A curious paradox of Western psychotherapy has been the neglect of consciousness – or awareness as Mace, in this stimulating and timely book prefers to call it – as both a focus for research and a target for therapeutic work. Freud took consciousness for granted and saw his project as plumbing the depths of that which we are unaware of; Beck acknowledged the need to work with the conscious mind, but the complexities and pathologies of cognition cannot be equated with consciousness itself. Both psychoanalysis and cognitive–behavioural therapy typically focus on the mind’s ‘content’ rather than differing states of awareness themselves.

By contrast, Eastern, especially Buddhist, psychology takes consciousness as its object. Various types of mindfulness-training, ranging from meditation and yoga practices to the contemplation of Zen koans (apparent paradoxes, whose ‘solution’ produces sudden leaps in consciousness) aim to produce calm, clarity of consciousness – or awareness as Mace, in this stimulating and well-written book surveys the field with a sympathetic but not uncritical eye. He covers the embryonic science of mindfulness (there are as yet few relevant functional magnetic resonance imaging (fMRI) studies) and looks both at psychoanalytic and cognitive attempts at rapprochement between mindfulness and their core discipline. He shows how cognitive–behavioural therapists have found standard technique insufficient to change the long-standing patterns of dysfunctional thought found in individuals with borderline personality disorder and Williams and Segal’s mindfulness-based cognitive therapy for recurrent depression are the best known.

Mace’s compact, accessible and well-written book surveys the field with a sympathetic but not uncritical eye. He covers the embryonic science of mindfulness (there are as yet few relevant functional magnetic resonance imaging (fMRI) studies) and looks both at psychoanalytic and cognitive attempts at rapprochement between mindfulness and their core discipline. He shows how cognitive–behavioural therapists have found standard technique insufficient to change the long-standing patterns of dysfunctional thought found in individuals with borderline personality disorder and chronic depression, and how adding mindfulness training can significantly reduce relapse rates. There is a fascinating discussion of the parallels between the Buddhist ideal of ‘no mind’ and the psychoanalyst Bion’s injunction to therapists to approach their patients without ‘memory and desire’. Mace cites studies showing how mindfulness training for professionals (including the remarkable Monash programme for medical students) can improve outcomes for their patients. He sees the key contribution of mindfulness as enhancing the capacity for compassion by opening awareness to suffering – one’s own and that of others. He deconstructs the concept of therapeutic mindfulness into three components: ‘de-chaining’ (slowing down perception, thus breaking the automatism of dysfunctional thoughts and actions), ‘re-sensing’ (acceptance rather than avoidance of problematic feelings) and ‘de-centering’ (seeing mental pain as ‘just thoughts’).

I have but two critical comments. First, the book opens with an off-putting exposition of Buddhist psychology that is hard-going even for the initiated (admittedly, Mace disingenuously invites the reader to skip this chapter). Second, there is no mention of mentalisation, a related concept from the psychoanalytic tradition that forms the basis of Bateman’s evidence-based programme for borderline personality disorder. With those caveats, I strongly recommend this book for any aware – or even semi-conscious – mental health professional.

This book describes yet another model of personality disorder, outlining a cognitive constructivist model. The authors clearly have a predetermined perspective of personality and its functioning. However, rather than simply engaging in polemic, they have sought evidence to show not only that their view has clinical utility but also that there is empirical evidence, albeit single case study clinical evidence for the most part, to support it. The result is a book linking theory and treatment in a way that is recognisable to the clinician.

But what is the cognitive constructivist model? In essence, it is a deconstructivist model. Personality is seen as being made up of essential elements which become dysfunctional personality disorders: a meaning system which incorporates states of mind and cognitive aspects of states of mind; and integrative and de-centering abilities with which we smooth out inconsistencies in our narratives and which we also use to put a brake on our
tendency to be self-centred. The theory becomes increasingly complex and the authors identify other essential cognitive processes commonly dysfunctional in personality disorder. But, importantly, they link the cognitive dysfunctions to interpersonal interactions, which instantly brings clinical relevance to the subject.

The authors have organised each chapter to ensure that relevant aspects of their theory are illustrated clinically, using sessional material for each of the personality disorders. This brings the book to life. The reader who is interested in psychotherapy discourse will find this book a veritable treasure trove. What the book does not do is tell you how to implement the treatment. But it does provide handy ‘hints’ – for example most individuals with personality disorder cannot easily self-reflect so techniques stimulating within-session scrutiny between patient and therapist are best left until later in treatment.

Overall, this book forms part of an ambitious attempt to create a coherent understanding of personality disorders and to offer treatment consistent with that understanding. For some it will be a little too deconstructivist as a model. It is also not for the reader who is naïve about treatment methods or who has limited understanding of personality disorder. But I would urge those who are well-versed in the literature on personality disorder to read this book.

