

of post-tsunami psychological distress in Sri Lanka and the increased diagnosing of depression in Japan, finding that scant consideration was given in these cases to the appropriateness of applying an American model of distress to a non-Western society. A common theme is that of foreign 'experts' introducing their knowledge to a population that is seen as psychologically primitive. The book calls this primitiveness into question, especially when examining schizophrenia treatment in Tanzania, where outcomes are considerably better than in America.

Some of Watters' targets provide rich focus for discussion. In Sri Lanka in particular the book's account of rival research groups scheming to recruit to their own specific brand of post-traumatic therapy is alarming and the concerns raised reflect those held by many psychiatrists. The chapter on depression might be better served by a more in-depth approach. As there is little space given to arguments opposing those this book favours, *Crazy Like Us* is more polemical than analytical. However, anyone who surmises that Watters has an agenda hostile to psychiatry will be intrigued by an admission that his wife is a psychiatrist.

Some may strongly disagree with this book's challenges to the assumption that Western frameworks can generate a universally valid knowledge base. The focus is on America, but the book is sufficiently universal to interest a European reader. It is worthy of purchase for anyone, psychiatrist or lay reader alike, interested in the disagreements between anthropology and psychiatry.

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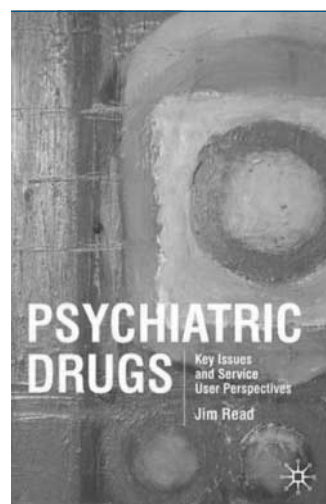
doi: 10.1192/bjp.bp.110.082834

The book is written clearly but from a challenging perspective. It highlights arguments about the negatives of medication but without much attempt to give any other view. It quotes liberally from such stalwarts of antipsychiatry as Peter Breggin and other sceptics of current psychiatric practice. It comes from the ethos of the traditional English user movement which, with some justification, sets out a polarised world between psychiatric practitioners and those that receive their help. It is a world in which appeals for dialogue and partnership are made by both sides but sometimes with little apparent understanding of the differing needs of various parties. The book barely touches on the emotional as well as less understood and less tangible reasons of why people resist medication, and instead concentrates on arguments and research based on the evidence of efficacy and negative side-effects. This means that large areas of the user experience are ignored.

After an initial shaky start, the book became a compelling read, but I did sense that it could easily become a handbook for the disaffected. It is good that those who have little control over their lives can gain arguments and information from their own community but at the same time it is alarming, as this seemed so partial. I would much prefer to read a book that was either openly anti-medication or one written jointly from a pro-medication and a sceptical perspective.

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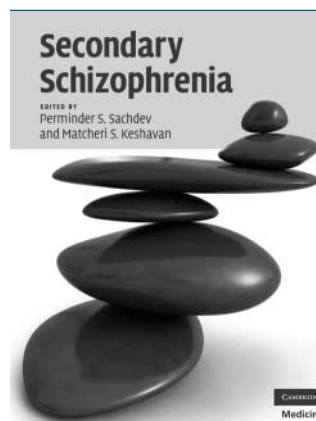
### Psychiatric Drugs: Key Issues and Service User Perspectives

By Jim Read.  
Macmillan. 2009.  
US\$28.95 (pb). 208pp.  
ISBN: 9780230549401

This book is a welcome addition to the debate about the value and purpose of medication. It takes a particular user perspective and challenges assumptions about the very need for medication.

The reasons users do and do not take medication are numerous and swirl into questions of self, identity and autonomy. They are tangled up with illness and belief, with politics and safety, with respect for our bodies and the preservation of our minds.

This book makes many points about the value of medication and questions users' reliance on and faith in it. It looks at the experiences of different communities, examines research into users' views and records the experiences of coming off medication. It is an important publication for people who want to reflect on their own practice and beliefs about medication.



### Secondary Schizophrenia

Edited by Perminder S. Sachdev  
& Matcheri S. Keshavan.  
Cambridge University Press. 2010.  
£70 (hb). 450pp.  
ISBN: 9780521856973

Given the large number of medical books on the market, it is rare for a new volume to find a place in a genuinely new area. This book from Sachdev and Keshavan tackles the topic of secondary psychosis, although the authors prefer the term 'secondary schizophrenia'. This is a topic that is usually subsumed in larger texts of organic psychiatry and neuropsychiatry but never previously justified a textbook as far as I am aware. Many readers will wonder – is there enough primary material on this topic to justify a standalone text?

Over 33 chapters and 436 pages the editors and contributing authors make a resounding case that this is no longer a niche area. The book is extremely up-to-date, with about half of cited references published in the past 10 years. Indeed, I would go further and say I doubt this book could have been written before such recent evidence, cited here, was itself published. Looking at individual chapters, it is probably drug-induced psychosis that is