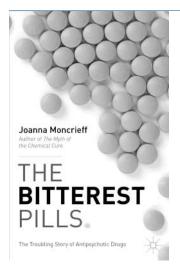
resultant explanatory gap, i.e. how we comprehend our felt experience with reference to our neural activity. *Brainwashed*, however, has much to add not only by presenting authoritatively and clearly the philosophical issues at stake but in choosing to focus on the practical (mis)applications of neuroscience 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.

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## The Bitterest Pills: The Troubling Story of Antipsychotic Drugs

By Joanna Moncrieff. Palgrave Macmillan. 2013. £19.99 (pb). 296 pp. ISBN: 9781137277435

This is an important book. You might think I would say that as a member of the Critical Psychiatry Network, like the author, Joanna Moncrieff, senior clinical lecturer at University College London. However, I do think her critique has a sound academic grounding and engages with public concerns about antipsychotic medication.

The book describes the extent to which the prescription of antipsychotics is marketing-based rather than evidence-based. Chlorpromazine, of course, was the first drug seen as having a specific role in the treatment of mental illness. Moncrieff, instead, emphasises the non-specific nature of antipsychotic effects, which she frames by promoting a drug-centred rather than disease-centred model of their action. Nonetheless, she says that antipsychotics can 'help individuals gain relief from intense and intrusive psychotic experiences or destructive emotional states'

(p. 18). By this she means more than their placebo effect and believes they can be of value as emotional suppressants. I would encourage you not to dismiss her approach as unbalanced. Despite what may seem like niggling overstatement at some points, she does present a genuine argument, with which I think it is important to engage.

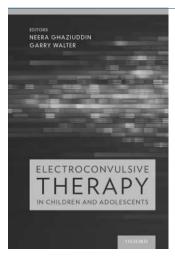
She describes the wish-fulfilling nature of the dopamine theory of schizophrenia. She also makes a stronger case than even I was aware of for ventricular enlargement in schizophrenia being a drug-induced phenomenon. Historically, as she points out, there has been denial in psychiatry about traditional antipsychotics causing tardive dyskinesia and atypical antipsychotics producing the metabolic syndrome. Her summary critique of the early intervention approach also seems to me to be one of the best available.

I am sure this book will be too sceptical for most psychiatrists. It may seem to undermine psychiatry's cultural system. Personally, I think psychiatry needs to face up to the truth about the psychopharmacological revolution, rather than continuing to rely on its aura of factuality. Even the past editor of this *Journal* Professor Peter Tyrer agrees¹ we should call an end to the post-chlorpromazine era. I hope Jo's book makes a significant contribution to this debate.

1 Tyrer P. From the Editor's desk. Br J Psychiatry 2012; 201: 168.

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## Electroconvulsive Therapy in Children and Adolescents

Edited by Neera Ghaziuddin & Garry Walter. Oxford University Press USA. 2013. £37.50 (hb). 316 pp. ISBN: 9780199937899

Reading this book was a fantastic opportunity to form a view on the best evidence available, although I should preface my review by pointing out that there are no controlled electroconvulsive therapy (ECT) trials in young people under 18.

ECT was introduced in Rome in 1938 and from 1940 until 1950 was used in all age groups. ECT studies demonstrated effectiveness in conditions such as mania, melancholia and childhood schizophrenia, but the public image of ECT took a nose dive in the 1960s and even more so after films such as *One Flew Over the Cuckoo's Nest* (1975). However, the past decade has seen resurgent interest in the use of ECT with young people.

The application of ECT in adults and young people differs. Studies in the USA and Australia indicate that less than 1% of all patients treated with ECT are children and adolescents. Children have a lower seizure threshold and the risk of prolonged seizures is increased. There have been no reported deaths linked to ECT. Side-effects in young people appear to be generally mild and transient.

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.

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MENTAL HEALTH
AND DEAFNESS

## Mental Health and Deafness: Professional Perspectives on Deafness, Evidence and Applications

By Margaret Du Feu & Cathy Chovaz. Oxford University Press USA. 2014. £25.99 (pb). 320 pp. 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.

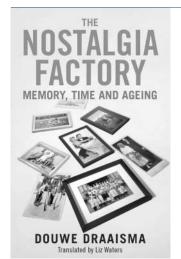
It is beautifully written and as a result it is an easy and entertaining read, with illustrative case studies that provide windows into the real-life world of deaf people. Humour, pathos and tributes to the resilience of deaf people are woven adroitly into the clinical narrative. The content covers broad 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.

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## The Nostalgia Factory: Memory, Time and Ageing

By Douwe Draaisma. Yale University Press. 2013. US\$25.00 (hb). 176 pp. ISBN: 9780300182866

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