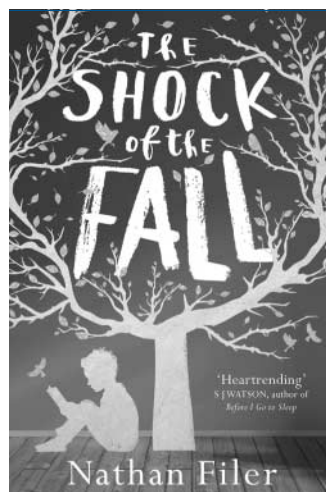


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay

**The Shock of the Fall**

By Nathan Filer.  
Harper Collins/The Borough Press.  
2014.  
£7.99 (pb). 320 pp.  
ISBN: 9780007491452

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. But this is Matthew's story; the story of a young man struggling with a mental illness and looking back on the emotional fallout since the death of his brother in childhood.

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 suffers from recurrent depression and 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.

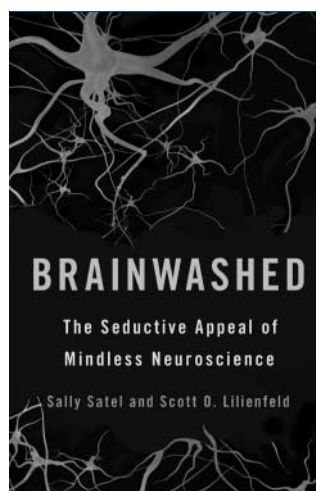
Nothing seems to escape Filer's microscopic gaze in his effort to paint a searingly accurate canvas of the world inhabited by patients, but it is the external world within the confines of the hospital, rather than the internal world of Matthew's mental

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.

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.

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**Brainwashed:  
The Seductive Appeal  
of Mindless Neuroscience**

By Sally Satel & Scott O. Lilienfeld.  
Basic Books. 2013.  
US\$26.99 (hb). 154 pp.  
ISBN: 9780465018772

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 exposé 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/neural 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.

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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.

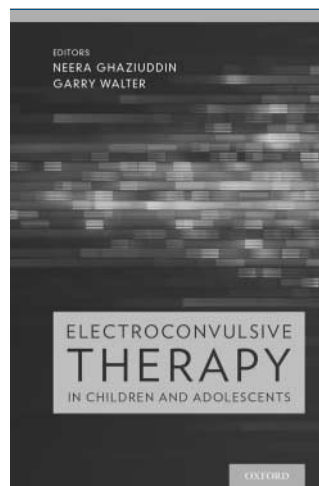
She describes the wish-fulfilling nature of the dopamine theory of schizophrenia. She also makes a stronger case than even I was aware of for ventricular enlargement in schizophrenia being a drug-induced phenomenon. Historically, as she points out, there has been denial in psychiatry about traditional 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 agrees<sup>1</sup> 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.