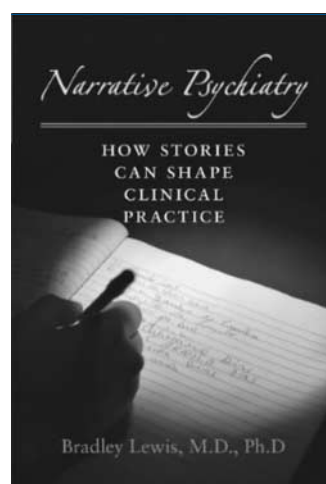


of the most controversial issues in neuroepidemiology is the paradoxical, yet consistent observation that an increased proportion of tobacco smokers in a population correlates with a lower risk of developing Parkinson's disease. An intriguing chapter on comparative cognition presents paradoxical experimental 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.

**Andrea E. Cavanna** Department of Neuropsychiatry, University of Birmingham and Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, and Institute of Neurology, University College London, UK. Email: A.Cavanna@ion.ucl.ac.uk

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### **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.

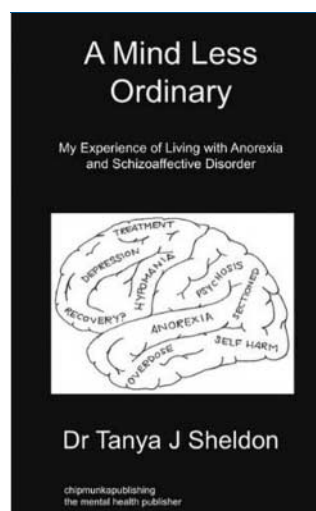
Bradley Lewis's thesis is that there is intrinsic poverty in the offerings of biopsychiatry, despite its ascendancy as an intellectual driving force in psychiatry and its triumph over psychoanalysis in the USA. For Lewis, narrative psychiatry 'seeks a deep and empathic understanding of the patient as 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.

**Femi Oyebode** The National Centre for Mental Health, Birmingham, 25 Vincent Drive, Edgbaston, Birmingham B15 2FG, UK. Email: femi\_oyebode@msn.com

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### **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