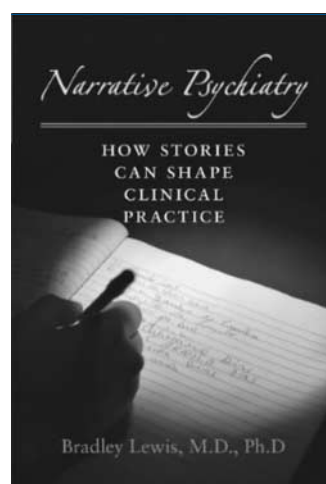


of the most controversial issues in neuroepidemiology is the paradoxical, yet consistent observation that an increased proportion of tobacco smokers in a population correlates with a lower risk of developing Parkinson's disease. An intriguing chapter on comparative cognition presents paradoxical experimental findings showing that chimpanzees can identify more digits than a human could ever do in a single glance, and remember their location (photographic memory). Throughout the book there are elegant examples illustrating how brain damage or sensory loss can result in better-than-normal performance. Specifically, the chapters on creativity and accomplishments in both neurological (e.g. epilepsies, neurodegenerative dementias) and psychiatric conditions (e.g. psychoses, affective disorders, autism) invite the reader to focus on the uniqueness of the individual patient and their positive potentials, rather than thinking solely in terms of the disorder.

Paradoxes about the brain are intellectually stimulating and have both negative and positive implications. A negative implication is that these findings inevitably remind us that our current understanding of brain function is limited and overall primitive, especially in comparison with what we know about other, less paradoxical organs. The positive aspect is that these paradoxes are enlightening examples of exceptions to, or anomalies in, our current theories on brain functioning in both healthy people and neurological patients, thus suggesting future avenues for neuroscientists to develop better theories. These theories will likely result from what Thomas Kuhn called 'paradigm shift' and will therefore be characterised by higher explanatory powers to improve our understanding of brain function in health and disease. Will our endless attempt to uncover the secrets of brain function and to develop theories that 'carve nature at its joints' leave us with fewer brain paradoxes? Maybe so, paradoxically.

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### Narrative Psychiatry: How Stories Can Shape Clinical Practice

By Bradley Lewis.  
The Johns Hopkins University  
Press. 2011.  
US\$50.00 (hb). 240pp.  
ISBN: 9780801899027

The project of narrative medicine is to emphasise subjectivity and the particular in the consideration of a patient's condition. This approach is in contrast to the usual objectifying and universalising lens of modern medicine. In other words, the doctor's interest and concern ought to be as much about the objective facts about cancer of the colon, for example, as about how the unique individual in front of him or her subjectively experiences their

situation and what this means for this particular individual's life. Now, it could be argued that what the project of narrative medicine is striving for is only relevant to internal medicine and the surgical specialties. For, psychiatry by definition is as much about objective facts as about the meaning that both patients and their psychiatrists attribute to the facts of psychiatric disorders.

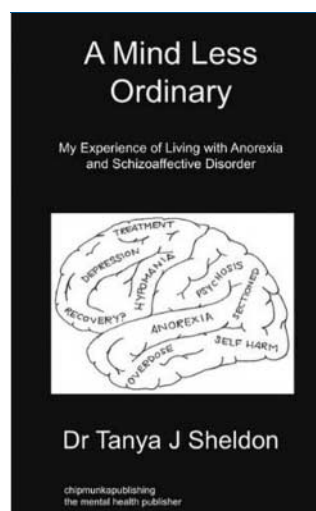
Bradley Lewis's thesis is that there is intrinsic poverty in the offerings of biopsychiatry, despite its ascendancy as an intellectual driving force in psychiatry and its triumph over psychoanalysis in the USA. For Lewis, narrative psychiatry 'seeks a deep and empathic understanding of the patient as a person' (p.74), and 'appreciates that the process of recovery often involves reauthoring and retelling the stories of our lives' (p.74). He argues that narrative psychiatry is aware of the use of medication and the distinction between disease and illness. But, more significantly, that 'narrative psychiatrists are . . . self-reflexively adept at a narrative understanding of the many stories psychiatrists tell as they are at understanding the stories of psychic life that their clients tell' (p.74).

It is a truism that storytelling is at the heart of human life. Lewis makes the point that some understanding of narrative theory – the pervasive place of metaphor in language and its impact on communication, and the role of plot and character in the management of time and action in narration – is important for clinicians. He distinguishes between 'thin' and 'thick' stories; the former being the account summarised by clinicians and the latter the rich, complex and involved account consisting of the particularities of a life.

Lewis succeeds in making a case for a narrative approach in clinical psychiatry. However, I am not persuaded that one need accept or appeal to Foucault to see the benefits of narrative theory to clinical practice, nor that the arguments of post-psychiatry or the recovery movement are germane to his thesis. Storytelling is an integral part of human life. We all do it effortlessly, more or less, in exactly the same way that we all use language. But like language, we may need to be reminded of the unobtrusive infrastructure on which stories are built. For this reason alone, Lewis's book is very much welcome.

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### A Mind Less Ordinary: My Experience of Living with Anorexia and Schizoaffective Disorder

By Tanya J. Sheldon.  
Chipmunkpublishing. 2011.  
£12.00 (pb). 132pp.  
ISBN: 9781849915274

Patients often search for the reasons behind their illness. They try to pinpoint and record the changes in their mental state as they occurred and to work out what improved their circumstances

and what made them worse. Patient memoirs, including Sheldon's, are no different. What sets her account apart, however, is that her medical background makes her more aware of the process of mental illness as she passes through it.

