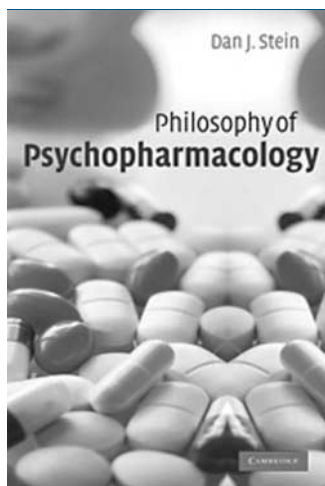


working towards the aims Tyrer sets out and many have been more creative than the examples we are provided with.

Will nidoththerapy move from niche to mainstream? My verdict is 'possibly' and I will be giving my copy to the newly appointed manager of a local service devoted to improving the 'community opportunities' of people currently stuck within our service.

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Philosophy of Psychopharmacology

By Dan J. Stein.
Cambridge University Press. 2008.
£29.99 (hb). 224pp.
ISBN: 9780521856522

This discussion of the philosophical issues around psychiatric drugs is inspired by rising rates of their use and by claims that they may be able to enhance intelligence, social performance and general well-being. The author seeks to explore when the use of psychiatric drugs is justified and when it might not be. He provides a sweeping overview of philosophy and psychiatry, raising many fundamental questions about the nature of psychiatric disorders and how we should study them.

Stein sets out two contrasting positions. One is the classical approach, which regards psychiatric disorders as unproblematic categories that can be understood and studied in the same way as physical phenomena, like medical diseases. The opposing 'critical' position holds that psychiatric disorders are social constructions that reflect the values of the societies that create them. Stein then attempts to outline a middle way which he calls the 'integrative' position, one that reflects the findings of 'cognitive-affective' science. However, this middle position is never clearly differentiated from the classical position and the term cognitive-affective is used in many different and confusing ways.

Stein also makes a number of assumptions about the nature of psychiatric drug treatment that need to be questioned. He accepts at face value the idea that psychiatric drugs are 'effective', without ever interrogating what that statement might mean. He suggests that modern psychiatric drugs work in a specific way, by acting on the 'neuronal circuitry' that gives rise to particular symptoms. However, he never seriously considers alternative explanations, such as the view that psychiatric drugs create altered mental states that may suppress the symptoms of mental disorders in a non-specific way. It is therefore difficult to agree with his premise that drug treatment of disorders like depression and social anxiety disorder is generally desirable.

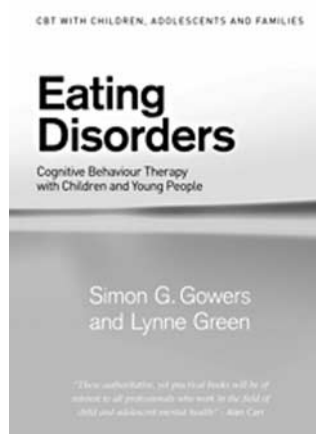
The fictional cases presented throughout the book reproduce and reinforce the notion that psychiatric drugs can reverse

pathological processes. There is no consideration of the harmful effects associated with psychiatric drugs, the trade-off between benefits and harms and the social impact of drug use. The analysis of the moral principles that might guide the use of psychiatric drugs veers off into a discussion about the neuronal basis of moral judgement.

A deeper analysis of the nature of psychiatric drugs might have challenged the assumption of benefit that is embedded in current views on psychiatric treatment, and provided a more thought-provoking discussion of the moral implications of drug treatment.

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Eating Disorders. Cognitive Behaviour Therapy with Children and Young People

By Simon G. Gowers
& Lynne Green.
Routledge. 2009.
£19.99 (pb). 200pp.
ISBN: 9780415444637

This book offers a great deal of useful advice for any child and adolescent mental health professional working with children and adolescents who have eating disorders. The chapters progress logically through assessment, engagement, and the principles of treatment including relapse prevention and discharge planning; there is a good review of literature.

Gowers and Green give clear and straightforward clinical advice, with a healthy balance between specific interventions and more general recommendations, as well as useful clinical vignettes. Although the book is written from a cognitive behaviour point of view, it will be very useful to therapists with a wide range of experience and theoretical clinical orientations.

My criticisms are very minor. I had some difficulty at times in sorting out which interventions were aimed at anorexia, which at bulimia and which at eating disorders in general. Additionally, there is relatively little reference to other treatment approaches, particularly the systemic family approaches which, as the authors acknowledge, have the greater, albeit limited, evidence base. Last, the final two chapters on applications and challenges seem to lack cohesion with the other chapters.

I would strongly recommend this book to all child and adolescent mental health professionals working with young people with eating disorders. It provides a wealth of ideas as to how one can work with what is often a very difficult clinical population.

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