In this book psychiatry is viewed by Cooper (a philosopher of science) as an area of intellectual endeavour and academic research. However, despite the obvious appeal such an approach will have to many psychiatrists, the book is also aimed at philosophers of science, who, to their credit, are increasingly being drawn to sciences other than physics (indeed, the book appears in Acumen’s series ‘Philosophy and Science’). Cooper describes these twin goals thus:

For readers interested primarily in psychiatry I shall show that psychiatry is similar enough to other sciences for ideas from the philosophy of science to be helpful in solving conceptual problems within psychiatry. For readers interested primarily in the philosophy of science I shall show that psychiatry is different enough from other sciences for an investigation of psychiatry to enable old problems in the philosophy of science to be viewed from a new and fruitful angle (p. 1).

The book is made up of ten chapters, with the central eight divided between four themes: the nature of mental illness; explanations in psychiatry; relations between theories; and managing values and interests. All the chapters are remarkably strong, covering topics such as randomised controlled trials and the pharmaceutical industry, reductionism, the nature of disorder and whether mental illnesses are myths. For me, the two most thought provoking were the second chapter on explanations in psychiatry (individual case histories), and the first chapter on the relations between explanations (when paradigms meet.). The latter chimed with my own anxiety that psychiatry was not a unitary science at all, but rather a practice which drew on numerous sciences of varying degrees of rigour. Cooper is more optimistic and suggests that psychiatry is a multi-paradigm discipline. However, this optimism is tempered by a realistic appreciation of the problems this plurality can bring: competition between professionals and researchers, hegemony of one paradigm over others and difficulties in communication between workers in different paradigms. Here, she suggests, the DSM may serve as a ‘contact language’, a common reference point to orientate different research and clinical approaches. The chapter on individual case histories will resonate with clinicians used to Jasperian terminology: Cooper discusses the limits of understanding, rationality and the role of individual events in a history in enabling one to simulate the mental state of another and, in turn, empathise and make predictions.

The book is clearly written, succinct and the author wears her great learning lightly. In contrast to many philosophy of psychiatry texts, Cooper draws widely and predominantly on the psychiatric, rather than the philosophical, literature. The book is highly recommended to all psychiatrists interested in the questions that underpin their professional activities, as both clinicians and researchers. By the time I had finished the book I had noted several cited by Cooper that I rushed off to order and am now reading; I can think of no greater praise.

In this biography the relationship between mental disorder and creativity in of one of Britain’s most prominent architects is examined.

Born in 1812, Augustus Welby Northmore Pugin was the son of a French émigré artist, who ran a drawing school in London,
Richard H. S. Mindham correspondence c/o British Journal of Psychiatry, 17 Belgrave Square, London SW1X 8PT, UK. Email: bjp@rcpsych.ac.uk
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Understanding Treatment Without Consent: An Analysis of the Work of the Mental Health Act Commission
By Ian Shaw, Hugh Middleton & Jeffrey Cohen.
Ashgate. 2007. £50.00 (hbk). 138pp.
ISBN 9780754618867

Drugs in Society: European Perspectives
Edited by Jane Fountain & Dirk J Korf.
ISBN 9781846190933

There are eleven biennial reports from the Mental Health Act Commission (MHAC), each longer than the previous one, running to many thousands of pages. Is there any more to say about treatment without consent and the work of the MHAC?

All responsible medical officers and many other psychiatrists whose practice involves treating detained patients, will have come across the MHAC. Some view Commission visits to hospitals as an essential safeguard for patients and a means to improve patient care. Others think that the Commission is an irrelevance whose sole purpose appears, at times, to be complaining that a particular form isn’t completed to the Commission’s satisfaction. This book describes how the Commission carries out its tasks and the sort of information it collects. But it also goes further. As one reads about the history of the Commission and its predecessor organisations and ponders the type of information collected (both on hospital visits and in relation to requests for second opinion appointed doctors) and, more interestingly, the way it is interpreted in this book, one may gain some insight into how the Commission perceives mental health services and patient detention. The review, by a previous MHAC policy officer, of reform of the Mental Health Act (now rather dated) and of the MHAC itself (through the Health and Social Care Bill), furthers the impression of a Commission with a particular way of seeing the world.

The book also includes a paper on ‘treatability’ of individuals with psychopathic disorder. Although it doesn’t really fit in with the rest of the book, some readers may consider it the most thought-provoking chapter.

However careful one is to think about the impact of detention and use of the Mental Health Act, one of the rewards of working as a Mental Health Act commissioner is gaining a greater understanding of how others, particularly patients, view detention under the Act. This is reflected in the tone of much of what is written. For those who wish to understand better what the MHAC does this book is worth reading.

Made up of a collection of papers based on qualitative research in several European countries, this book seeks to illustrate and comment on drug use as a dynamic social behaviour influenced by personal, cultural and political factors. The contributors and editors are all members of the European Society for Social Research on Drugs, a group whose aim is to promote social science approaches to drug research.

The ten papers included tackle a range of subjects and present research in a different way to that which clinicians are accustomed to. Many of the chapters elaborate on the variation in social perceptions and meaning of drug use depending upon the societal
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.

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 model, or to Beck’s marital self-help Love is Never Enough.

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 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!’


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’.

Andrew Hodgkiss
Department of Liaison Psychiatry, St Thomas’ Hospital, London
SE1 7EH, UK. Email: andrew.hodgkiss@slam.nhs.uk

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