



MRCs, LRCP, in 1932 and graduated MBBS (London) in 1934. He was awarded the MD (London) in 1939. Having decided to devote himself to psychiatry he obtained the DPM in 1936 and was elected to the FRCPsych as a Foundation Fellow.

During the Second World War he was a consultant psychiatrist on the staff of Belmont Hospital, Surrey, a war hospital

for both civilians and combatants suffering from a variety of psychological trauma. Thorley had as colleagues some of the most eminent names in the history of British psychiatry, such as Louis Ninski, Eric West, Will Sargent and Eliot Slater.

Thorley was a retiring man, but took a keen interest in the local affairs of the Bookham, Surrey, community where he

lived and where he was a prime mover in the rambling club.

In later life he became a qualified indexer and he gave invaluable service as an indexer for the *British Journal of Psychiatry* and the *Psychiatric Bulletin* for many years.

Henry Rollin

## reading about

### Self-help books on eating disorders

This article focuses on books that offer some kind of self-help programme or set out a pathway to recovery. Two exceptions are my recommendations of *Understanding Eating Disorders* by Palmer (1996) and *Eating Disorders. A Parents' Guide* by Bryant-Waugh and Lask (1999). *Understanding Eating Disorders* is a booklet that provides information about the main categories of eating disorders in a friendly way, and has the advantages of low cost and of being widely available from that rack of books about piles, diabetes and a myriad of other conditions, which appears in many chemist shops. *Eating Disorders. A Parents' Guide* is a paperback intended for parents of children with a serious eating disorder, and acknowledges with understanding the wish of parents to help their child recover. It distinguishes the normal range of eating behaviours from a clinical disorder, and provides advice about when and how to seek help, and what help is available.

### Anorexia nervosa

There is something of a dearth of self-help books for people with anorexia nervosa. This undoubtedly reflects the complexity of dealing with anorexia, and the fact that professional, and often specialist, help may be needed. In addition, the ambivalence to change, which is associated with anorexia, also makes this condition less amenable to self-help. However, the two most widely used books are both excellent, and may be read by the sufferer alone, or a professional dealing with such patients. *Anorexia Nervosa – The Wish to Change*, (Crisp et al, 1996) is a short readable text that addresses the ambivalence associated with change, and then goes on to lay down 30 steps towards recovery. There is a work section, which includes paper exercises, and finally a chapter that gives practical information, for example about nutrition and where to turn to for additional help. The other main text is *Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers* (Treasure,

1997). It too is reasonably short and readable. It includes four sections: an overview of anorexia, a section for carers, a section for sufferers and guidelines for professionals. I found the chapter for carers particularly interesting as it attempts to address communication difficulties and encourage a collaborative approach to problem-solving. The chapters for sufferers set out step-by-step guidelines.

### Bulimia nervosa and binge eating disorder

There is a wider variety of texts on bulimia nervosa and binge eating disorder, and the boundary between self-help programmes and information with some advice thrown in is less clear. There are several books set out as manualised programmes. One of these is *Overcoming Binge Eating* by Fairburn (1995). Although it looks off-putting, with a large number of graphs and charts, it makes a surprisingly easy read as soon as you start, and has the advantage of being authoritative and engendering confidence. It quotes various research trials to support the methods described and is divided into two sections; one psychoeducational and the other a rigorous and clear programme based on cognitive-behavioural techniques. A further advantage is that Fairburn and Wilson (1993) have written a cognitive-behavioural therapy (CBT) treatment manual, which constitutes the final chapter of *Binge Eating – Nature, Assessment and Treatment*. This manual provides guidance for professionals who may wish to help their patients through a CBT self-help programme, specifically that contained within *Overcoming Binge Eating* (Fairburn, 1995).

Another useful book is *Bulimia Nervosa and Binge Eating* by Cooper (1996). It too is divided into two sections, the first being psychoeducational and the second a manualised self-help package. This programme is based on a cognitive-behavioural approach, which takes the reader through six steps, with review of the previous step before proceeding to the next one. It is practical and easy to understand, and shorter than *Overcoming Binge Eating*. Both of these books stress

the importance of mastering each step before moving on to the next, but may discourage a minority of people who struggle and get stuck at a particular point.

Another book that offers guidance for professionals is the *Clinician's Guide to Getting Better Bit(e) by Bit(e)* by Schmidt and Treasure (1997). It is divided into two parts: the clinician's guide, which stresses problems with ambivalence to change and gives a clear account of Miller and Rollnick's motivational interviewing, and the self-help manual, which is also published separately as a paperback, *Getting Better Bit(e) by Bit(e)* (Schmidt & Treasure, 1993). The self-help manual is friendly and approachable, with worksheets and cartoons and extracts from real cases. It has a more relaxed style and invites the reader to dip in and out, while conveying expertise and confidence.

*The Cullen Centre Self Help Manual for Bulimia Nervosa* by Freeman et al (1998) unfortunately has not been published as a book, but is available by mail from the Cullen Centre (Royal Edinburgh Hospital, 29 Morningside Terrace, Edinburgh EH10 5HD). I include it because I think it is a valuable addition to the literature. The text takes a modular approach, and the manual describes CBT techniques. There is plenty of psychoeducational material, including a useful segment on nutrition, and there are regular summary points, homework assignments and homework reviews. The manual focuses on different ways out of the dilemma, with clear guidelines about changing eating patterns.

