Book reviews

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay

The Psychopath Test
By Jon Ronson.
ISBN: 9780330492263

Jon Ronson is a journalist, quite a good journalist, with a nose for a story and a ready wit. The story he describes in this book, ‘a journey through the madness industry’, as it is described on the cover, is quite a convoluted one. It begins with the investigation of a strange package sent to neurologists at University College Hospital, which reads like the beginnings of a John le Carré novel. During this investigation he becomes drawn into the strange world of DSM, scientology and psychopathy. A scientologist friend introduces him to a man who faked madness at Broadmoor Hospital. But of course the man is not mad; he is a psychopath. So our intrepid writer, a latter-day Cандide, decides to unravel psychopathy by seeing all the experts in the condition and asking them innocent questions like ‘why does wearing a sharp suit indicate that someone’s a psychopath?’ and ‘why do psychopaths dream in black and white?’. Eventually he gets the answer – Bob Hare’s psychopath test, and we get all 20 items of the test listed and explained. Armed with this new insight he goes to the guru himself and ends up drinking with Bob ‘in a hotel bar in rural Pembrokeshire’, where he learns how to administer this test as part of a training course. He then spices up his account with a series of interviews with a mass murderer, a corporate chief executive whose main joy was firing people, and an MI5 spy, before returning to Broadmoor to release the man who faked madness, and then returning to the John le Carré mystery, unsolved.

The book is an easy read and seems quite harmless. But it is sloppy and disconnected, and even the author recognises this in a criticism from a colleague, ‘you take a little bit of craziness from up there and a little bit of craziness from over there and then you stitch it all together’. The trouble is that the ‘craziness’ includes not just psychopathy, but schizophrenia, depression, bipolar disorder, drug misuse, LSD treatment-induced conditions, obsessive–compulsive disorder, autism, and attention-deficit hyperactivity disorder, so the uninitiated reader is quickly lost. More compulsive disorder, autism, and attention-deficit hyperactivity drug misuse, LSD treatment-induced conditions, obsessive–compulsive disorder, autism, and attention-deficit hyperactivity disorder, so the uninitiated reader is quickly lost. Morecompulsive disorder, autism, and attention-deficit hyperactivity disorder, so the uninitiated reader is quickly lost. More

uncontentious landscape. But it is not uncontentious; by his writing Ronson trivialises, and in the end stigmatises, not just personality disorder and psychopathy, but the whole of mental illness, in the search for cheap laughs and better sales. I urge him to change tack and use his talents to write a proper non-fiction novel on a subject where his humour can be put to better purpose.

Maladapted Minds: Philosophy, Psychiatry, and Evolutionary Theory
International Perspectives in Philosophy and Psychiatry.
Edited by Pieter R. Adriaens & Andreas De Block.
ISBN: 9780199535867

The title of this multi-author text places it as a successor to two now classic texts, one on evolutionary psychology (The Adapted Mind, 1992) and the other on evolutionary psychiatry (The Maladapted Mind, 1997). Although each of these three volumes is by different editors, they have some authors in common, for example Randolf Nesse and John Price.

Compared with evolutionary psychology, which has numerous periodicals and a large following, evolutionary psychiatry is very much the poor relation. There still is not a single peer-reviewed journal worldwide dedicated to evolutionary psychiatry, nor is there, to my knowledge, a single university course that teaches the subject. Hence this publication is to be welcomed.

The book comprises a foreword by Geoffrey Miller, an introductory chapter by the editors and 11 further chapters. Both the foreword and the introduction provide an excellent overview of evolutionary psychiatry as a subject and a useful and informed resume of the rest of the book. The editors raise the pertinent and thorny question of whether evolutionary psychiatry is ‘good science’. Given that one of the book’s aims is to explore the philosophical aspects of psychiatry and evolutionary theory, and given the scepticism that psychiatrists have shown towards this new discipline, it is helpful to frame the question in this manner.

