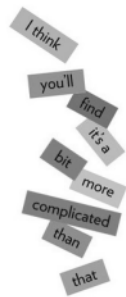


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Ben Goldacre

Selected Writing from the bestselling author
of *Bad Science* and *Bad Pharma*

**I Think You'll Find
It's a Bit More
Complicated Than That**

By Ben Goldacre
4th Estate. 2014.
£10.49 (pb). 496 pp.
ISBN: 9780007462483

Dr Ben Goldacre is too modest. He describes this collection of articles (previously published in the *Guardian* newspaper and elsewhere) as a kind of 'statistic toilet book', and says he is a 'student of wrongness', a self-deprecating 'nerd evangelist'. Do not be taken in. Goldacre has a beguiling facility with numbers, but he is no trainspotter. He is not interested in data for their own sake; his interest is in what that information reveals.

Insight backed by facts is a powerful position, especially when delivered in Goldacre's vividly iconoclastic prose: he writes with the fervour of a buccaneering moralist. What does it feel like to be so engaged? Goldacre writes:

'You might well view my work as pointless: like Sisyphus in an anorak, fighting my way up a greasy waterslide, defeated by the torrent of sewage, desperately trying to scratch one grumpy correction into yesterday's chip wrapper. But journalism like this is a genuine public health problem.'

If you share his outrage at the *Daily Mail's* 'ongoing project to divide all the inanimate objects in the world into the ones that either cause or prevent cancer', and are exasperated by unpersuasive efforts to make 'Ka-Boom!' science 'FUN!' then these articles will evoke a strange feeling: an excited pride at seeing statistics being deployed in anger, mixed with despair at the folly and corruption in public life that Goldacre exposes.

His targets include politicians' mendacious indifference to facts, and the irrationality of public policy. In a piece entitled 'Andrew Lansley and his Imaginary Evidence', he directs his anger at the erstwhile Secretary of State for Health in England:

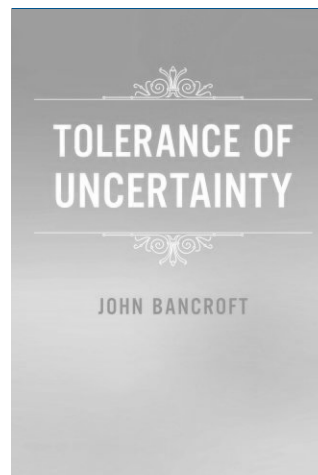
'There's no need to hide behind a cloak of scientific authority, murmuring the word "evidence" into microphones. If your reforms are a matter of ideology, legacy, whim and faith, then like many of your predecessors you could simply say so, and leave "evidence" to people who mean it.'

Goldacre exposes the venality of vested interests, especially in bad Pharma, bad journalism, and a clutch of outrageous quacks. But he also criticises the 'real scientists, who can behave as badly as anyone else'. A word to ourselves: no one is immune to complacency and bias. If we are to practise a 'good' psychiatry rather than a 'bad' one, we need to inoculate our profession with Goldacre antibodies. We might usefully share his admiration for

the motto of the Royal Society: *Nullius in verba* – 'on the word of nobody'.

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doi: 10.1192/bjp.bp.114.161851



Tolerance of Uncertainty

By John Bancroft.
AuthorHouse. 2014.
£13.07 (pb). 326 pp.
ISBN: 9781496929365

Professor John Bancroft is an internationally renowned scholar and researcher in the field of human sexuality. After a highly successful working lifetime in academic study, he has now published a book about what he makes of what he has done and learnt.

Tolerance of Uncertainty is a deeply personal book, and it is hard to categorise. At one level, it is a (longish) essay in self-reflection: what have I learnt about the scientific method and approach to life? In what sense am I a scientist? What does this say about the way I engage with truth and certainty? Professor Bancroft starts with Popper, moves swiftly to Plato and Socrates, and seeks to argue that you can divide thinkers and theorists into those who can tolerate uncertainty and those who cannot. He does his homework diligently to set out his understanding of how humans have approached the certainty of sex and gender. He particularly focuses on the world religious systems and their accounts of human sexuality, reasoning that their philosophy underpins their approach to science and the development of knowledge. He provides a whistle-stop tour of the tenets of the world's main religious systems with particular reference to their accounts of gender and sexuality.

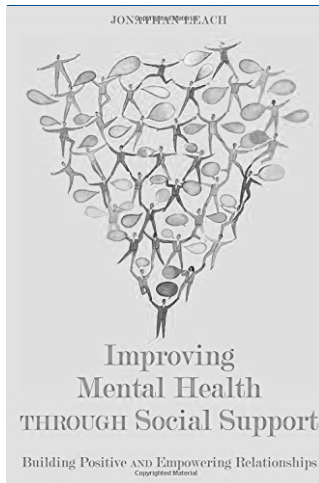
He concludes that we need a 'two-team' approach to gender role and function in society, and we need to tolerate the uncertainty of the paradox of sameness and difference that makes us who we are. Our differences are significant and meaningful but they may matter less than our similarities. He also offers a very personal account of how he has understood the nature of the unknown in our human experience.

