

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.

Lynne M. Drummond National Service for OCD/BDD, South West London and St George's Mental Health NHS Trust, Springfield University Hospital, London SW17 7DJ, UK. Email: lynnemd@sgul.ac.uk

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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

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.

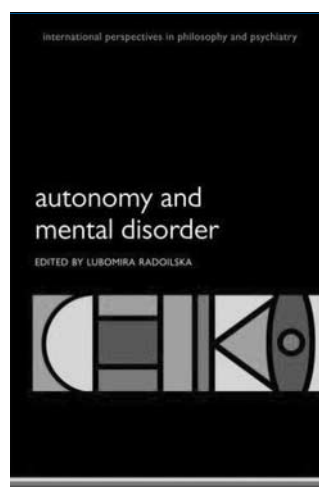
Many busy professionals no longer have time to read whole books, but taking any one or two chapters from this sparky collection would be well worthwhile. In that regard I would recommend, Jacqui Dillon's 'The personal is the political' deriving from her grassroots experience, and 'Dualisms and the myth 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.

Trevor Turner Consultant Psychiatrist, Division of Psychiatry, East Wing, 2nd Floor, Homerton Hospital, Homerton Row, London E9 6SR, UK. Email: trevor.turner@eastlondon.nhs.uk

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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



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