The book’s contributors’ views differ, at times diametrically so. Unusually for a book on evolutionary psychiatry, there are two chapters that present arguments critical of the Darwinian approach. The authors of one of these chapters are critical of the whole adaptational paradigm that attempts to identify function and dysfunction from an evolutionary standpoint, preferring instead the mechanistic breakdown model prevalent in the rest of medicine where function is considered to be designed to keep a given system in homeostasis. Although I applaud the authors for giving space to critics of some of the prevailing theories in evolutionary psychiatry (specifically Marks and Nesse’s theory on anxiety and phobia), in the light of disconfirming
The ancient Greek term *paradoxon* is composed of the prefix ‘para’ (against) and the word ‘doxa’ (opinion) and literally means ‘beside belief’ or ‘contrary to expectation’. Explaining what we currently know about brain function by means of paradoxes – brain findings that are counterintuitive and go against the grain of established neuroscientific thinking – can appear a paradoxical exercise itself. However, this original, entertaining and informative approach has been successfully undertaken by Narinder Kapur and a panel of leading researchers in the fields of clinical and cognitive neuroscience.

Featuring a foreword by Oliver Sacks, this multi-authored volume covers a wide range of brain paradoxes across different disciplines. Clinical neuropharmacology informs clinical epileptologists about the paradoxical worsening of seizures by some anti-epileptic drugs (e.g. carbamazepine in absence seizures). One
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.

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.

Narrative Psychiatry: How Stories Can Shape Clinical Practice
By Bradley Lewis.
US$50.00 (hb). 240pp.
ISBN: 9780801899027

A Mind Less Ordinary: My Experience of Living with Anorexia and Schizoaffective Disorder
By Tanya J. Sheldon.
Chipmunkapublishing. 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...
and what made them worse. Patient memoirs, including Sheldon’s, are no different. What sets her account apart, however, is that her medical background makes her more aware of the process of mental illness as she passes through it.

Although Sheldon has never practised, her medical degree informs her understanding of her mental health now and during the many trials she has faced along the way. In a lucid, confessional style she produces a record of her experiences while considering the psychopathology, diagnosis and treatment of her anorexia and schizotypic illness. Her intention is to give the reader insight into mental illness as medics would themselves experience and analyse it.

For the clinician, most interesting are Sheldon’s criticisms of her care. She is critical of her treatment by ex-colleagues, of misapplied diagnoses and treatment regimes, such as at the specialist eating disorder centre she attended, which seemed to her cruel in the level of discipline it demanded. Her criticism is not intended to shame those that have treated her. Instead her intention is that through accurate recollection of events as they occurred she will be able to inform her reader, whether patient or clinician. Many will feel that as unique and moving as Sheldon’s struggle has been, these are sadly stories that they hear every day. Certainly, Sheldon provides a history of depression, anorexia and psychotic illness that would be familiar to most people working in mental health. If anything, her account suffers from her effort to make it as concise and clear as she can. It often seems as if she holds back from describing important aspects of her life, such as her family situation, to push on in her story.

Sheldon’s account does not have the weight of accounts like William Styron’s Darkness Visible, on his experience of depression, nor is it the only book available by a mental health professional on their experiences of mental illness (Undercurrents by Martha Manning, a clinical psychologist, is a good example). However, it does describe a unique and brave battle by a patient with a complicated list of psychiatric problems much closer to home. Despite Sheldon’s lack of experience, her background provides a route to refresh the empathy of a tired clinician by allowing them a glimpse of what it might have been like for them to go through what their patients have experienced.

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Ageing and Older Adult Mental Health: Issues and Implications for Practice

This is a most unusual and curious book. It took me quite a while to work out its frame of reference, relax and start to appreciate what it has to offer. Ultimately, I concluded that it challenges the lenses we commonly use to consider mental health in older people, making it quite a thought-provoking read.

The editors of this book seem to have set an arduous task for the contributors: provide an account of the chosen topic in a condensed form limited to an average of five pages (including tables!), include recent developments in the field and limit the references to a minimum (at best 25 references). The result is a collection of chapters with themes ranging from family and systemic influences through literacy disorders to paediatric psychopharmacology. This is a remarkable feat given that this is a slim volume (290 pages of text including references). Most of the contributors are well-known names in child and adolescent psychology and psychiatry, mainly, but not exclusively, from the UK and Ireland.