This book is an endearing mixture of expert evidence, general reviews on big topics in philosophy and personal reflections. Not all of it works; the general reviews are inevitably superficial, and I think the conclusions about gender role in the workplace will have radical feminists of both sexes wanting to have serious words with the good professor. I also noted a curious absence of discussion about faith, which to me seems to be essential for the pursuit of

knowledge. Still, I would recommend this book – to psychiatrists who are interested in the wider context of our work.

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doi: 10.1192/bjp.bp.115.165969



Improving Mental Health through Social Support: Building Positive and Empowering Relationships

By Jonathan Leach.
Jessica Kingsley. 2014.
£22.99 (pb). 208 pp.
ISBN: 9781849055185

Social support is thriving in theory but certainly not in evidence-based practice. In published papers we are constantly reminded of the importance of a supportive environment in all its forms. I find it curious that when the adjective ‘social’ precedes ‘support’, ‘capital’, ‘inclusion’, ‘exclusion’, ‘networks’, ‘vulnerability’, ‘environment’, ‘control’, ‘enterprises’, ‘connections’, ‘relationships’, ‘exchange’ and ‘integration’, it seems to add a cachet of approval that somehow makes the subject more scholarly. But in practice I fear it confuses, as little seems to follow from the many dull but worthy recommendations that are made. Social support surrounds mental health like a foggy miasma; it is difficult to define, and although we cannot escape its ubiquity and importance, it does not signpost a way forward.

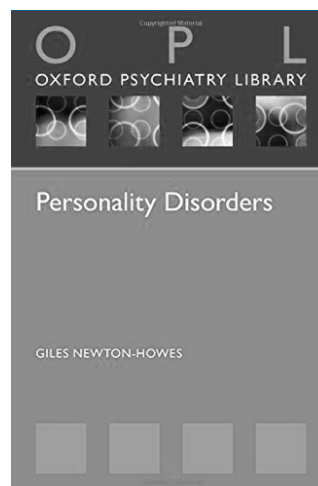
Jonathan Leach is nonetheless well placed to write about the subject. He has a degree in sociology, has worked in the voluntary sector, has been involved in the support needs of students, and currently works as a lecturer in mental health at the Open University. He approaches psychiatry as a keenly observing outsider, and one can easily understand his frustration with many health professionals. So when he takes part in a meeting with a community psychiatric team about a patient whom he knows very well he cannot understand why they do not involve him, and fail to recognise ‘the breadth and depth of that individual’s reality that I witnessed’. He is equally puzzled by the failure of many to appreciate that mental health is more than the absence of mental illness.

But the book’s title is a little misleading. The first seven chapters are sound and give a comprehensive academic substrate of the subject but I suspect these are part of the bedrock of Leach’s Open University teaching. The last chapter, ‘Making it happen’, unfortunately does not. It tentatively looks at ‘possibilities’ and hints at ‘suggestions’, advises health professionals to involve carers and service users more than they do at present, makes an interesting but probably impractical recommendation to general practitioners to give more ‘social prescribing’ (yet another example of adjectival respectability), and urges generosity and goodness along the lines of an unfunded Liberal Democrat Party manifesto.

Leach only hints at the reasons why he cannot say more. There ain’t no good evidence, folks. He comments that most of the research on social support is ‘small-scale and qualitative in nature’ and grumbles about the much larger funding given to ‘the evaluation of bio-medical or psychological interventions’. But this need not be so. Good, high-quality social support research is not an oxymoron; it needs a determined academic group to grab it by the horns and take it forward, just as George Brown and Tirril Harris did in highlighting the social aspects of depression 40 years ago. And now, as Leach recognises, there is much greater awareness and acknowledgment of the individuals’ importance in an age when isolation is in danger of becoming the norm, so it is an ideal time to surge forward. A second edition of this book could live up to its name.

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Personality Disorder

By Giles Newton-Howes
Oxford University Press. 2014.
£19.99 (pb). 80 pp.
ISBN 9780199688388

This is the perfect handbook for the busy clinician. It is light and compact, enabling it to travel easily for quick reference. It is composed of 14 chapters written in language that is easy to understand and follow. The text is concise yet comprehensive, managing to stick to the point with inclusion of key knowledge and references. It flows extremely well, starting with background information on epidemiology, the development of personality and the vast concept of what is considered ‘normal personality’. We are then taken through the diagnostic steps of personality disorders as categorised by ICD-10 and DSM-5, backed with excellent case examples that clearly illustrate the clinical picture for each category of personality disorder. Moving on, the reader is shown robust, evidence-based management strategies, including pharmacotherapy and talking therapies. The book ends with some more complex issues surrounding comorbidities in personality disorder, rounded off with a well-rooted conclusion.

As a new psychiatry trainee, I found this handbook immensely helpful in my understanding of a very complex, poorly understood and – ironically – disordered area of psychiatry. Despite its brevity, it manages to take away the harsh stigma attached to patients diagnosed with personality disorders, which sadly still exists among psychiatry professionals. Dr Newton-Howes does this by emphasising the relevance of these conditions within psychiatry as well as stressing the psychological and social destruction that can occur in patients who are poorly managed. He argues that