss assessment and treatment, with clinical and research spotlights and a brief resume examining possible future directions of treatment and research in obsessive-compulsive disorder (OCD).

It is mooted that the current work on genetics, brain imaging and a sophisticated understanding of neurotransmitters will result in a second major revolution in the understanding and treatment of OCD. The first revolution occurred in the 1970s when the condition was discovered to be common and when successful drug and graded exposure treatments were described.

The book is timely. Although OCD is a very common disorder which causes much suffering worldwide, services for this condition are patchy and often overlooked. Despite the chance of making radical changes to the quality of life of those who are affected, they are often dismissed by mental healthcare planners as ‘the worried well’. This is far from the truth and OCD has been ranked among the top ten causes of health disability worldwide. Most individuals with OCD suffer in silence and do not cause a public outcry.

The book has brought together an impressive list of experts in the field. They come from the USA, Europe, Israel and South Africa. As may be expected in a book written in English, there is a predominance of US and British authors. Nevertheless, covering both adult and childhood OCD, this is an extremely useful book

for anyone who wishes to extend their knowledge and develop services for OCD. As well as presenting the science behind OCD, the outcomes of various therapeutic interventions are also examined.

My criticism of the book is that, as a multi-author work, it is in parts highly repetitive. For example, almost every chapter includes a description of the Yale–Brown Obsessive Compulsive Scale. This may be useful for the reader who uses the book as a reference work, but it is tedious for anyone reading it from beginning to end. Another criticism is that whereas a wealth of neuropsychiatric research is presented, cognitive–behavioural therapy (CBT) is rather sparsely covered. There is a relatively short chapter on psychological treatments but the general role of CBT, such as in treatment-refractory OCD, is not fully described.

Despite my reservations I feel this is a useful addition to the literature and would recommend it to all adult and child psychiatrists who may wonder how to treat these patients.

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De-Medicalizing Misery: Psychiatry, Psychology and the Human Condition

Edited by Mark Rapley, Joanna Moncrieff & Jacqui Dillon. Palgrave Macmillan. 2011. £19.99 (pb). 320pp. ISBN: 9780230307919

This multi-author work derives from, apparently, a series of conferences arranged by the Critical Psychiatry Network, the Hearing Voices Network and the School of Psychology at the University of East London. Their roots lie in the anti-psychiatry movement of the 1960s and 1970s, and they nail their colours to the mast. Of the 19 contributors, 6 are (or have been) consultant psychiatrists, the rest being mainly clinical psychologists. The zeitgeist of the collection is an overall critique of the 'positivist psychiatric project of codifying human suffering into disease-like categories', and although the editors' knowledge of psychiatric history seems very limited (seeing recognisably modern psychiatry and psychology as starting in the 1890s), one can only admire the enthusiasm and commitment of the authors.

The 19 chapters summarise various challenges to current mental health practice, often referred to as the 'psy-professions'. Chapters include 'The social context of paranoia', 'Medicalizing masculinity', 'The myth of the antidepressant: an historical analysis', and 'Toxic psychology', and their titles are exemplary of their content. Nor does the content confine itself to just medical aspects (e.g. the myth of mental illness), but also aims its barbs at psychotherapy and psychology (e.g. 'Psychotherapy: illusion with no future?'). The notion of psychiatry as 'imperialism', constant use of phrases such as 'the medical model' (what is the

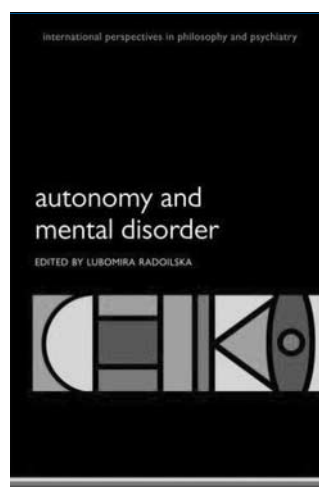
medical model these days?) and references to a 'naively realist worldview', help define the discourse. There is, generally speaking, a consistency of opinion here, and there is a wide range of references, although a number of authors tend to refer to themselves more than anyone else (not a good habit).

The editors sum up the overall thrust of the concerns in their last chapter ('What is to be done?'), reinforcing the notion that 'the modern conception of madness and misery as diseases, illnesses or disorders that can only be understood within a specialist body of knowledge, fails to do justice to the range and meaning of the experiences that these concepts refer to'. Their concern is that such designation abuses individuals and thus somehow lends to 'wreaking violence on the life experience and subjectivity of those we purport to "help"'. Their point that madness and misery are not just a preserve of psychiatrists but 'they belong to us all' is wholly reasonable, and in that sense the battle against stigma remains essential to how we progress with psychiatry in the 21st century. Why, however, we should abandon attempts at understanding better the nature of psychological problems, or the extraordinary insights generated by the diagnostic model that derives from Hippocrates and Sydenham, is another matter. Embracing criticisms of modern psychiatry in this volume, which should make us think, is an exercise that all good psychiatrists should undertake. For example, the over-expansion of the notion of 'depression' is a besetting difficulty for anyone in clinical practice.

Many busy professionals no longer have time to read whole books, but taking any one or two chapters from this sparky collection would be well worthwhile. In that regard I would recommend, Jacqui Dillon's 'The personal is the political' deriving from her grassroots experience, and 'Dualisms and the myth of mental illness' by Philip Thomas and Patrick Bracken as a classic example of philosophy and psychiatry not mixing. That psychiatry should row back from trying to be an all-embracing answer seems obvious, and we should welcome critical messages, but anti-science is not the right way forward.

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Autonomy and Mental Disorder

Edited by Lubomira Radoilska. Oxford University Press. 2012. £39.99 (pb). 328 pp. ISBN: 9780199595426

How autonomy and mental disorder relate – the topic of this book – is a good example of a question likely to provoke two minds: is it a puzzle that, as Wittgenstein would have said, is like a fly buzzing