The book is divided into seven sections: developing competencies; promoting well-being; attachment and separation; the impact of trauma and maltreatment; atypical development; assessment; and approaches to intervention. It is targeted at both child and adolescent psychiatrists and clinical child psychologists and their respective trainees. The editors have succeeded in making the topics relevant to both groups and, in fact, the mix of chapters is one of the strengths of the book. The quality and usefulness of the chapters, however, vary widely from those that are outstanding to others that are prosaic and ordinary. The chapters on anxiety disorders in children and adolescents, childhood behaviour problems, eating disorders and family therapy assessment are rather basic. The chapter on psycho-dynamic approaches does not do justice to the subject. It would have been more useful if some chapters had addressed specific aspects of the topic rather than the whole subject.

However, Mut & Snowling provide a first-rate account of literacy disorders that includes both dyslexia and reading comprehension disorder. Conti-Ramsden & Durkin’s chapter on specific language impairment is an elegant summary of the topic. Early-onset bipolar disorder by James is an admirable account of the current state of knowledge on the subject, and Tayor’s chapter on diagnostic classification describes the issues facing child and adolescent psychiatry masterfully and is opportune at a moment when DSM and ICD are going through revisions. For these chapters alone, the book is worth buying. A strength of the book is that the 46 short chapters provide something for everyone practising child psychology and psychiatry.
The editors, both senior lecturers in clinical psychology at the University of Limerick in Ireland, aim to present the reader with discussions of mental health issues in old age within the context of normal as well as problematic development across the lifespan. They are upfront about their intention to provide a collection of chapters that pay attention to understanding the positive and salutogenic aspects of ageing. These aims are achieved in part as we read about the potential of theories, such as Erikson’s lifespan developmental theory, attachment theory and the dual process model of assimilative and accommodative coping, to shed light on thinking about matters such as adjusting to bereavement or to life in care. In this respect, the book succeeds in drawing these ways of thinking to the fore.

In other respects, when I was not finding the book fascinating, I found it frustrating. There are many spelling errors, a paucity of tables or figures (four in the entire volume) and considerable repetition between chapters, with population demographics and the basics of Erikson’s theories being the main victims. It promises to appeal to students, educators, practitioners and policy-makers, yet its coverage of fundamental research evidence is often sketchy and sometimes superficial – the chapter on treatment of mental health issues, for example, tries to cover treatment of major conditions within sections of just 1–3 paragraphs each; that on carers fails to acknowledge the role of spouses; whereas that on assessment mistakenly cites the Mini-Mental State Examination as an assessment of mood. Students should not rely on this book for basic education in this field, nor should professionals rely on it for an update on the latest research or practice.

This book lacks polish but it is a bit of a rough diamond. I feel it needs to be read as a collection of interesting essays rather than as a conventional text.

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Bodies under Siege: Self-mutilation, Nonsuicidal Self-injury, and Body Modification in Culture and Society (3rd edn)
By Armando Favazza.
ISBN: 9780801899669

Self-harming behaviour is a global public health problem. It is one of the main risk factors for suicide and it results in extensive mortality and morbidity. Every year in the UK, self-harm results in more than 200,000 attendances to casualty departments, placing considerable strain on the National Health Service. Favazza’s original Bodies Under Siege, published in 1987, rapidly became the seminal textbook on self-harm. It contained an unparalleled cultural exploration of an array of self-harming behaviours. By dedicating separate chapters to specific variants of self-harm (the head, limbs and genitals each warrant their own chapter), and examining different beliefs, practices and customs across the world, Favazza brought into a very public discourse a previously unmentionable topic.

The third edition, although 40 pages shorter, retains most of the aforementioned trove of information, while also summarising the subsequent decades of academic and clinical endeavour into the prevention and treatment of self-harm. Notable additions include an in-depth discussion of the social forces behind the exponential increase in tattoos and body modification observed in modern popular culture, as well as the pivotal role the internet now plays in providing information about self-harm, including treatment for people who self-harm and their families. Thousands of websites, chat rooms and forums dedicated to self-harm have been created since the second edition was published in 1996.