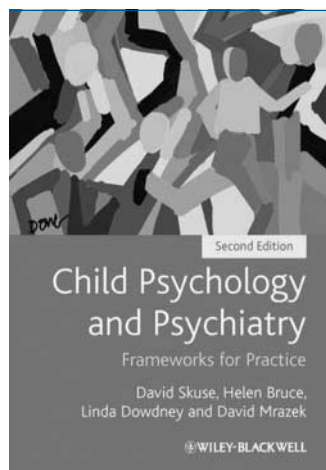
Although Sheldon has never practised, her medical degree informs her understanding of her mental health now and during the many trials she has faced along the way. In a lucid, confessional style she produces a record of her experiences while considering the psychopathology, diagnosis and treatment of her anorexia and schizoaffective disorder. Her intention is to give the reader insight into mental illness as medics would themselves experience and analyse it.

For the clinician, most interesting are Sheldon's criticisms of her care. She is critical of her treatment by ex-colleagues, of misapplied diagnoses and treatment regimes, such as at the specialist eating disorder centre she attended, which seemed to her cruel in the level of discipline it demanded. Her criticism is not intended to shame those that have treated her. Instead her intention is that through accurate recollection of events as they occurred she will be able to inform her reader, whether patient or clinician. Many will feel that as unique and moving as Sheldon's struggle has been, these are sadly stories that they hear every day. Certainly, Sheldon provides a history of depression, anorexia and psychotic illness that would be familiar to most people working in mental health. If anything, her account suffers from her effort to make it as concise and clear as she can. It often seems as if she holds back from describing important aspects of her life, such as her family situation, to push on in her story.

Sheldon's account does not have the weight of accounts like William Styron's *Darkness Visible*, on his experience of depression, nor is it the only book available by a mental health professional on their experiences of mental illness (*Undercurrents* by Martha Manning, a clinical psychologist, is a good example). However, it does describe a unique and brave battle by a patient with a complicated list of psychiatric problems much closer to home. Despite Sheldon's lack of experience, her background provides a route to refresh the empathy of a tired clinician by allowing them a glimpse of what it might have been like for them to go through what their patients have experienced.

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**Child Psychology and Psychiatry: Frameworks for Practice (2nd edn)**

Edited by David Skuse, Helen Bruce, Linda Dowdney & David Mrazek. Wiley-Blackwell. 2011. £39.99 (pb). 304 pp. ISBN: 9780470973820

The editors of this book seem to have set an arduous task for the contributors: provide an account of the chosen topic in a condensed form limited to an average of five pages (including

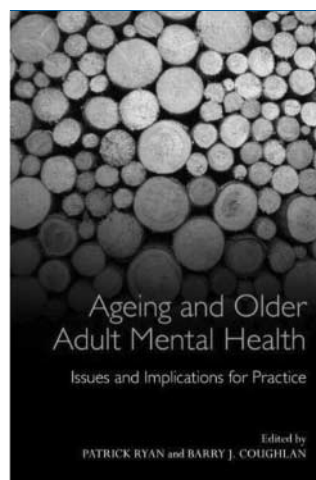
tables!), include recent developments in the field and limit the references to a minimum (at best 25 references). The result is a collection of chapters with themes ranging from family and systemic influences through literacy disorders to paediatric psychopharmacology. This is a remarkable feat given that this is a slim volume (290 pages of text including references). Most of the contributors are well-known names in child and adolescent psychology and psychiatry, mainly, but not exclusively, from the UK and Ireland.

The book is divided into seven sections: developing competencies; promoting well-being; attachment and separation; the impact of trauma and maltreatment; atypical development; assessment; and approaches to intervention. It is targeted at both child and adolescent psychiatrists and clinical child psychologists and their respective trainees. The editors have succeeded in making the topics relevant to both groups and, in fact, the mix of chapters is one of the strengths of the book. The quality and usefulness of the chapters, however, vary widely from those that are outstanding to others that are prosaic and ordinary. The chapters on anxiety disorders in children and adolescents, childhood behaviour problems, eating disorders and family therapy assessment are rather basic. The chapter on psychodynamic approaches does not do justice to the subject. It would have been more useful if some chapters had addressed specific aspects of the topic rather than the whole subject.

However, Muter & Snowling provide a first-rate account of literacy disorders that includes both dyslexia and reading comprehension disorder. Conti-Ramsden & Durkin's chapter on specific language impairment is an elegant summary of the topic. Early-onset bipolar disorder by James is an admirable account of the current state of knowledge on the subject, and Taylor's chapter on diagnostic classification describes the issues facing child and adolescent psychiatry masterfully and is opportune at a moment when DSM and ICD are going through revisions. For these chapters alone, the book is worth buying. A strength of the book is that the 46 short chapters provide something for everyone practising child psychology and psychiatry.

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**Ageing and Older Adult Mental Health: Issues and Implications for Practice**

Edited by Patrick Ryan & Barry J. Coughlan. Routledge. 2011. £21.99 (pb). 296pp. ISBN: 9780415582902

This is a most unusual and curious book. It took me quite a while to work out its frame of reference, relax and start to appreciate what it has to offer. Ultimately, I concluded that it challenges the lenses we commonly use to consider mental health in older people, making it quite a thought-provoking read.