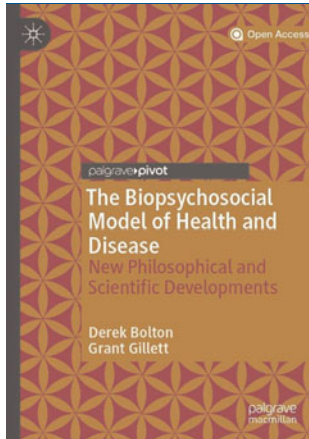


Book reviews

Edited by Allan Beveridge and Femi Oyeboode



The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments


By Derek Bolton and Grant Gillett
Palgrave Pivot. 2019. £20 (hb).
164 pp.
ISBN 9783030118983

I was first introduced to Professor Bolton's work as a young psychiatrist whiling away some time in the hospital library with Huxley's *The Doors of Perception*. In pops a psychologist who said if I was interested in that sort of thing, I should read *Mind, Meaning and Mental Disorder* (MMMD), co-authored by Derek Bolton and Jonathan Hill. It was, he said, a very learned book. What he did not say is that it is a very sophisticated attempt to ground the meaning of mental symptoms in neurobiology without reducing and explaining them away, hence not an easy read. Some years later a French professor of philosophy described it as the greatest book on the philosophy of psychiatry since Jaspers' *General Psychopathology*. He included Foucault's *History of Madness* in this. Bolton trained first as a philosopher, then switched to psychology and ultimately gained a chair in philosophy and psychopathology at London's Institute of Psychiatry, Psychology and Neuroscience.

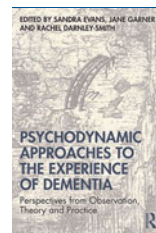
I say all this to foreground my expectations on starting Bolton's latest book, co-authored with Professor Grant Gillett, a neurosurgeon turned philosopher. *The Biopsychosocial Model of Health and Disease* is a far slimmer and speedier read than MMMD but that is not to say slighter. Its focus is the biopsychosocial model as applied throughout healthcare, and the majority of the examples and evidence presented concerns common physical disorders. The intention is to defend the biopsychosocial model from criticism that it is vague and incoherent; nothing but a repository for any and all hypotheses, however mutually excluding. The key insight, following Erwin Schrödinger and continuous with MMMD, is that biology already contains key elements of the psychological and social. Genes and energy production are constrained by the laws of physics but also involve organisation and regulatory control. This brings the concepts of goals, information and error – replete throughout psychology and sociology – into the most foundational branches of biology. The bio, psycho and social become different ways of describing the same events, undercutting the drive to reduce everything to biology. They argue that the vagueness is not a weakness of the model but rather that the relative contribution each domain makes varies according to the specific medical condition.

The book is well-written and its main thesis clearly argued and structured, with repeated summaries and signposting to guide the reader. Happily, it is available online as an open access book or can be bought as a hard copy. The relative brevity of the book means that some of the details are sketched rather than sharply drawn,

however. For instance, as per the continuity thesis, on p. 87 they argue that Wittgenstein's philosophy of language is closely connected to notions of regulation in the biological and behavioural sciences. It is an interesting point but as presented it rests on assertion rather than analysis. There were also a few annoying typos in my review copy. At one point we are promised a quote from Anthony Giddens that never materialises. Nothing, however, to distract from the main thesis. *The Biopsychosocial Model of Health and Disease* provides a new theoretical and philosophical defence of a central tenet in medicine. It outlines a programme that others will illustrate in time.

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Psychodynamic Approaches to the Experience of Dementia: Perspectives from Observation, Theory and Practice

Edited by Sandra Evans, Jane Garner and Rachel Darnley-Smith
Routledge. 2020. £26.99 (pb). 268 pp.
ISBN 9780415786652

It is just over 5 years since dementia overtook cancer as the most feared condition in the UK; it is unlikely that they will change places in the foreseeable future. This wide-ranging, innovative and engaging book explores that fear, alongside the many other responses generated in patients, carers and healthcare professionals when encountering dementia.


Consisting of 18 discrete chapters, the book draws together a diverse range of experts and approaches. It covers different therapeutic modalities (including individual, couple, music and group), different psychodynamic theories (attachment theory proves particularly useful in looking at issues of trust and dependence) and different settings (psychiatric wards, care homes and patients' homes). It also moves across the whole journey of dementia, from diagnosis, to mild impairment, to more advanced dementia to death. Although the editors are London based there is a global reach too, with some authors writing about their experience in New Zealand. Given this diversity, it is surprising that the book feels as coherent as it does. Stylistically that coherence derives from the use of case studies throughout; this ensures that chapter authors move from observation to theory to practice in a way that feels informative and authentic. The second uniting factor for all the authors is their ability, while acknowledging the huge psychological challenges facing someone with dementia, to retain hope: a hope based in the value of emotional contact to change how someone with dementia feels about themselves and the world.

There may be some scepticism about bringing psychodynamic thinking to bear on dementia, but it proves insightful across many domains. Of particular interest are the responses of healthcare professionals: the potential drift towards objectifying and infantilising people with dementia, the use of task orientation and humour as defence mechanisms and, importantly, the need to recognise and move beyond these responses in order to act as containing entities for carers, who can in turn contain the emotional states of the person with dementia. The movement from psychoanalytic theory to the quotidian aspects of care and back again also means that the concepts described have direct bearing on clinical work: for

example the idea of 'mature interdependence' rather than 'independence' as a therapeutic aim, the concept of 'moment to moment competency' in relation to difficult emotional states (in oneself and others) and the idea that challenging behaviour should be seen as something that we (professionals) are challenged by, not as something that is inherently challenging.

A drawback of the book is that the wide range of topics and authors mean it can become overwhelming. It is therefore best read as separate chapters, ideally in response to a clinical or personal situation. Given how much the book does cover, it is churlish to talk of omissions, but it would be interesting to see gender and race given more space and professionals as patients considered in a second edition. In terms of complexity it probably sits above the average undergraduate, but it is certainly pitched at a level appropriate to healthcare professionals working in this field, as well as carers and

some people in the early stages of dementia. It certainly has a place on the bookshelf of a multidisciplinary professional working in this field. Interestingly, there is also much in the book that is transferable to work in adult psychiatry, particularly rehabilitation psychiatry.

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Declaration of interest

I am in a peer group with one of the editors and a former colleague of one author.