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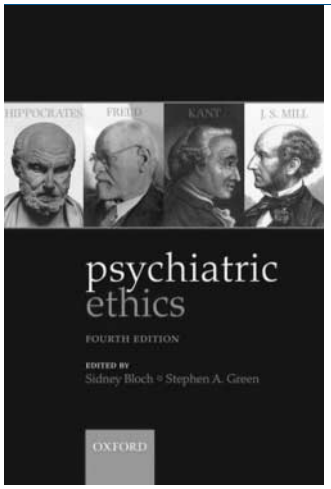
Book reviews

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay



Psychiatric Ethics (4th edn)

Edited by Sidney Bloch and Stephen A. Green. Oxford University Press, 2009. £27.95 (pb). 552pp. ISBN: 9780199234318

Since the first publication of this innovative book nearly 30 years ago, the world of psychiatry has changed significantly, as the editors of the current edition acknowledge. There have been major advances in the neurosciences; the pharmaceutical industry now occupies a dominating, not to say domineering, place in clinical practice; and the legitimacy of psychiatry as an agency to alleviate mental suffering has repeatedly been challenged. How do the editors deal with this changing world? They have assembled 25 chapters, mostly rewritten and updated versions from previous editions, and they have commissioned five new chapters on such subjects as neuroethics, trauma, and the relationship between psychiatrists and drug companies. The results are mixed.

On the positive side, there are several thought-provoking contributions. The most penetrating is the chapter on neuroethics by Stephen J. Morse, an American professor of law and psychology, who examines the implications of the rapid developments in the neurosciences. Have such developments undermined our cherished beliefs in what it is to be human, rendering obsolete such notions as free will and autonomy? More sinisterly, do biotechnological advances, with their potential to control and manipulate the mind, pose a threat to humanity? Is a Brave New World just on the horizon? Morse deals with these questions in a balanced and sober fashion. He carefully undermines the more extravagant claims for the biological sciences and observes that brightly coloured brain scans have seduced many into thinking that these mathematically created images explain how the mind works. Morse criticises such reductionism and re-asserts the case for seeing human beings as persons rather than minds and brains.

Stephen A. Green writing on the psychiatrist and the pharmaceutical industry begins unpromisingly with the assertion that this relationship 'has undoubtedly improved clinical care'. Those of us familiar with David Healy's impassioned polemics against the ever-growing psychopharmacologisation of everyday life will find this a contentious statement. However, Green goes on to examine some of the negative aspects of the industry and quotes research which suggests that, as a result of the influence of drug companies, trainees are less likely to take a comprehensive personal history or pay attention to psychological and social factors.

A new chapter on trauma provides a fair-minded assessment of the arguments as to whether post-traumatic stress disorder is a *bona fide* psychiatric condition or a completely misguided attempt to medicalise human distress. The authors also consider whether this concept has been applied in an insensitive and inappropriate way to cultures other than the Western culture. In another thoughtful chapter, on the psychiatry of the elderly, Catherine Oppenheimer points out that the majority of the individuals making decisions about older people have not personally experienced old age and as a consequence, there is a danger that the voice of older people is misunderstood or, worse, ignored.

Less convincing is the chapter on the history of psychiatric ethics. It outlines a grand narrative of the progress of psychiatric thinking in which previous ages are chided for lacking the sophistication of our own. It is as if Foucault and other cultural historians whose work has challenged such self-congratulatory accounts had never written on the subject. This chapter tends to echo a feature of the volume, the tendency to privilege the psychiatric establishment's perspective and to give less room to dissenting opinions. For example, Steven Rose, who has criticised what he calls 'biological imperialism' and its propensity to explain human beings exclusively in terms of genes and brain function, is mentioned only once in the chapter on genetics. More seriously, what is entirely missing from this volume is the voice of the mentally ill. At a time when much greater attention is being paid to the views of those who experience psychiatric disorder, this is a strange omission. Nevertheless, despite its shortcomings, there are enough interesting chapters to make the book worth reading.

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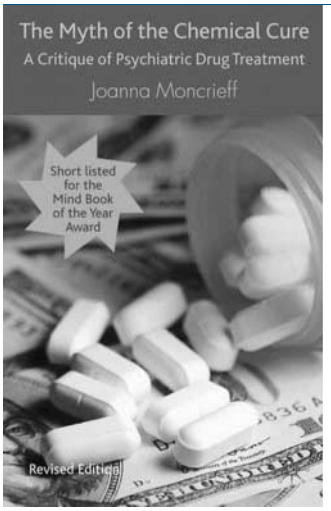

The Myth of the Chemical Cure. A Critique of Psychiatric Drug Treatment

By Joanna Moncrieff. Palgrave Macmillan. 2009. £18.99 (pb). 320pp. ISBN: 9780230574328

Any challenge to orthodox thinking is to be welcomed, particularly when orthodoxy has failed to provide highly efficacious and acceptable treatments. Such is the case with drugs used in psychiatry – doubts remain about their efficacy when compared with placebo and many drugs' tolerability is poor at best. Perhaps more importantly, psychiatry has a history of championing useless and harmful treatments, so critical examination of accepted practice is essential.

In her book, Moncrieff distinguishes between the current disease-centred model, whose foundation is that drugs correct

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an abnormal brain state, and her preferred drug-centred model, which supposes that drugs create an altered physical and mental state and that therapeutic effects arise as a consequence of this state. An example of the former would be the use of L-dopa in Parkinson's disease; an example of the latter, alcohol in social anxiety disorder. Moncrieff argues that there is no basis for our current view that psychotropic drugs somehow act so as to correct known 'chemical imbalances'. Psychotropics are merely crude but sometimes useful.

