

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.

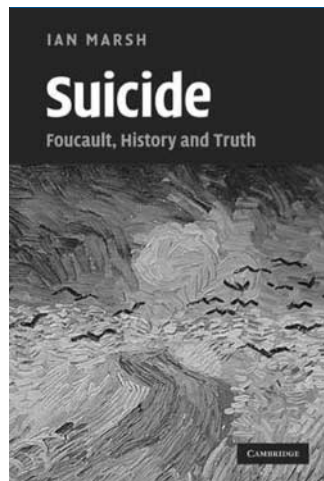
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historical contributions'. Interpreted flexibly, such a view is now largely non-controversial. The special value of Foucault's analytic tools is said here to be their ability to expose a whole field of enquiry to new, challenging questions. But is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

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Suicide: Foucault, History and Truth

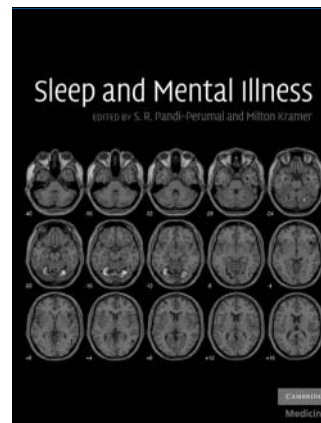
By Ian Marsh.
Cambridge University Press. 2010.
£19.99 (pb). 264pp.
ISBN: 9780521130011

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



Sleep and Mental Illness

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& Milton Kramer.
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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