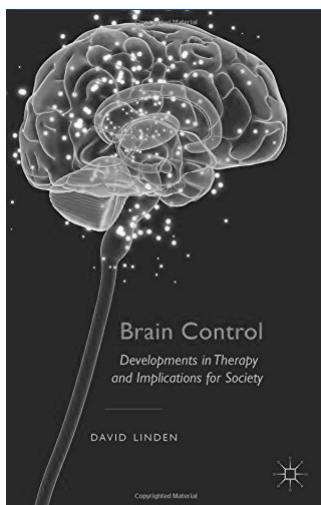


This phenomenon is governed in part by cultural mores and has been widely explored in many disciplines – Plato discusses the Apollonian cult of sexual indulgence with prepubescent boys and the protocols for this in the context of marriage.

Robert Montagu's frank, honest and brave account should not be missed, especially by victims, therapists and doctors. Here is tragedy, but also justice, possibly forgiveness and redemption – and vital lessons for modern society.

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Brain Control: Developments in Therapy and Implications for Society

By David Linden.
Palgrave Macmillan. 2014.
£58.00 (hb). 208 pp.
ISBN: 9781137335326

The sun was high in the sky and the sand of the arena was boiling hot that afternoon in 1963 when a man and a raging bull faced each other in a ranch near Cordoba, Spain. The man was not an experienced *torero*, but a visionary neurophysiologist called José Delgado (1915–2011), and the bull had been implanted with a brain chip – an electronic device that can manipulate brain activity by receiving signals from a remote controller and transmitting them to neurons. In breath-taking footage which stood the test of time, the daring scientist was able to control the charging bull's actions by pressing buttons on a handheld transmitter, forcing the animal to skid to a halt only a few feet away from him by sending electrical signals to its caudate nucleus. The account of the event made the front page of the *New York Times*, which reported it as 'the most spectacular demonstration ever performed of the deliberate modification of animal behavior through external control of the brain'. This and several other interesting breakthroughs feature in David Linden's most recent book, which is devoted to the multifaceted aspects of brain control, from its historical backgrounds to clinical applications and ethical issues.

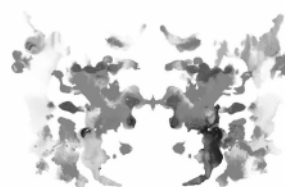
The introductory chapter discusses brain–computer interfaces, sophisticated devices that have significantly improved quality of life in patients with complete paralysis (e.g. locked-in syndrome and motor neuron disease) by enabling communication and control. There is an overview of innovations to influence brain and behaviour through neurosurgical procedures and electrical stimulation, encompassing both cortical and subcortical stimulation techniques. Over the past few decades, deep brain stimulation has replaced the lobotomies of the 1940s and 1950s as the largest programme of invasive brain control in terms of the number of

treated patients (Parkinson's disease and other movement disorders, especially tremor and dystonia). This chapter also outlines the modern history of psychosurgery through its applications to severe refractory psychiatric disorders (obsessive–compulsive disorder, depression and addiction) and conditions at the interface between neurology and psychiatry, such as Tourette syndrome. The author also outlines biofeedback and neurofeedback as new treatment options for neuropsychiatric disorders that enable patients to self-regulate their brain activity, including case histories from the successful neurofeedback programme which he developed at Cardiff University. The final chapter, on the ethics and politics of brain control, is equally informative and thought provoking: Linden explores the understandable fear that techniques for brain reading and control could violate privacy and be used to manipulate people's thoughts and behaviours.

David Linden's work is an accessible and beautifully written introductory book on the past, present and future of the technologies of brain stimulation and brain reading. At the end of this fascinating journey, readers cannot help but hope that the author's competence and compassion could serve as a model for anyone working with the growing number of patients who require brain control interventions.

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Breaking Down is Waking Up: Can Psychological Suffering be a Spiritual Gateway?

By Russell Razzaque.
Watkins. 2014.
£9.99 (pb). 272 pp.
ISBN: 9781780286662

**BREAKING DOWN
IS WAKING UP**

Can psychological suffering
be a spiritual gateway?

Dr Russell Razzaque

Psychiatry is experiencing an identity crisis. The recent publication of DSM-5 has revealed professional uneasiness and public anger regarding the subjectivity and arbitrariness of psychiatric diagnoses. The effectiveness of drug treatments is being questioned, funding for psychological therapy is evaporating and community services provision is being squeezed to such an extent that in places it is disappearing. Professional morale has dropped so low that, at one end of the spectrum, few medical students are entering the profession and at the other, many are looking forward to early retirement.

The subject of 'service provision' is often talked about. However, against this background one has to ask the question: what, exactly, is this 'service' which psychiatry now provides?

