

Psyche on the Skin: A History of Self-Harm

By Sarah Chaney,
Reaktion Books. 2017.
£20 (hbk). 315 pp.
ISBN: 1780237502

The author of this book has had some bad experiences with doctors. Too often professional bodies have been moralistic rather than helpful, viewing self-harm as manipulative or self-serving. To address this unhappy state of affairs, Chaney has set out to describe some different ways of thinking about self-harm across history, hoping to encourage reflection upon tacit assumptions about self-injury.

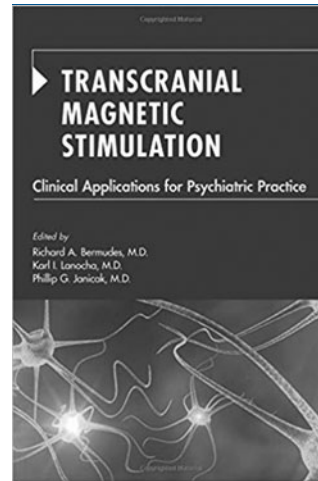
Unexpectedly, she starts with some examples of male self-harm (castration), both pagan and Christian, before moving on to episodes of community flagellation and the practice of therapeutic blood-letting – I certainly did not know about the Skoptsky sect in 18th-century Russia, which promoted male castration. In the 19th century, emerging psychiatric views contained elements of blame and manipulation, mainly in relation to women and girls. Psychological drivers came to be seen as important, but the theme of manipulation persisted – even when self-harm was seen as a device for women to deliver themselves from male violence. Subsequently, 20th-century theoretical constructs contained ideas of blame and deceit, usually when those involved were women, while they de-emphasised self-harm in men. And now, for better or worse, self-harm has been reified as a ‘V’ code in DSM-5 – a ‘condition for further study’.

Does this book succeed? Each chapter starts with a summary of the chapter. This might work in a lecture but, for me, it just felt like unhelpful repetition. Again, each chapter feels like a stand-alone piece of work, with little impression of a narrative or theoretical connection to other segments. Cultural experiences of group bonding are conflated with therapeutic procedures and practices designed to relieve distress.

However, I found the cumulative effect salutary. The author demonstrates the dubious utility of trying to contain such a range of behaviours, with so many antecedents, within a single diagnostic construct. It reminded me of one of my most important tasks as a psychiatrist. To, without preconceptions, help the patient in front of me to construct a narrative, articulate their predicament and use this understanding to enable change. Which, the author tells us, is what she has achieved by writing this book and, in doing so, I think she has succeeded in helping the reader to reflect on his or her assumptions about self-harm.

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Transcranial Magnetic Stimulation: Clinical Applications for Psychiatric Practice

By Richard A. Bermudes, Karl Lanocha, Philip G. Janicak,
American Psychiatric Association
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On cursory inspection the book impresses as parochial, belonging to the great parish across the pond, with no reference to anything happening inside the NHS or elsewhere within Europe; page-long tables cover Medicaid, Medicare and Veterans Administration coverage policies for TMS, private insurance policies, a whole chapter on FDA-cleared devices, and an appendix on TMS training courses, all in the USA. But pique is soon followed by a sense of shame: here is a little handbook, written by informed practitioners from across the USA for interested clinicians. Solid reviews are interspersed with clinical vignettes, crucial data listed systematically, speculative information labelled as such. It reflects a thriving practice, offering evidence-based treatment to as many patients as possible in a health system we typically consider as inferior to ours.

There is a reference to UK research: Anthony Barker's TMS work in Sheffield and his team's seminal 1985 *Lancet* paper on the application of TMS appears just after the obligatory mention of Michael Faraday's principles of electro-magnetic induction. As usual, apart from a small pioneering Welsh company producing TMS equipment, little of the large-scale exploitation of our scientific advances has remained in this country. Even the gigantic industrial resource of the NHS has not been put to use, whether due to the mental health services being split off from the required medico-physical and physiological expertise in the acute medical NHS trusts, the *Luddite Tendency* within the Royal College of Psychiatrists, or the dead hand of austerity that seems to require considerable shroud-waving to loosen funds from established services.

On balance, I would therefore recommend the book. It provides practical and simple advice about the use of TMS in depression. If you want to start your own service, it is obligatory reading not only for the practitioner, but also for anybody involved in the commissioning, running or evaluation of the service. Just view the Americanisms not as an irritant, but as a spur to do better than we have done so far. If nothing else, it may prepare you for the exciting new post-NHS post-EU world envisaged by some.

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