

resultant explanatory gap, i.e. how we comprehend our felt experience with reference to our neural activity. *Brainwashed*, however, has much to add not only by presenting authoritatively and clearly the philosophical issues at stake but in choosing to focus on the practical (mis)applications of neuroscience such as neuromarketing, addictions (and the brain disease fallacy), lie detecting and the errant use of neuroimaging within the criminal justice system, the rise of neurolaw, and issues of moral responsibility.

Satel & Lilienfeld write with a rare clarity and economy of language. Their intended audience is wide and they seamlessly bridge the gap between popular-science book and academic essay on the important challenges facing current neuroscience. The book is well referenced and up to date, and they write authoritatively on all the disparate topics they cover. That said, the succinct nature of the book is also a weakness. Given the complexity of the subject matter, I did feel at times it might benefit from a more in-depth analysis. This is, I imagine, a necessary trade-off to reach the wide-ranging audience this book deserves.

Brainwashed is ultimately about what neuroscience can and cannot tell us about ourselves and a thought-provoking plea for the understanding of human behaviour on multiple levels, including the psychological, cultural and social.

Lisa Conlan Clinical Tutor in Global Mental Health, Institute of Psychiatry, King's College London, 16 De Crespigny Park, London SE5 8AF, UK. Email: lisa.2.conlan@kcl.ac.uk

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The Bitterest Pills: The Troubling Story of Antipsychotic Drugs

By Joanna Moncrieff.
Palgrave Macmillan. 2013.
£19.99 (pb). 296 pp.
ISBN: 9781137277435

This is an important book. You might think I would say that as a member of the Critical Psychiatry Network, like the author, Joanna Moncrieff, senior clinical lecturer at University College London. However, I do think her critique has a sound academic grounding and engages with public concerns about antipsychotic medication.

The book describes the extent to which the prescription of antipsychotics is marketing-based rather than evidence-based. Chlorpromazine, of course, was the first drug seen as having a specific role in the treatment of mental illness. Moncrieff, instead, emphasises the non-specific nature of antipsychotic effects, which she frames by promoting a drug-centred rather than disease-centred model of their action. Nonetheless, she says that antipsychotics can 'help individuals gain relief from intense and intrusive psychotic experiences or destructive emotional states'

(p. 18). By this she means more than their placebo effect and believes they can be of value as emotional suppressants. I would encourage you not to dismiss her approach as unbalanced. Despite what may seem like niggling overstatement at some points, she does present a genuine argument, with which I think it is important to engage.

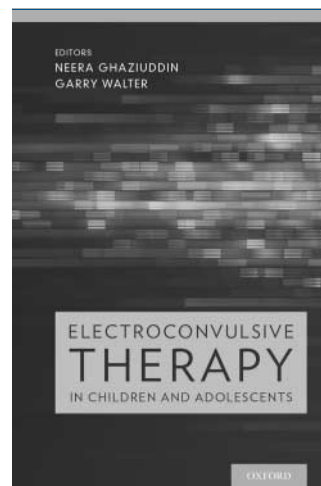
She describes the wish-fulfilling nature of the dopamine theory of schizophrenia. She also makes a stronger case than even I was aware of for ventricular enlargement in schizophrenia being a drug-induced phenomenon. Historically, as she points out, there has been denial in psychiatry about traditional antipsychotics causing tardive dyskinesia and atypical antipsychotics producing the metabolic syndrome. Her summary critique of the early intervention approach also seems to me to be one of the best available.

I am sure this book will be too sceptical for most psychiatrists. It may seem to undermine psychiatry's cultural system. Personally, I think psychiatry needs to face up to the truth about the psychopharmacological revolution, rather than continuing to rely on its aura of factuality. Even the past editor of this *Journal* Professor Peter Tyrer agrees¹ we should call an end to the post-chlorpromazine era. I hope Jo's book makes a significant contribution to this debate.

1 Tyrer P. From the Editor's desk. *Br J Psychiatry* 2012; **201**: 168.

Duncan Double Norfolk and Suffolk NHS Foundation Trust, Victoria House, 28 Alexandra Road, Lowestoft NR32 1PL, UK. Email: dbdouble@dbdouble.co.uk

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Electroconvulsive Therapy in Children and Adolescents

Edited by Neera Ghaziuddin
& Garry Walter.
Oxford University Press USA. 2013.
£37.50 (hb). 316 pp.
ISBN: 9780199937899

Reading this book was a fantastic opportunity to form a view on the best evidence available, although I should preface my review by pointing out that there are no controlled electroconvulsive therapy (ECT) trials in young people under 18.

ECT was introduced in Rome in 1938 and from 1940 until 1950 was used in all age groups. ECT studies demonstrated effectiveness in conditions such as mania, melancholia and childhood schizophrenia, but the public image of ECT took a nose dive in the 1960s and even more so after films such as *One Flew Over the Cuckoo's Nest* (1975). However, the past decade has seen resurgent interest in the use of ECT with young people.

The application of ECT in adults and young people differs. Studies in the USA and Australia indicate that less than 1% of all patients treated with ECT are children and adolescents. Children have a lower seizure threshold and the risk of prolonged seizures is increased. There have been no reported deaths linked to ECT. Side-effects in young people appear to be generally mild and transient.