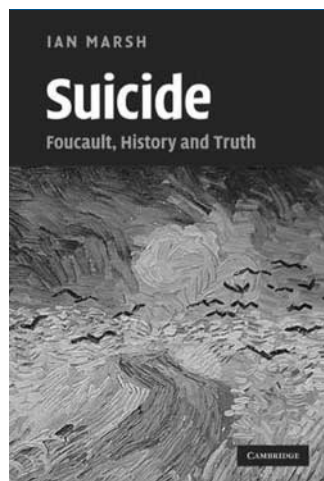


This is an important contribution from international leads, which offers the reader interested in recovery an awareness of its substantial ethical and political foundations and the need to sustain a civil rights perspective.

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### Suicide: Foucault, History and Truth

By Ian Marsh.  
Cambridge University Press. 2010.  
£19.99 (pb). 264pp.  
ISBN: 9780521130011

Ian Marsh, an academic who 'previously worked in a community mental health team', has produced a puzzling work. For a start, he does not disclose his disciplinary standpoint, although this must surely be influential. The book was initially conceived, we are told, 'as a form of discourse analysis', in which the data for examination were 'the linguistic elements of particular texts'. Now, it 'examines historical and cultural forces that have influenced contemporary thoughts, practices, and policy in relation to this serious public health problem'. This is an ambitious aim, for which the viewpoint of Michel Foucault may not be a wholly reliable guide.

There are three sections. A short explanation of Foucault's 'critical analysis of truth' is followed by an account of the contemporary 'regime of truth' in relation to suicide. Finally, six historical chapters consider suicide in periods from Ancient Greece and Rome to the present, followed by a case study of Sarah Kane. This British playwright, who killed herself in 1999, wrote a series of plays in each of which a character attempts suicide, with or without success. These are said to illustrate the 'process whereby individuals can come to resemble descriptions of pathological identities produced in relation to psychiatric truths and practices'.

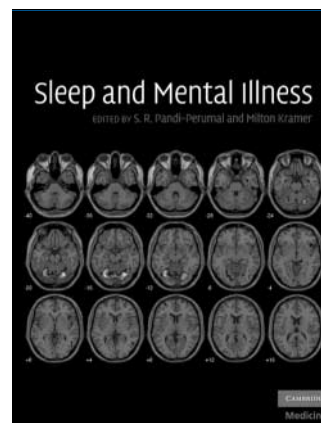
Assuming that suicide is undesirable, Marsh says that a more controversial aim, in relation to its prevention, can be 'the desubjectivisation of those constituted as patients, in relation to their desire to die . . . a refusal of what is taken to be . . . a "dissolving" of oneself'. Although admitting that in many cases there is no need for such a critique, the author says that for others 'formulation of non-lethal strategies of resistance may prove to be of help'. The resistance is to the interfering activities of society, but who the strategies would help is not made clear.

Marsh touches on the later theories of Freud and draws extensively on the work of Nikolas Rose in relation to the 'diffusion of psychiatric power'. He particularly confronts understanding pathological states of mind as universal phenomena, 'interpreting them instead as variable cultural and

historical contributions'. Interpreted flexibly, such a view is now largely non-controversial. The special value of Foucault's analytic tools is said here to be their ability to expose a whole field of enquiry to new, challenging questions. But is that all, and did it require such a ponderous approach?

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### Sleep and Mental Illness

Edited by S. R. Pandi-Perumal  
& Milton Kramer.  
Cambridge University Press. 2010.  
£80.00 (hb). 460pp.  
ISBN: 9780521110501

Sleep can be considered a model for mental illness as a reversible delirium. Sleep is intimately associated with aminergic, cholinergic and gabaergic neuromodulators, which are also associated with mental illness. Sleep and sleep disorders may provide a useful window to advance our understanding of the complexities of the brain neurophysiology underlying the mechanisms of brain disorders that result in mental illness.

This book aims to provide a comprehensive review of sleep and mental illness. This it achieves with aplomb. A thought-provoking foreword is followed by chapters divided into three subsections. The basic sciences section is up to date and concise, with useful tables and relevant references. The neurophysiology of sleep and neurophysiological abnormalities of sleep associated with depression and insomnia are explored. Animal models of sleep and stress, with implications for the potential role of sleep in the processing of emotional events, are discussed in a dedicated chapter.

Section 2 addresses neuroendocrinology, including changes observed in disturbed sleep and depression. Gender differences in peptidergic sleep regulation are highlighted as a contributor to the higher risk of depression in females. The fascinating relationship between sleep and eating highlights the overlapping neuroendocrine influences of orexin, ghrelin, leptin and cortisol. The expanding role of melatonin from circadian rhythm regulation to disruption in affective disorders, use of dim light in melatonin onset and putative roles in neuroprotection offer intriguing insights into future directions for translational research.

