

## Reviews

### **Stormy Lives: A Journey Through Personality Disorder**

By Tennyson Lee  
Muswell Hill Press, 2016, £14.15, pb, 234 pp.  
ISBN: 9781908995162

According to Dr Lee personality disorder is 'not your fault' and is a treatable 'disorder' for individuals that are both able and willing to become involved with available therapeutic programmes. This book immediately highlights the importance of responsibility, not only on the part of clinical staff, but also for the person engaging with services, and as someone who has lived with the diagnosis of borderline personality disorder for many years, I was pleased to find that a key theme was one of empowerment.

The format and content allows a wide reach in terms of audience, being accessible to both clinicians and those with lived experience, their families and others with whom they may come into contact. The author utilises well the fictional character Nina to portray real-life examples, while not apportioning blame, nor attributing her difficulties to one particular aspect of her life. Although the focus is mainly on borderline personality disorder, the use of case examples in a chapter dedicated to other personality disorders gives an excellent insight into how these may present. Indeed, within this, is also the notion of the enduring and pervasive nature of personality disorder, how it affects lives, and the ability to question whether a label is indeed always helpful or necessary.

Lee uses the term 'personality configurations' to describe individual differences and how carers may adapt to a role which enables the individual. The label of personality disorder is often perceived as stigmatising and, therefore, reframing how this is presented to others can be significant in accepting both the diagnosis and how to manage it. Overall, he attempts to reduce stigma and the feeling of being stigmatised, while retaining an honest approach to how negative perceptions can influence relationships of all levels. This notion of relationships is also addressed, being key to personality disorder and to therapeutic alliance.

The information on the differences between borderline personality disorder and other psychiatric diagnoses may help to dispel some myths. For example, Lee suggests that clinical depression and depressive symptoms of borderline personality disorder are not the same. Although this comes across as a medicalised view, it fits well with my personal experience where unnecessary pharmacological treatment pathways were the only option given, rather than an effective therapeutic management of negative emotion.

The chapter on treatments provides a comprehensive overview of evidence-based therapies for borderline personality disorder and indirectly highlights the paucity of evidence-based options for other personality disorder classifications. From the range of treatment options available, albeit limited, the

information given is easy to digest, providing key concepts and a tabulated summary of areas such as goals and the all-important patient-therapist relationship.

At one point Lee outlines the role of choice in finding a treatment programme and therapist. In an ideal world, the choice of therapist can be an essential aspect of engagement in services but in reality this is not always the case – this is perhaps an area towards which health care services can move their focus.

I would have welcomed discussion around the role of gender in personality disorder, in relation to both diagnosis and treatment outcomes, as well as a more explicit and detailed examination around the role of emotion (and how this underlies relationships and day-to-day or even minute-to-minute interactions). Although this idea is present in the examples used, further elaboration may be helpful.

For me, the book summarises a positive approach to understanding and helping individuals with personality disorder without leaving the reader feeling helpless; this is achieved not by changing who we are but, as the author suggests, by building on the positive qualities we already have. I liked the idea that the final chapters provide an ending, not just for Nina but for the reader.

Taking a collaborative approach to treatment goals and enabling individuals to have a sense of agency in their passage to self-discovery is an essential aspect of the book – and a way of working that I found to be imperative to discovering a way through what for me was a confusing, frustrating and distressing journey.

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### **When Patient and Doctor Disagree: Autonomous Patient versus Paternalistic Doctor**

By Paul Crichton and Steven Greer  
Kiener, 2016, £14.99, pb, 123 pp.  
ISBN: 978-3943324600

I am a big fan of short books and, at around 100 pages, this is a remarkably short book. The authors outline the debate between autonomy and paternalism, and also aim to demonstrate where philosophy can be useful to psychiatry and medicine. The book succeeds in both areas, although in places

it could have benefited from further elaboration and exposition.

Part 1 summarises the arguments for personal autonomy, defined as 'acting on one's own reasons, not on those of other people'. The authors outline why this is valued as a good in its own right, only to be interfered in with significant moral justification. Paternalism is shown generally to act to undermine individual autonomy (although it can be justified e.g. for public health). Medicine is defined 'not as a science but an interpretive practice relying on clinical reasoning'. The patient-doctor consultation is rightly situated as the 'central act of medicine'. The way people make decisions is considered: not as isolated units but in dialogue with their significant others.

The best section is on Miranda Fricker's concept of epistemic injustice. Fricker has highlighted two types of injustice: testimonial and hermeneutical. Testimonial injustice refers to a speaker being awarded less credibility owing to prejudice on the listener's part, e.g. a woman speaking in a male-dominated boardroom. Psychiatric patients are particularly susceptible to this *credibility deficit*. The authors cite Elyn Saks's account of attending the accident and emergency department with a brain haemorrhage. When doctors heard of her history of schizophrenia, they stopped diagnostic investigations and sent her home. Hermeneutic injustice occurs when an individual/group does not have access to, or is not represented within, the shared generation of meaning. Here the injustice is often to the subject who questions the credibility of their own testimony. An example is a depressed new mother trying to make sense of her feelings without any knowledge of postnatal depression.

Part 2 addresses specific problems: mental health legislation, do-not-resuscitate orders, and assisted dying. These are condensed and well-written, but there is nothing new for anyone working clinically in these specialities.

Overall, this is a clear and concise introductory work useful for anyone interested in this area.

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## Still Down: What to Do When Antidepressants Fail

By Dean F. MacKinnon

John Hopkins University Press, 2016, £14, pb, 152 pp.

ISBN: 9781421421063

*Still Down* by Dean F. MacKinnon, a US-based psychiatrist, is a patient-centred guide written primarily for patients – and their families – seeking effective management for treatment-resistant depression.

The book begins with a revision of the symptoms of major depressive disorder and a summary of how treatment has developed to include a wide range of antidepressant medications that allow patients to be trialled on alternative treatments when any one agent is unsuccessful. The author explains treatment-resistant depression – where patients fail to respond to antidepressant therapy – using nine case studies that suggest reasons for treatment failures, starting with relatively straightforward cases and ending with more complex scenarios. Scenarios include patients who have been inadequately treated or misdiagnosed as well as patients who are 'treatment resistant.' Strategies, both biological and psychological, based on the author's own clinical experiences are suggested as ways to overcome antidepressant failure. These are summarised in a table towards the end of the publication.

MacKinnon presents cases concisely, in an engaging and conversational style. Each presentation ends with a summary of the key (general) clinical points and case notes which highlight diagnostic features specific to the patient's individual presentation.

The main strength of this work is its clarity of information. Easy-to-read prose, bullet-points and tables help break up the text in ways that aid comprehension. Explanation of medical jargon where used and the relative absence of jargon ensures suitability to the target audience. Limitations include its focus on treatments approved by the U.S. Food and Drug Administration, which may be less relevant in countries other than the USA. Furthermore, the book does not include novel evidence on pharmacological or psychological treatments. Irrespective of this, it remains a valuable commodity for healthcare professionals, offering a general revision of the topic and inspiring an individualised approach to managing patients.

In summary, this is a well-written and helpful resource for patients and relatives seeking to gain a better understanding of depression and its management.

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## Mental Capacity Legislation: Principles and Practice.

Edited by Rebecca Jacob, Michael Gunn and Anthony Holland  
RCPsych Publications 2017, £25, hb, 128 pp.

ISBN: 978-1909726000

The Mental Capacity Act (MCA) has now been in operation for 10 years, and MCA case law has proliferated over this time. Books on this subject still remain vital to continue to embed this statute in practice. This book is a reprint of the original publication in 2013. It is aimed at psychiatrists and other