

evidence I would question the appropriateness of publishing the anti-Darwinian analysis in this kind of book when it could have found a place elsewhere, in any number of publications critical of the evolutionary approach to psychiatry.

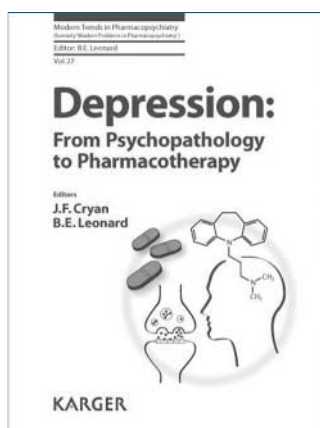
The heart of the book is in the chapters that deal with the major conceptual questions. These include the role of ethology in understanding mental disorder and in identifying human, species-specific psychological traits. There is a chapter evaluating an evolutionary framework for determining the nature of mental disorder through the application of Wakefield's harmful dysfunction analysis and one proposing evolutionary foundations for psychiatric diagnosis and a new basis for psychiatric classification. Finally, there is a chapter exploring the limitations of evolutionary theory in identifying the line of demarcation between normality and disorder. These chapters would be of interest to any reader who wishes to reflect on the meaning of mental disorder and on the shortcomings and limitations of current psychiatric diagnosis, whether or not they have an interest in Darwinian theory. These chapters are very well written and are accessible to the non-specialist.

A further chapter presents an interesting hypothesis to explain the gender differences in empathy that lie at the root of the higher prevalence of autism-spectrum disorders among males. This proposes that in the ancestral environment males remained with their kin group (philopatry) forming kin-based male coalitions, whereas females migrated on sexual maturity to a different group and thus needed to bond with non-kin. Additionally, males regularly engaged in intergroup violence whereby empathy had to be 'switched off'. It is therefore argued that the pay-offs of empathy were drastically different for males and females and they were, therefore, subject to distinct selection pressures. Evolutionary formulations on depression, schizophrenia and sexual imprinting in humans are also discussed.

This is not an introductory text for anyone new to the subject of evolutionary psychiatry, nor is it a book that one would necessarily read from cover to cover in a single sitting. Each chapter is self-contained and can be read separately without reference to the rest of the book. Would I recommend it? Yes, I certainly would. So long as the reader remembers that not all chapters are of equal worth or quality.

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doi: 10.1192/bjp.bp.111.097360



Depression: From Psychopathology to Pharmacotherapy

Edited by J. F. Cryan
& B. E. Leonard.
Karger, 2010.
US\$148.00 (hb). 274pp.
ISBN: 9783805596053

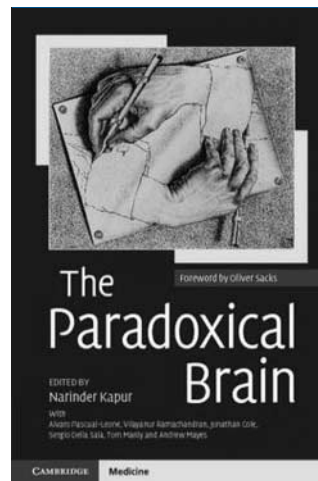
The book is well structured and reasonably comprehensive in its coverage. It comprises chapters on the hypothalamic–pituitary–adrenal (HPA) axis, brain-derived neurotrophic factor (BDNF)

along with more innovative fair. Like in any multi-authored publication there are variations in quality of contributions. A couple of chapters are clinically naive and a rather poorly put together rehash of previously published reviews. However, there are also well-written chapters by prominent authors in the field. I found several gems, such as an excellent overview of the biology of dysfunctional circadian rhythms and mood disorders by Norman and an exciting chapter on chromatin-based treatments for affective disorders by Covington & Berton. Martin *et al* write really well on the role of the oft-forgotten 5-HT_{2C} receptor in antidepressant action and provide a fairly comprehensive review of the current evidence base. Cannon's chapter on neuroimaging, albeit rather 'textually dense', is superb if you are short of ideas for grant applications for research in this area.

Would I recommend this book? There is little for the clinician interested in new insights to assist their work in the clinic, with just two relatively lightweight chapters relating to current clinical practice. Otherwise, the science described may influence treatment in the future, most likely in at least a decade's time. For scientists working in the area, much of the views and data described can be found by searching the published literature. However, the book is a useful quick and easy source of information, especially for the real 'anoraks' interested in the pathophysiology and treatment of depression.

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doi: 10.1192/bjp.bp.111.092403



The Paradoxical Brain

Edited by Narinder Kapur.
Cambridge University Press, 2011.
£65.00 (hb). 488 pp.
ISBN: 9780521115575

The ancient Greek term *paradoxon* is composed of the prefix 'para' (against) and the word 'doxa' (opinion) and literally means 'beside belief' or 'contrary to expectation'. Explaining what we currently know about brain function by means of paradoxes – brain findings that are counterintuitive and go against the grain of established neuroscientific thinking – can appear a paradoxical exercise itself. However, this original, entertaining and informative approach has been successfully undertaken by Narinder Kapur and a panel of leading researchers in the fields of clinical and cognitive neuroscience.

