

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.

**Stephen Ginn** East London NHS Foundation Trust, Home Treatment Team, Mile End Hospital, 275 Bancroft Road, London E1 4DF, UK. Email: mail@frontierpsychiatrist.co.uk

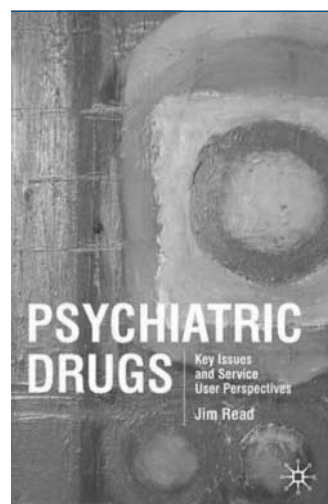
doi: 10.1192/bjp.bp.110.082834

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.

**Graham Morgan** Highland Users Group, Highland Community Care Forum, Highland House, 20 Longman Road, Inverness IV1 1RY, UK. Email: gmorgan@hccf.org.uk

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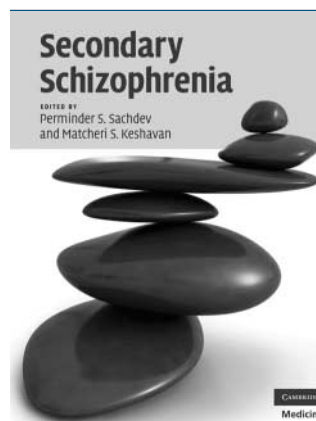
### Psychiatric Drugs: Key Issues and Service User Perspectives

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

strongest, with individual chapters covering stimulants, lysergic acid diethylamide and related drugs and the currently hot topic of cannabis. Psychosis and neurological conditions is also very comprehensively covered, as is psychosis and genetic disorders. The neurobiology of schizophrenia, functional imaging and neurological examination in schizophrenia are also discussed. Every chapter is well written and takes a modern evidence-based approach. Occasional tables and illustrations are nicely presented but these average only one or two per chapter. I can see only two weaknesses. First, the coverage of delirium (which the authors file under toxic psychosis) is rather brief. Second, there is almost nothing of note on dementia with Lewy bodies, even in the chapter on psychosis and neurodegenerative conditions. This is an omission that should be corrected for the next edition.

Overall, there is much to like in this volume and I highly recommend it to all psychiatrists who have tended to overlook this area in the past. Now there is no excuse.

**Alex J. Mitchell** Consultant in Psycho-oncology, Department of Liaison Psychiatry, Brandon Unit, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW, UK. Email: alex.mitchell@leicspart.nhs.uk

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the brain (in the right frontal region particularly) engenders in people a reversion to utilising more primitive psychodynamic defence mechanisms, such as delusional projection. It seems the idea is that there is a genuine paralysis, for example, resultant on brain damage and this too can give rise to denial of disability (anosognosia) or projection (thinking the limb an imaginary friend or persecutor) via the reactivation of these primitive mechanisms.

The second half of the book seems largely independent of the first and is more ambitious. The author moves away from clinical concerns to notions of self, identity and consciousness and proposes the 'neural hierarchy theory of consciousness'. Here, Feinberg introduces the notion of 'nested hierarchy'.

The book as a whole is easy to read and of interest. However, as a stand-alone text, I felt it was not fully convincing in terms of the arguments offered and the data used. Feinberg has very compelling ideas which, if correct, are very important and I look forward to reading their exposition in future publications.

**Matthew Broome** Warwick Medical School, University of Warwick, Gibbet Hill, Coventry CV4 7AL, UK. Email: m.r.broome@warwick.ac.uk

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### From Axons to Identity

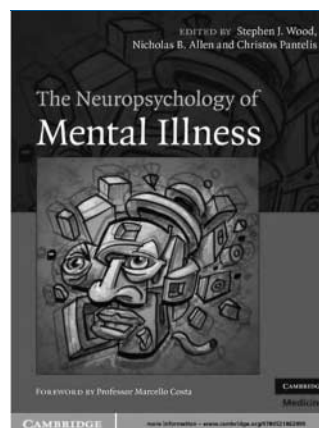
Neurological Explorations of the Nature of the Self



TODD E. FEINBERG

### From Axons to Identity: Neurological Explanations of the Nature of the Self

By Todd E. Feinberg.  
W. W. Norton. 2009.  
US\$25.95 (hb). 288pp.  
ISBN: 9780393705577



### The Neuropsychology of Mental Illness

Edited by Stephen J. Wood,  
Nicholas B. Allen  
& Christos Pantelis.  
Cambridge University Press. 2009.  
£55 (hb). 443pp.  
ISBN: 9780521862899

Todd Feinberg is an accomplished writer who manages to convey a lot of information in a relatively short compass. Laudably, he illustrates his points with transcripts of interviews with patients, particularly in the first half of the book.

From the clinical material he draws on, Feinberg has a great interest in what he terms 'neuropathologies of the self' – anosognosia, asomatognosia and delusional misidentification, including Capgras and Fregoli syndromes. In the first half of the book, Feinberg's topic is one that those interested in psychosis and the philosophy of delusions are familiar with: how to give an account of delusions, and how, if at all, delusions are distinguished from other irrational beliefs and confabulations. Although the terminology is not employed, Feinberg works within the Maherian paradigm (a delusion being an explanation of an anomalous experience) and, like many contemporary researchers and theoreticians, adds in a second stage (traditionally, this second stage is a reasoning bias or neuropsychological deficit), which in combination with the odd experience leads to the delusion or unusual belief. For Feinberg, the main thesis is that damage to

One of the lesser noted revisions in the draft DSM-5 is a change in the definition of a mental disorder from 'a manifestation of a behavioural, psychological, or biological dysfunction' to one 'that reflects an underlying psychobiological dysfunction', highlighting the fact that we have increasingly come to regard neuropsychology as the best compromise in the vexatious mind-body problem and sometimes the reluctant redeemer of a medical specialty best known for its irreconcilable differences between objective and subjective world views.

Wood, Allen and Pantelis's comprehensive book aims to map out what this compromise has told us about the causes and effects of psychiatric disorder so far and, furthermore, what we have learnt about how to integrate neuropsychological approaches into the art and science of psychiatry. One component of this manifests itself as a series of competent and up-to-date review chapters on what we know about the neuropsychology of schizophrenia, as well as developmental, personality, eating, substance use, obsessive-compulsive and mood disorders, although I was left puzzled by the lack of chapters on anxiety disorders or post-traumatic stress disorder, both of which have received a great deal of neuropsychological attention.

The book also boasts a section of chapters dedicated to examining psychopathology from the perspective of normal