

context, with stigma and the marginalisation of drug users being a common theme throughout. This is expanded further with reference to motivation and meaning behind drug use in particular cultures and the need for culturally sensitive treatment services. Controversial questions are posed regarding the interaction between public opinion, political view and subsequent drug policy and there are interesting discussions regarding the influence of media and clinical research in shaping opinion.

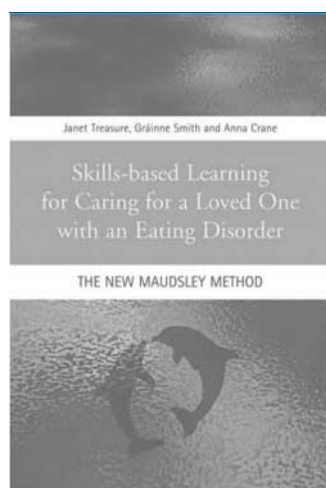
What the book amounts to is largely a collection of opinions and hypotheses where often the evidence that is quoted, and claimed to be systematic, is ill-defined. There is little attempt to undertake the practice, as in traditional scientific papers, of clearly describing methodology and critically discussing models and conclusions. This is the book's major flaw in that it is difficult to consider its assertions critically without the transparency that it claims other clinical research lacks.

Unfortunately, there are obvious factual inaccuracies that lead one to question the credibility of the book, making it even more difficult to know how to regard the conclusions drawn. For example, there is reference to the practice of prescribing oral heroin as a maintenance treatment in the UK, which is clearly not the case, yet the widespread use of oral buprenorphine was omitted.

Beyond the social science field, I question who the target audience for this book is. It attempts to challenge what it views as the black and white medical model of research and policy by putting forward equally monochrome opinions with little supporting evidence. It did, however, succeed in its aim of being provocative and challenging to the reader.

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**Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method**

By Janet Treasure, Gráinne Smith & Anna Crane. Routledge. 2007. £12.99 (pb). 228pp. ISBN 9780415431583

The aptly named Treasure and her colleagues have the magpie talent of bringing precious scraps from related fields and fashioning them into accessible and well-researched tools for addressing eating disorders. They borrow motivational enhancement techniques from addictions, skills-training and irreverence from dialectical behaviour therapy, family approaches from child psychotherapy and now the idea of coaching healthy family members in therapeutic techniques, in a manner akin to the Relate manuals, or to Beck's marital self-help *Love is Never Enough*.<sup>1</sup>

The authors teach a sort of 'unplugged' cognitive therapy that informs compassionate living together. Cognitive-behavioural therapy sophisticates will recognise the book's didactic, respectful, empowering, non-blaming style as Socratic. There are examples of Ellis's 'ABC' analysis, the encouragement of behavioural experiments, cognitive-behavioural therapy's win-win approach and exploration of alternative ways to speak and think together.

Anorexia often makes people engage in cognitive-behavioural therapy in a purely technical way that comes unhitched from the 'bigger picture' unless there is family co-therapy to hold things together. The only robustly evidence-based treatment is 'Maudsley' behavioural family work – this book offers families extra ways to contain their own distress and fine-tune their input to the patient's recovery. I already give Janet Treasure's *Breaking Free from Anorexia Nervosa*<sup>2</sup> to all new patients, carers and professionals. I shall now recommend this affordable paperback too – fledgling therapists can also learn much from it.

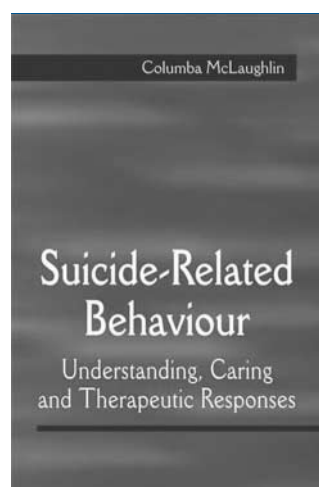
CD-ROM and web-based versions of this work are being prepared, but don't under-estimate the power of a 'live' group setting with peer support, role-play and laughter – the perfect opportunity for professionals and family to learn together. Material that may appear twee and scripts that seem stilted on the page can be translated and re-modelled by the group into tools for effective caring – and for bonding and catharsis.

Inevitably, people remember this book for its menagerie metaphors. What's your caring style? Rhinoceros, kangaroo or – preferably – dolphin? Do you behave like an emotional ostrich, let it all hang out like a jellyfish, or contain your feelings like a helpful St Bernard? As one mother remarked, 'Give me that keg of brandy!'

- 1 Beck AT. *Love is Never Enough: How Couples Can Overcome Misunderstandings, Resolve Conflicts and Solve Relationship Problems through Cognitive Therapy*. Harper Collins, 1988.
- 2 Treasure J. *Breaking Free from Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers*. Psychology Press, 1997.

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**Suicide-Related Behaviour: Understanding, Caring and Therapeutic Responses**

By Columba McLaughlin. John Wiley & Sons. 2007. £19.99. 230pp (pb). ISBN 9781861565082

This book is aimed at students considering a career in mental healthcare. It consists of two parts.

The early chapters offer case vignettes that introduce conceptual, ethical and attitudinal issues around self-harm, attempted

suicide and completed suicide. These are lively, realistic and well-worth referring to for teaching purposes. Indeed, the importance of training professionals specifically to work safely, kindly and effectively with people who self-harm is one key message of the book. The worthy Department of Health, National Institute for Health and Clinical Excellence and College reports have said it too, for over 20 years, but does it happen everywhere?

Chapters on clarifying the terminology and suicide-related behaviour are particularly dense and interesting. McLaughlin does not accept the now orthodox lumping together of all self-harm, whether it be suicide-oriented or not, under the term 'self-harm', preferring instead to use 'suicide-related behaviour' to encompass 'any life-threatening thought or behaviour that suggests that the person intends either to harm or kill him or herself'. One problem with this is that much recurrent self-harm falls outside the proposed domain. And this is reflected in the rather brief discussion it receives in the book. McLaughlin emphasises the importance of assessing perceived lethality and suicidal intent, but the discussion of the varied psychological functions of repetitive self-harm is surprisingly brief, as is consideration of harm-minimisation strategies arising from such understanding. Self-punishment and expression of anger are mentioned, but cleansing and distraction functions are not.

The second part of the book is less enjoyable, but also less authoritative. McLaughlin attempts to introduce the numerous theoretical orientations that inform mental health practice, and

covers these bio-psychosocial perspectives in chapters on stressors, responding to crisis and therapeutic responses. Unfortunately, the discussions of psychoanalytic theory and psychiatric perspectives are riddled with factual inaccuracies. To quote some examples: 'Freud's writings extend from his first publication *The Interpretation of Dreams* (1900) to his final manuscript *An Outline of Psychoanalysis* (1940) (p. 87)'; and 'Depression has been estimated as accounting for 75% of all psychiatric admissions . . . Bodily functions, sleep, appetite and sexual desire are usually disturbed as a result of morbid thoughts (p. 104)'.

The book closes with a claim that Rogerian person-centred therapy, with its attention to empathy, acceptance and genuineness, holds the best hope for a caring engagement with people who self-harm. So this review will close with a patient's experience cited in the book: 'when Barry was assessed he felt as if he were cut open. All his past was dug up and just left there. If the practitioner did something with it, it would have been OK but nothing was done with it, it was just left there . . . assessments are not done [just] to provide information to the assessor (p. 165)'. McLaughlin's book is a committed contribution to preventing such experiences of 'care'.

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