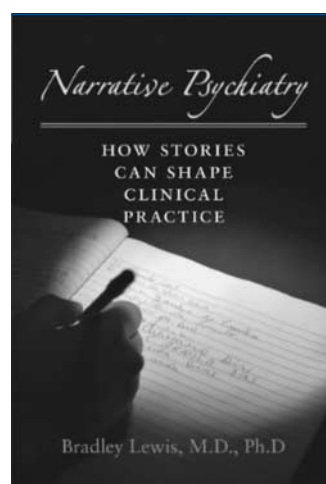
Featuring a foreword by Oliver Sacks, this multi-authored volume covers a wide range of brain paradoxes across different disciplines. Clinical neuropharmacology informs clinical epileptologists about the paradoxical worsening of seizures by some anti-epileptic drugs (e.g. carbamazepine in absence seizures). One

of the most controversial issues in neuroepidemiology is the paradoxical, yet consistent observation that an increased proportion of tobacco smokers in a population correlates with a lower risk of developing Parkinson's disease. An intriguing chapter on comparative cognition presents paradoxical experimental findings showing that chimpanzees can identify more digits than a human could ever do in a single glance, and remember their location (photographic memory). Throughout the book there are elegant examples illustrating how brain damage or sensory loss can result in better-than-normal performance. Specifically, the chapters on creativity and accomplishments in both neurological (e.g. epilepsies, neurodegenerative dementias) and psychiatric conditions (e.g. psychoses, affective disorders, autism) invite the reader to focus on the uniqueness of the individual patient and their positive potentials, rather than thinking solely in terms of the disorder.

Paradoxes about the brain are intellectually stimulating and have both negative and positive implications. A negative implication is that these findings inevitably remind us that our current understanding of brain function is limited and overall primitive, especially in comparison with what we know about other, less paradoxical organs. The positive aspect is that these paradoxes are enlightening examples of exceptions to, or anomalies in, our current theories on brain functioning in both healthy people and neurological patients, thus suggesting future avenues for neuroscientists to develop better theories. These theories will likely result from what Thomas Kuhn called 'paradigm shift' and will therefore be characterised by higher explanatory powers to improve our understanding of brain function in health and disease. Will our endless attempt to uncover the secrets of brain function and to develop theories that 'carve nature at its joints' leave us with fewer brain paradoxes? Maybe so, paradoxically.

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doi: 10.1192/bjp.bp.111.103432



Narrative Psychiatry: How Stories Can Shape Clinical Practice

By Bradley Lewis.
The Johns Hopkins University
Press. 2011.
US\$50.00 (hb). 240pp.
ISBN: 9780801899027

The project of narrative medicine is to emphasise subjectivity and the particular in the consideration of a patient's condition. This approach is in contrast to the usual objectifying and universalising lens of modern medicine. In other words, the doctor's interest and concern ought to be as much about the objective facts about cancer of the colon, for example, as about how the unique individual in front of him or her subjectively experiences their

situation and what this means for this particular individual's life. Now, it could be argued that what the project of narrative medicine is striving for is only relevant to internal medicine and the surgical specialties. For, psychiatry by definition is as much about objective facts as about the meaning that both patients and their psychiatrists attribute to the facts of psychiatric disorders.

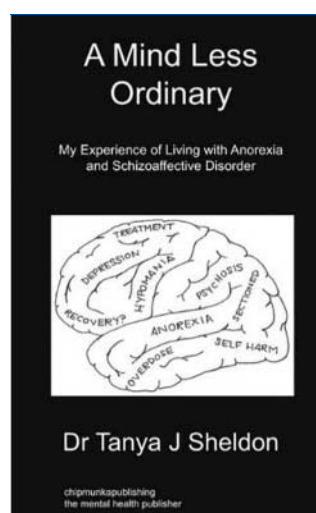
Bradley Lewis's thesis is that there is intrinsic poverty in the offerings of biopsychiatry, despite its ascendancy as an intellectual driving force in psychiatry and its triumph over psychoanalysis in the USA. For Lewis, narrative psychiatry 'seeks a deep and empathic understanding of the patient as a person' (p.74), and 'appreciates that the process of recovery often involves reauthoring and retelling the stories of our lives' (p.74). He argues that narrative psychiatry is aware of the use of medication and the distinction between disease and illness. But, more significantly, that 'narrative psychiatrists are . . . self-reflexively adept at a narrative understanding of the many stories psychiatrists tell as they are at understanding the stories of psychic life that their clients tell' (p.74).

It is a truism that storytelling is at the heart of human life. Lewis makes the point that some understanding of narrative theory – the pervasive place of metaphor in language and its impact on communication, and the role of plot and character in the management of time and action in narration – is important for clinicians. He distinguishes between 'thin' and 'thick' stories; the former being the account summarised by clinicians and the latter the rich, complex and involved account consisting of the particularities of a life.

Lewis succeeds in making a case for a narrative approach in clinical psychiatry. However, I am not persuaded that one need accept or appeal to Foucault to see the benefits of narrative theory to clinical practice, nor that the arguments of post-psychiatry or the recovery movement are germane to his thesis. Storytelling is an integral part of human life. We all do it effortlessly, more or less, in exactly the same way that we all use language. But like language, we may need to be reminded of the unobtrusive infrastructure on which stories are built. For this reason alone, Lewis's book is very much welcome.

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doi: 10.1192/bjp.bp.111.097394



A Mind Less Ordinary: My Experience of Living with Anorexia and Schizoaffective Disorder

By Tanya J. Sheldon.
Chipmunkpublishing. 2011.
£12.00 (pb). 132pp.
ISBN: 9781849915274

Patients often search for the reasons behind their illness. They try to pinpoint and record the changes in their mental state as they occurred and to work out what improved their circumstances