*Beyond Chaotic Eating* is written by an ex-sufferer and counsellor, Wilkinson (1993). Although sensitively written, and offering some useful advice, it contains some inaccuracies, and is occasionally antipsychiatrist. It also neglects the acknowledgement of the need for hospital help at times, which is of concern as the text addresses both anorexia and bulimia. It has quite a heavy Christian bias, which may not suit all patients. *Overcoming Overeating* by Hirschmann and Munter (2000) concentrates on changing self image and challenging myths about food, eating and self. It has valuable practical advice, and spends a lot of effort on teaching the reader to recognise body



signals and learn when, what and how to eat. It is a refreshing text, and less formally structured than the manuals above. Another book in a similar vein is *Breaking Free from Compulsive Eating* by Roth (1986). Roth uses a huge amount of personal experience of struggling with weight and binge eating, and also a lot of material from the workshops that she runs. Each chapter has a series of exercises to try, but the book does not give the impression of a structured programme. There is a lot of focus on self acceptance, and would be useful for some individuals with binge eating disorder.

*How to Cope with Bulimia* by Gomez (1995) is a useful paperback in an easy to read style. It is a little misleading in one or two places and also has a tendency towards stereotyping, but is generally informative and has useful chapters on sexual relationships and pregnancy, areas often neglected in other texts. However, despite the title, it is not really a self-help manual, and concentrates more on the professional help that is available. *The Deadly Diet* by Sandbeck (1993) describes CBT techniques for both bulimia and anorexia. It examines motivation to change, and is explicit about how people may be tempted to sabotage the programme. The book discusses 'the epidemic of affluence', giving an account of the history, prevalence and social context of eating disorders, before turning to a description of detailed methods to help identify thoughts and emotions and 'control the critical internal voice'. The final section is about maintaining improvement. It takes a refreshing approach, and the reader is encouraged to keep to the programme at a steady

pace, while acknowledging the difficulty of doing so.

## The internet

Many individuals now turn to this source of material rather than visiting a bookshop or library, which has its pros and cons. Certainly accessibility is improved to those with the use of a computer, but unfortunately there is no policing of the quality of information provided. The individual sites are too numerous to mention, but some provide a useful resource, whereas others are biased or misleading. Many institutions have websites that include information about eating disorders, including the Royal College of Psychiatrists (<http://www.rcpsych.ac.uk/public/help/welcome.htm>) and the National Institute of Mental Health (<http://www.nimh.nih.gov>). The Eating Disorders Association has set up a website to try to inform web users about various treatments for eating disorders (<http://www.edauk.com>). A large number of home webpages have been set up by sufferers, mainly from the US – these will obviously be subject to an enormous variation in the amount of support and guidance they may offer. Worryingly, some of these contain pictures of the participants with messages of encouragement to others to lose weight.

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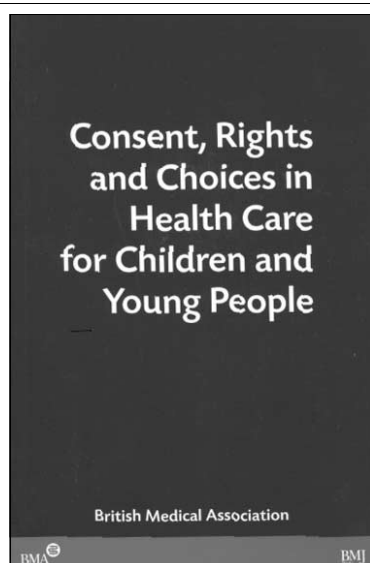
## reviews

### Consent, Rights and Choices in Health Care for Children and Young People

By the British Medical Association. London: BMJ Books. 2001. 266 pp. £19.95 (pb) (BMA members £18.95). ISBN: 0-7279-1228-3.

I welcome this book as an important and timely addition to the topic of applied ethics. In recent years health professionals increasingly have had to negotiate a minefield of ethical dilemmas *vis-à-vis* their patients. The plethora of available treatment options has caused ethical issues pertaining to research and clinical practice to become extremely complicated.

Currently, children are expected to take part in decision-making and to be assisted in doing so. Although ultimately it is the parents' or guardians' task to settle on



action that is deemed to be in the best interests of young children, it is also appropriate to take into account the

wishes and thoughts of those (competent) children. For older children most health professionals will have become familiar with the phrase 'Gillick competence', which indicates that an adolescent can consent to individual health choices and for his or her views to be listened to. Youngsters are entitled to confidentiality and to be told the truth about their medical condition.

A particularly valuable aspect of the book is that all the ethical problems that are relevant to children are dealt with in one publication. The project organisers have received contributions by a select group of experts in child health and ethics. The book discusses with authority most aspects of ethical treatment in child health care, including assessment of competence, research, and detention under the Mental Health Act 1983 of children and young persons up to the age of 18 years. A whole chapter is given to summarising points of good practice, several core terms are defined and a list