

Book reviews

Edited by Allan Beveridge, Femi Oyeboode
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Handbook of Service User Involvement in Mental Health Research

Edited by Jan Wallcraft,
Beate Schrank & Michaela Amering.
Wiley, 2009. £45.00 (hb). 280pp.
ISBN: 9780470997956



Hearing (Our) Voices: Participatory Research in Mental Health

By Barbara Schneider.
University of Toronto Press, 2010.
US\$24.95 (pb). 196pp.
ISBN: 9781442610101

People who use mental health services are making a growing contribution to psychiatric research. At the same time clinical and academic mental health researchers are being increasingly required by funders to ensure that service users are involved in their research projects. Both of these books usefully address the challenges involved in this changing world of mental health research.

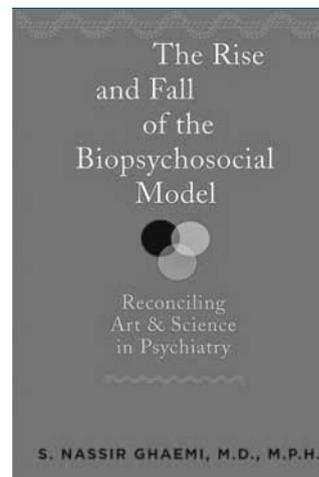
The *Handbook of Service User Involvement in Mental Health Research* (published in the World Psychiatric Association 'Evidence and Experience in Psychiatry' series) seeks to provide an historically informed, practical overview of what mental health service user involvement in research means and what it can achieve. It is aimed at researchers who are interested in understanding and involving people with experience of using mental health services as well as service users who are interested in becoming involved in research. Its 16 chapters, written by an impressive range of international researchers, service users and academics, cover issues such as context, principles, values, roles, methods and power as well as outlining the key ways in which service users can be involved in research – through consultation, collaboration and taking control of the research process. The book

may be of interest to those wanting to understand what user involvement can mean as well as those who have experienced it and want to extend their knowledge and research skills. Its scope means that chapters are necessarily brief but references are provided to follow up on interesting debates and topics.

Barbara Schneider's *Hearing (Our) Voices* makes a usefully detailed contribution to understanding the whys and hows of service user research. In a careful, considered and accessibly critical way she overviews two participatory action research projects that she undertook in collaboration with members of *Unsung Heroes*, a peer support group of people who had a diagnosis of schizophrenia in Alberta, Canada. An in-depth account of the research which took place over a period of 8 years is given drawing on the testimonies of the service user and academic researchers involved. The projects focused on the experiences of people diagnosed with schizophrenia in respect of communicating with mental health professionals and housing. A range of research techniques – interviewing, focus groups, photo story and DVD-making – were used in these projects. In addition, the author describes how the projects worked to ensure that all those involved played a full part in disseminating the research findings as well as good practice guidance to general public, practitioner and research audiences. As a professor of communications studies and a parent of a son with a diagnosis of schizophrenia, Schneider brings perspectives to this work that are not usually found in research undertaken by the traditional mental health disciplines and the book is the stronger for this.

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The Rise and Fall of the Biopsychosocial Model: Reconciling Art and Science in Psychiatry

By S. Nassir Ghaemi.
The Johns Hopkins University Press.
2009. US\$50 (hb). 272pp.
ISBN: 9780801893902

Ghaemi's book substantiates my perception that the vast majority of American psychiatrists never access scientific research emanating from Europe. Ghaemi's aim is to trace the origins of the biopsychosocial model, which, he asserts in his preface, 'rose from the ashes of psychoanalysis and is dying on the shoals of neurobiology'. He demonstrates convincingly that Roy Grinker, who was in analysis with Freud, introduced the term 'biopsychosocial' years before it was used by George Engel, to whom it is usually attributed. He identifies the main source of the model as psychosomatic medicine and the psychoanalytic community, whose passing he certainly does not mourn. He reminds the reader

that for decades one could not be a chairman of a department of psychiatry in the USA without being a psychoanalyst. This position of power enabled the analysts to promote the biopsychosocial model, which Ghaemi criticises for being so broad and eclectic that it could not stimulate the development of focused treatments or useful research. On the other hand, he is conscious of the limitations of a purely neurobiological approach. His solution is breathtaking: to combine the method-based epistemology of Jaspers with a thorough grounding in poetry and literature. A quote will convey the flavour of his synthesis: 'One takes a biologically reductionist model of disease and applies it where appropriate, but always with a humanistic awareness of the person, the individual, who has the disease . . . This humanism is individual and existential; it is not captured by another scientific discipline (like psychology or sociology) tacked onto the discipline of biology' (p. 209).

This last formulation exposes Ghaemi's ignorance of the development of social psychiatry in Europe, which has successfully integrated the theories and scientific methods of psychology and sociology into psychiatry. He fails to cite the work of a single European social psychiatrist, social psychologist or sociologist. Hence he is able to make statements such as the following: 'If a

person has [recurrent unipolar major depression], then the SRI should be effective, and there is little evidence that family therapy or other interventions are necessary' (p. 110). He is unaware of the substantial body of research supporting the effectiveness of couple therapy for major depression, without the need for antidepressants. 'Twin studies suggested that the family environment was irrelevant to the risk of developing [schizophrenia]' (p. 135). The years of research by the Finnish group headed by Tienari have passed under Ghaemi's radar.

How has the biopsychosocial model been so successful in the UK and the rest of Europe whereas it has fallen into disrepute in the USA? Partly because psychoanalysis never dominated the academic departments of psychiatry. Also because the national health services in many European countries facilitate cooperation between social scientists and psychiatrists, to the great benefit of the patients.

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