an abnormal brain state, and her preferred drug-centred model, which supposes that drugs create an altered physical and mental state and that therapeutic effects arise as a consequence of this state. An example of the former would be the use of L-dopa in Parkinson's disease; an example of the latter, alcohol in social anxiety disorder. Moncrieff argues that there is no basis for our current view that psychotropic drugs somehow act so as to correct known 'chemical imbalances'. Psychotropics are merely crude but sometimes useful.

In 14 well-constructed chapters, Moncrieff provides a history of the fairly haphazard process of psychotropic drug development and considers evidence relating to the effects of various groups of drugs. She claims that antipsychotics do not have specific antipsychotic action but simply induce various degrees of Parkinsonism which render the patient emotionally indifferent and hypokinetic. Further, antidepressants do not really work (and in any case, depression probably does not exist) and if they do work, it is because they induce non-specific states, such as sedation, which contribute to a perceived antidepressant effect. Lithium, Moncrieff opines, does not work at all in mania or as a prophylactic agent and nor does it prevent suicide. With all drug groups the illusion of acute effects is said to be partly brought about by the use of placebos which both prescriber and patient can usually detect and by (unspecified) withdrawal symptoms in those switched from active drugs to placebo at the start of the trial. These withdrawal symptoms are also cited as an explanation for the apparent benefit of continuing psychotropics in the longer term: those who stop an 'active' drug and are switched to placebo relapse because of the withdrawal effects they experience.

Those readers with George Orwell's 'power of facing' will have no trouble assimilating the potency of these arguments, nor with living with a stronger sense of doubt regarding what many of us hold to be true about psychiatric illness and psychotropic action. Others will feel compelled to reject out of hand this psychopharmacological blasphemy and pore over the text searching for weak points in the author's lines of reasoning. And they will find plenty of those. There is a tendency throughout the book not to challenge the findings of ancient underpowered studies as long as the outcome fits with the argument. There are numerous misrepresentations of study outcomes (such as CATIE, p. 87); unsubstantiated claims: '(antipsychotic) drugs dampen down all spontaneous thought and action' (p. 90); contradictory statements: antipsychotics give rise to coexistent 'deactivation and anxiety' (p. 103) but the deactivation effects of antipsychotics 'are likely to . . . reduce agitation and anxiety' (p. 147). Further, the structures of chlorpromazine and imipramine are drawn side by side to emphasise their chemical similarities (and so stress their pharmacological near-equivalence), whereas each structure is drawn incorrectly and in any case, two-dimensional representations have almost no relevance to the real arrangement of atoms in three-dimensional molecules.

The author contends that we should advise patients to take an 'antidepressant' because it might help their 'depression' by mechanisms not yet fully understood, but it will give them adverse effects as well. This is in some contrast to current practice, where patients are told that the drug specifically corrects a known chemical imbalance. At this practical level Moncrieff will find many supporters. On a philosophical and scientific level there will be many more detractors to the views expressed in this book.

David Taylor Maudsley Hospital, Denmark Hill, London SE5 8AZ, UK. Email: david.taylor@slam.nhs.uk

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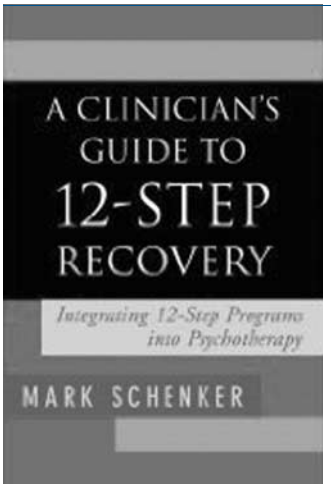

A Clinician's Guide to 12-Step Recovery: Integrating 12-Step Programs into Psychotherapy

By Mark D. Schenker.
W. W. Norton & Co. 2009.
US$29.00 (hb). 224pp.
ISBN: 9780393705461

One of the seminal experiences in my early career was an exchange visit to South Carolina in 1991 during which I spent most of my time observing addiction treatment in both public and private settings. Compared with my training in Scotland in a unit for treating alcohol dependence, I had arrived in a totally different world. The most striking aspect of the difference was the predominance of a strict disease model of alcohol and drug dependence that was in full accord with the precepts of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). This had many strange consequences, including enforced 12-step treatment under chemical dependency laws that paralleled the mental health civil detention procedures. The presence of such 12-step treatment in the hospitals also made for an easy transition into the free and extensive follow-up of AA and NA groups in the community. Although this particular state may have been at one extreme on a spectrum, there is no doubt that 12-step fellowships predominate in the world of addiction therapy in the USA. There are some voices raised against this state of affairs: most notably Stanton Peele in books such as *Diseasing of America*.[1]

Given these differences, it begs the question as to how useful a book such as that by Schenker might be to professional audiences in parts of the world where the influence of 12-step programmes is less apparent. Undoubtedly, it will find a ready market in North America.

My feeling is that the book is of value, if one can make allowances for its apparent US-centredness. Whether we are aware of it or not, AA and NA are all around us in our communities, and at least one-third of patients in British clinics with an addiction issue will have tried such therapy. I will certainly make use of the chapter in this book that sympathetically outlines the 12 steps and 12 traditions with trainees after we have visited an AA meeting as part of their addictions experience. It is clear from his book that Schenker is not a zealot but a pragmatist and he has discovered the popularity and success of the 12-step approach to addiction as his own career developed, noting the contrast with less successful approaches that failed to put a clear spotlight on the core problem of the addictive behaviour itself. The failure of psychodynamic psychotherapy in this area is the most notable, given it was eventually shown in one study to fair worse than control psychotherapy.

The book acknowledges the paradoxes and contradictions within the 12-step programme and also faces up to the issue of spirituality which stems from the origins of the movement in an evangelical Christian group. It is a practical book. Although aware of the growing academic literature on the hard-to-study area of outcomes within an organisation that eschews publicity and self-promotion, it is primarily designed to educate the frontline

mental health practitioner on a topic that most likely will have been overlooked in their training. In particular, it is an antidote to a potential clash of models if one is dealing with a patient who is particularly invested in a 12-step programme, where a naive therapist might apply an approach that leads to dissonance for the patient around the question of autonomy, given the crucial first step of admitting powerlessness over the addictive substance.

Overall, I would recommend this book as a useful addition to a local mental health library to be shelved alongside Heather and Robertson's *Problem Drinking*,[2] the first half of which will give a balancing view on the history of the 12-step approach and its consequences.

1 Peele S. *Diseasing of America: How We Allowed Recovery Zealots and the Treatment Industry to Convince Us We are out of Control*. Jossey Bass, 1999.

2 Heather N, Robertson N. *Problem Drinking* (3rd edn). Oxford University Press, 1997.

Iain Smith Gartnavel Royal Hospital, Kershaw Unit, 1055 Great Western Road, Glasgow G12 0XH, UK. Email: iain.smith@ggc.scot.nhs.uk

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