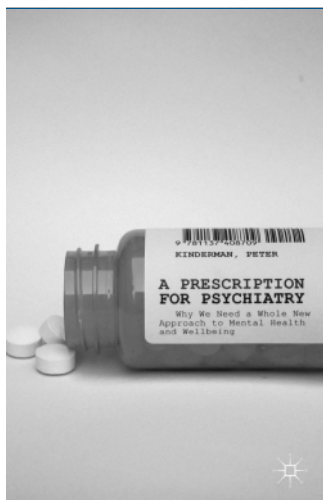
In this book, Dr Russell Razzaque offers an answer to this question. Razzaque himself is an NHS consultant psychiatrist of

16 years' standing and for the past 10 years he has been working as consultant for a psychiatric intensive care unit in east London. He argues convincingly that a paradigm shift in our approach to mental distress is necessary and it is one which concentrates less on looking on patients as being 'diseased' and more on seeing them as experiencing a sense of disconnection from themselves, their community and life itself.

Razzaque explains that mindfulness-based psychological therapies can provide patients with the tools to learn how to manage their own mental state. These techniques are effectively a modern and secular equivalent to ancient methods of psychological healing based on meditational practice. He also calls upon new ideas, such as the open dialogue approach to patient care, acceptance and commitment therapy and the philosophical ideas of relational frame theory, to reinforce his argument. Approaching patient care in this way at least makes symptoms easier to bear and at best effects significant improvement, either without, or in combination with, drug treatments.

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A Prescription for Psychiatry: Why We Need a Whole New Approach to Mental Health and Wellbeing

By Peter Kinderman.
Palgrave Macmillan. 2014.
£18.99 (pb). 224 pp.
ISBN: 9781137408709

Psychiatrists could be forgiven for avoiding this apparent critique of their profession. However, such aversion would be a shame, for while familiar ground is trodden here, there is much that is new, positive and worthy of thought.

The book consists of nine chapters, the first three occupying just over half the space. In this half the focus is on the 'disease model', diagnosis and the use of medication. Some of this is wearily familiar and we must ask whether full due is given to all available evidence. The roles of trauma and 'life events' in schizophrenia are offered to raise our credence that this problem is best considered psychosocial. A major alternative theory, that some manifestations may best be considered a developmental disorder (not everyone who meets DSM criteria will have been abused or traumatised) is not even mentioned.

On diagnosis. It is right that psychiatry should face shameful aspects of its history. The tremendous damage wrought by pathologising homosexuality for decades and the odious debacle of drapetomania should remain stark lessons. However, Kinderman might have done more to explain why these despicable examples

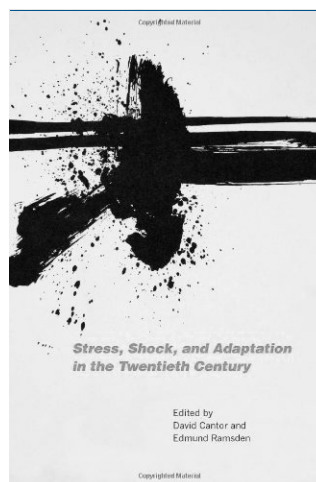
have a substantive bearing on the question of diagnosis in general. On medication though, his particular brand of caution seems more laudatory than incendiary.

More interesting territory lies beyond. Regardless of readers' prior commitments on the nature of mental health problems, Kinderman is going to find much agreement on the constructive thrust of chapters four to nine. A holistic approach to well-being; a proposal for comfortable, decent residential care for 'respite' rather than 'cure'. In a field where attitudes are so important, changing the basic mission of services could have revolutionary implications.

The biggest controversy will be around Kinderman's view of what psychiatrists' role should be (although he is good on linking his position to debates from within the profession itself). From the perspective of this reviewer (a trainee clinical psychologist), it is an exciting notion that many of the leadership and legal roles of psychiatrists could be performed by other professionals. However, a more radical suggestion that psychiatrists should have only a medical consulting role, may alienate many. Whatever your view, Kinderman could open constructive debates with his bold proposals.

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Stress, Shock, and Adaptation in the Twentieth Century

Edited by David Cantor & Edmund Ramsden.
University of Rochester Press. 2014.
£80.00 (hb). 376 pp.
ISBN: 9781580464765

This is the first major collection of historical studies on stress and its place in contemporary society. Read together, these 12 papers explore the concept of stress – a usefully elastic construct – and how it has been variously employed since the mid-20th century to reform and unite a broad variety of disciplines and activities in post-war USA and UK. This is no less the case for psychiatry, where stress has proved fundamental to the development of disease classification and modern notions of psychopathology.

Our modern understanding of stress originated from Hans Selye, who according to Mark Jackson was a prolific and media-savvy physiologist. He developed the 'general adaptation syndrome' which described a three-stage, non-specific response to environmental stressors: alarm, resistance and finally exhaustion. It is hard to overstate how influential this intuitive model was and not just in biomedical science, psychology and psychiatry. It soon found wider application in disparate disciplines such as sociology, politics, occupational health, ecology, animal