The latest edition includes Favazza’s personal reflections on his career-long exploration of self-harm and body modification, in which he reaffirms that there is hope for those whose lives have been overtaken by such potentially destructive behaviours. The book ends with a fascinating epilogue by Fakir Mustafar, a pioneer of the ‘modern primitive’ body modification movement, who discusses the attractions, dangers and possibilities represented by such behaviours.

My only criticism of the book is that Favazza confusingly uses a number of interchangeable terms for self-harm, the preferred UK term. Indeed, the proliferation of terms describing the same phenomenon has arguably held back research in this field. Overall, however, the book is very well written and extremely informative, and Favazza has produced a refreshingly honest and objective account of self-harming behaviour. It is, as stated by Favazza, more than a catalogue of horrors; 25 years on, it is still an important publication in this challenging area of psychiatry and a particular strength of the third edition is its comprehensive (26-page) reference list, which spans more than 130 years of literature about self-harm. There is much to be learned from this book and, for clinicians or academics working with people who self-harm, it is an invaluable resource. Highly recommended.

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A Life Too Short: The Tragedy of Robert Enke
By Ronald Reng.
ISBN: 9780224091657

In late 2009, Robert Enke was at the peak of his footballing powers, acknowledged as one of the German Bundesliga’s best goalkeepers and expected to represent his country in the 2010...
World Cup. He had seemingly overcome personal tragedy, depressive episodes and a series of ill-fated foreign transfers, regaining the form that had previously linked him with some of the biggest clubs in the world. On 10 November 2009, Robert Enke ended his life, aged only 32. Over 40 000 people attended his memorial service.

A Life Too Short was originally intended to be a collaboration between Enke and his friend, author Ronald Reng; not an autobiography, but a chronicling of how Enke had managed and overcome his depression. The book is an intimate portrait of a man who appears to be the antithesis of our description of the modern international football player; a reserved, thoughtful and dignified individual, who married his childhood sweetheart and for whom manners and respect were more important than money or trophies. Indeed at times, the reader could be forgiven for wondering whether Enke’s untimely death and the writer’s close relationship to his subject has led to a somewhat rose-tinted portrayal of him.

Reng’s previous bestselling book, The Keeper of Dreams, explored the unique physical and psychological characteristics of a professional goalkeeper compared with his outfield counterparts, and A Life Too Short often reads like a case in point. The trained reader can identify a number of cognitive biases that dogged Enke, such as the selective abstraction that he often applied to individual performances.

The player’s private struggle with such thoughts runs parallel with the matches, tournaments and transfers that many readers will be familiar with, lending an insight into aspects of football, particularly the art of goalkeeping, that some would not have previously considered. The subtle development of Enke’s skills, observed beautifully by the author, and his growth in stature among his peers are in stark contrast to the player’s confidence in his own abilities, illustrated by excerpts from his diary and from interviews with Reng.

As one would expect, the book is less accessible to those who are not fans of the sport, not least because Enke’s attention to detail and enthusiasm for the minutiae of goalkeeping is reflected in Reng’s writing. Although many of the characters described outside of the sport are colourfully depicted by the author, it is the portrayal of many of Enke’s contemporaries and their impact on his game that is most interesting to the football supporter. Some personalities in the game are reflected very badly in their lack of understanding of both Enke’s mental illness and the difficulties some young players have in adjusting to new teams, countries and languages.

Critics will draw attention to the frequent use of the word ‘depressives’ to describe those with depression, but by and large the book addresses mental health issues in general with both sensitivity and rationalism. Although Enke’s recovery from depressive episodes is inspiring, the spectre of his suicide looms large over much of the book, and the less-informed reader could be forgiven for coming to the conclusion that his eventual suicide was inevitable.

At the very least, A Life Too Short shines a spotlight on what must be a more prevalent issue than is currently recognised – that of mental illness in professional footballers. It begs the question why few cases are reported in British football leagues and whether or not it will take a tragedy like the death of Robert Enke for the sport in this country to recognise its presence.

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