Section 3 forms the largest component of this volume and is devoted to clinical aspects of sleep and mental illness. Current best practice for the assessment and management of common sleep disorders encountered in psychiatric practice is discussed by experts in the field. Insomnia receives particular consideration, justified in view of the evidence that it is a predictor for anxiety disorders, affective illness and psychosis. The parasomnias are

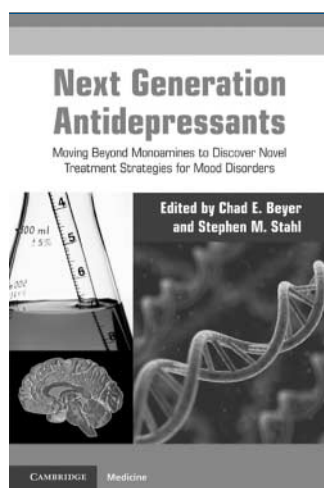
addressed in a chapter dedicated to forensic aspects of sleep in psychiatric patients.

There are few shortfalls in the book but the management of parasomnias needs to be expanded. Narcolepsy is discussed briefly in a chapter on the classification of sleep disorders but my view would be that it deserves a dedicated chapter. Klein–Levin syndrome is rare but on balance needs more consideration than a fleeting reference.

This volume is intended to be a resource for the multi-disciplinary management of sleep disorders. It will be most useful to psychiatrists and psychologists. However, other sleep specialists, including basic scientists, neurologists and respiratory physicians, will also find it an invaluable resource.

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**Next Generation Antidepressants: Moving Beyond Monoamines to Discover Novel Treatment Strategies for Mood Disorders**

Edited by Chad E. Beyer & Stephen M. Stahl.  
Cambridge University Press. 2010.  
£50 (hb). 150pp.  
ISBN: 9780521760584

In 2010, three major pharmaceutical companies (GlaxoSmithKline, AstraZeneca and MSD) announced that they would be stopping their UK-based research into new treatments for psychiatric and neurological disease. This is likely to have profound repercussions, not only for the neuropsychiatric research community, but also on the development of new treatments for conditions (such as depression) which we know have an enormous impact on public health. In this respect, Beyer & Stahl's book is timely, and will be of interest both to those of us who investigate psychiatric disorders and for psychiatrists who believe that we need to support research which aims to develop and test new treatments for common disorders like depression.

For me, there are two important messages from this book. The first is that depression is a heterogeneous collection of clinical syndromes with different causes and, as such, to treat it effectively we will need to have a range of different pharmacological (and psychological) approaches. Second, the antidepressant treatments we have at present may be helpful for many patients but we need to acknowledge that a large proportion do not respond particularly well to these treatments, as highlighted by the Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) study. More research into the causes of depression, why only some patients respond to antidepressants, and the development of new treatments for depression are therefore much needed.

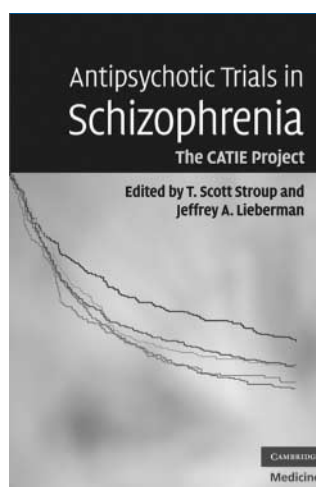
I really enjoyed two chapters in particular. Chapter one, 'Current depression landscape: a state of the field today', lists the receptor systems and novel compounds currently in development and also touches on the thorny issue of how many individuals with depression might actually have an unrecognised bipolar spectrum disorder. Chapter four, 'Translational research in mood disorders: using imaging technologies in biomarker research', does a great job of illuminating this complex but increasingly important field. Some of the other chapters, such as the chapter on animal models of depression and medicinal chemistry, will be more interesting for researchers in these fields but were nonetheless very clearly written.

Although this is quite a small book (just eight concise chapters), I felt that it could have been even punchier. Given the book's subtitle of 'moving beyond monoamines to discover novel treatment strategies for mood disorders', two of the chapters (one on defining depression endophenotypes and another on genetic and genomic studies of major depressive disorder) – although being excellent summaries in their own right – did not in my view fit particularly well with the book's main aims. Another minor criticism was that some of the references for key points did not cite original articles but rather referred the reader to another book (usually – and this may just have been coincidence – a book published by Cambridge University Press).

This is a very useful and interesting publication with a great deal of clearly summarised information on biological depression research. It gives a concise overview of likely future directions for new treatments, but it is difficult not to be pessimistic about the future of this research area in the UK given the recent departure of key industry players and a regulatory environment which makes the development of new psychiatric drugs a complex and expensive undertaking.

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**Antipsychotic Trials in Schizophrenia: The CATIE Project**

Edited by T. Scott Stroup & Jeffrey A. Lieberman.  
Cambridge University Press. 2010.  
£75.00 (hb). 330pp.  
ISBN: 9780521895330

'You cannot please all the people all of the time' may be a suitable epitaph for the CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness) project in schizophrenia. The CATIE study was funded by the US National Institutes of Health and compared