In 14 well-constructed chapters, Moncrieff provides a history of the fairly haphazard process of psychotropic drug development and considers evidence relating to the effects of various groups of drugs. She claims that antipsychotics do not have specific antipsychotic action but simply induce various degrees of Parkinsonism which render the patient emotionally indifferent and hypokinetic. Further, antidepressants do not really work (and in any case, depression probably does not exist) and if they do work, it is because they induce non-specific states, such as sedation, which contribute to a perceived antidepressant effect. Lithium, Moncrieff opines, does not work at all in mania or as a prophylactic agent and nor does it prevent suicide. With all drug groups the illusion of acute effects is said to be partly brought about by the use of placebos which both prescriber and patient can usually detect and by (unspecified) withdrawal symptoms in those switched from active drugs to placebo at the start of the trial. These withdrawal symptoms are also cited as an explanation for the apparent benefit of continuing psychotropics in the longer term: those who stop an 'active' drug and are switched to placebo relapse because of the withdrawal effects they experience.

Those readers with George Orwell's 'power of facing' will have no trouble assimilating the potency of these arguments, nor with living with a stronger sense of doubt regarding what many of us hold to be true about psychiatric illness and psychotropic action. Others will feel compelled to reject out of hand this psychopharmacological blasphemy and pore over the text searching for weak points in the author's lines of reasoning. And they will find plenty of those. There is a tendency throughout the book not to challenge the findings of ancient underpowered studies as long as the outcome fits with the argument. There are numerous misrepresentations of study outcomes (such as CATIE, p. 87); unsubstantiated claims: '(antipsychotic) drugs dampen down all spontaneous thought and action' (p. 90); contradictory statements: antipsychotics give rise to coexistent 'deactivation and anxiety' (p. 103) but the deactivation effects of antipsychotics 'are likely to . . . reduce agitation and anxiety' (p. 147). Further, the structures of chlorpromazine and imipramine are drawn side by side to emphasise their chemical similarities (and so stress their pharmacological near-equivalence), whereas each structure is drawn incorrectly and in any case, two-dimensional representations have almost no relevance to the real arrangement of atoms in three-dimensional molecules.

The author contends that we should advise patients to take an 'antidepressant' because it might help their 'depression' by mechanisms not yet fully understood, but it will give them adverse effects as well. This is in some contrast to current practice, where patients are told that the drug specifically corrects a known chemical imbalance. At this practical level Moncrieff will find many supporters. On a philosophical and scientific level there will be many more detractors to the views expressed in this book.

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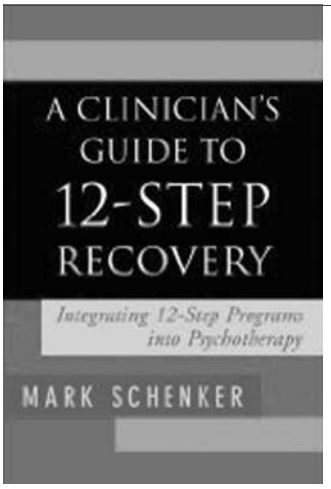

A Clinician's Guide to 12-Step Recovery: Integrating 12-Step Programs into Psychotherapy

By Mark D. Schenker.
W. W. Norton & Co. 2009.
US$29.00 (hb). 224pp.
ISBN: 9780393705461

One of the seminal experiences in my early career was an exchange visit to South Carolina in 1991 during which I spent most of my time observing addiction treatment in both public and private settings. Compared with my training in Scotland in a unit for treating alcohol dependence, I had arrived in a totally different world. The most striking aspect of the difference was the predominance of a strict disease model of alcohol and drug dependence that was in full accord with the precepts of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). This had many strange consequences, including enforced 12-step treatment under chemical dependency laws that paralleled the mental health civil detention procedures. The presence of such 12-step treatment in the hospitals also made for an easy transition into the free and extensive follow-up of AA and NA groups in the community. Although this particular state may have been at one extreme on a spectrum, there is no doubt that 12-step fellowships predominate in the world of addiction therapy in the USA. There are some voices raised against this state of affairs: most notably Stanton Peele in books such as *Diseasing of America*.[1]

Given these differences, it begs the question as to how useful a book such as that by Schenker might be to professional audiences in parts of the world where the influence of 12-step programmes is less apparent. Undoubtedly, it will find a ready market in North America.

My feeling is that the book is of value, if one can make allowances for its apparent US-centredness. Whether we are aware of it or not, AA and NA are all around us in our communities, and at least one-third of patients in British clinics with an addiction issue will have tried such therapy. I will certainly make use of the chapter in this book that sympathetically outlines the 12 steps and 12 traditions with trainees after we have visited an AA meeting as part of their addictions experience. It is clear from his book that Schenker is not a zealot but a pragmatist and he has discovered the popularity and success of the 12-step approach to addiction as his own career developed, noting the contrast with less successful approaches that failed to put a clear spotlight on the core problem of the addictive behaviour itself. The failure of psychodynamic psychotherapy in this area is the most notable, given it was eventually shown in one study to fair worse than control psychotherapy.

The book acknowledges the paradoxes and contradictions within the 12-step programme and also faces up to the issue of spirituality which stems from the origins of the movement in an evangelical Christian group. It is a practical book. Although aware of the growing academic literature on the hard-to-study area of outcomes within an organisation that eschews publicity and self-promotion, it is primarily designed to educate the frontline