eschewing the approach which is more familiar to psychiatrists centred on risk assessment and prevention of harm.

The author describes this as 'a how-to-do book', which is practical and emphasises 'how-to-be' with the suicidal person. It is written by an enthusiastic and experienced practitioner. This is both its strength and its downfall. The author's evident passion works much better where he discusses his own clinical cases and practical SFBT-based approaches such as the 'miracle question' and the 'worst case scenario'. Both of these are imagery exercises. In the former the client is asked to imagine in detail how life would be different if suicidal thoughts miraculously stopped, and in the latter they are asked to imagine viewing their own funeral. Elsewhere the book lacks focus (e.g. a section on political suicide and suicide terrorism) and contains personal opinion that at times borders on propaganda and is coupled with a selective review of the literature (e.g. no mention of the National Confidential Inquiry).

Psychiatrists interested in reading this book should bear in mind that SFBT is complementary in nature, located outside conventional 'scientific knowledge'. 'Most studies rely on client or referrer report and have little objective validity.'[1] The clinical material presented here relates to office-based practice. For example, 'acutely' suicidal clients can be seen in 2 or 3 days' time having been set a pre-session task.

A word of caution. When discussing the literature the author is by turns partial and poorly-focused. At worst he is out of date and occasionally just plain wrong. He presents a number of his opinions which are both strongly-held and controversial. On the one hand is his faith in the efficacy of the worst case scenario approach that has 'saved many lives'. On the other is his belief that by utilising strategies such as removing means of self-harm 'a few lives are saved' in the short term but 'many more' are lost in the longer term 'due to the disempowering and devaluing effect produced by such actions'.

1 Iveson C. Solution-focused brief therapy. *Adv Psychiatr Treat* 2002; **8**: 149–56.

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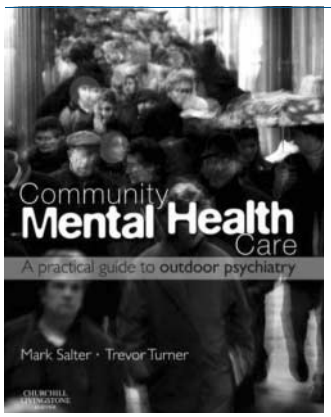
doi: 10.1192/bjp.bp.109.066480



Community Mental Health Care: A Practical Guide to Outdoor Psychiatry

By Mark Salter & Trevor Turner.
Churchill Livingstone. 2008.
£31.99 (pb). 308pp.
ISBN: 9780443102547

The title of this guidebook gives little hint of the treasure trove of information within its covers. The authors state it is written for a 'generic mental health worker', a breed that does not yet exist but is likely to be needed if true community mental healthcare is to be successful. Until that elusive individual arrives, anyone working as a care coordinator is likely to find this book hugely helpful. Trainees who have grappled with understanding the care programme approach and the role of their team colleagues would do well to read some of the chapters in detail.

The book covers the need for community care, accessing care and making diagnoses, and touches upon the pharmacological and psychological treatment of common disorders. It makes clear from the outset that it is not a textbook and the topics are presented in general terms, within a historical context. When discussing community care, a range of suggestions on how to offer support to patients in the community is offered and the importance of keeping healthy as a care worker is stressed. These chapters have a great amount to offer, combining common sense and wisdom with a sense of humour that I did not expect to find, including suggested abbreviations that might be enjoyed by a fitness to practice committee, such as FLK (funny looking kid) and FITH (fucked in the head).

I liked the fact that the term patient is used in preference to user or client and that the chapter on risk cautions against losing sight of the patient at the centre of the assessment at the expense of form-filling. The authors manage to put risk assessment in the context of service provision and current practice without detracting from its importance.

Unfortunately, the chapter on the Mental Health Act is slightly outdated and focuses only on the English and Welsh law excluding the northern perspective. Overall, this book is both an enjoyable read and a helpful resource for clinicians at the coal face of community mental healthcare.

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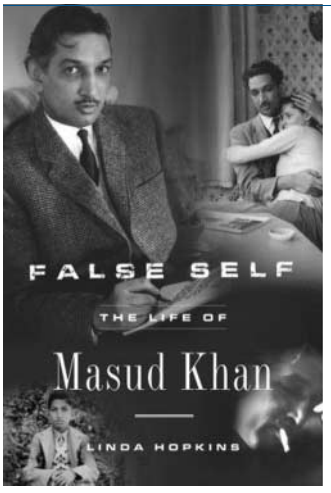
doi: 10.1192/bjp.bp.109.068213



False Self: The Life of Masud Khan

By Linda Hopkins.
Karnac Books. 2008.
£19.99 (pb). 552pp.
ISBN: 9781855756285

This work of far more than biography should be obligatory reading for psychiatrists under 50 and psychoanalysts of any age, whether psychiatrists too or not. This is not just the story of one man but a work of scholarship concerning the psychoanalytic community in post-1945 Britain and France, and dominating North American psychiatry until the century ended, yet now outside the experience of most psychiatrists under 50. They are not only deprived of a fascinating epoch recently in their field but more limited in vision by that than they may realise.

Unintentionally, Linda Hopkins, a psychologist and psychoanalyst, has given us the most detailed study from cradle to grave,

at 65, of a case of borderline personality disorder, often called psychopathic personality. Unfortunate parenting – a father of 73, a teenage mother (the latest of 4 wives) and 9 sons, in his colonial India ménage, of peasant stock, made a beriched landowner in reward for service in the British Empire. His father allowed little Masud to witness his mother's convulsive delivery of a stillborn fetus, which left him with mutism for 3 years to follow, depressive recurrences ever afterwards, an adult lifestyle of self-aggrandising postures, delinquent mendacity, near misses of prison, grossly disordered sexuality, destructiveness, and finally paranoia and suicidal alcoholism.

The author's miracle is contriving to leave one with a poignant sense of tragedy. Khan was all these things, yet prodigiously gifted – in intellectual productivity, in scaling the heights of the artistic and social worlds of the West, attaining clinical summits, international recognition, and prodigious too as self-inventor, impostor, sexual marauder of patients. The mountain of his daily writings are said to yield riches. Meanwhile, the British Psychoanalytic Society has embargoed their study until 2039!

Khan's father died leaving him wealthy at 20. By 1946, aged 22, he arrived in Britain with 27 suitcases, a chauffeur-driven Rolls Royce, and an MA of which the thesis in its only copy was lost by T. S. Elliot. With no education in medicine or psychology, he was accepted for training in psychoanalysis. He was quickly elevated to training analyst in 1959, a rare accolade, soon to be guest lecturer at major American psychiatric centres, and even a drunken one once at a Royal College of Psychiatrists' conference. Later, he became foreign editor of the *Nouvelle Revue Française de Psychanalyse*, editor of the *International Psychoanalytic Library*, and a director of Freud Copyrights.

But this was not all – far from it. He married and ruined the lives of two of the most precious stars in ballet, acquired a magnificent library and French paintings. Linda Hopkins has reminded us through a living example of how psychoanalysis attracts gifted, potentially creative people, and how the frontier between creativity and psychopathology is an insecure one. The eternal question which goes far beyond how to recruit for psychoanalysis, psychiatry, psychology, is how to distinguish the two anywhere and in whatever field.

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doi: 10.1192/bjp.bp.109.068973