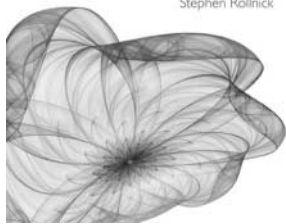


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay

**Motivational
Interviewing**
IN THE TREATMENT
OF PSYCHOLOGICAL
PROBLEMS

Edited by
Hal Arkowitz
Henny A. Westra
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**Motivational Interviewing
in the Treatment of
Psychological Problems**

Edited by Hal Arkowitz,
Henny A. Westra, William R. Miller
& Stephen Rollnick.
Guilford, 2007.
US\$38.00 (hb). 354pp.
ISBN: 9781593855857

The rapid expansion of and growing interest in motivational interviewing across different aspects of mental health problems has been dramatic. This book of expert contributions co-edited by William Miller, the originator of motivational interviewing, is a very welcome text. It looks at the use of motivational interviewing in anxiety disorders, post-traumatic stress disorders, depression, suicide, eating disorders, gambling disorders, medication adherence, and other aspects of psychosis. The chapters are structured in a very readable fashion, providing a basic introduction and rationale to how and why motivational interviewing might be used in combination with existing approaches. A range of clinical examples are used to discuss and highlight specific points and these clinical cases provide a good discussion of the key messages in the chapters. The research evidence for efficacy is presented, with a clear, critical and well-informed approach and recognition of the limits of the existing evidence.

Motivational interviewing is a complex and subtle intervention, a mixture of art and science. The terminology used is that of developing empathy and the core is very much inspired by Rogerian non-directive approaches. However, motivational interviewing is slightly different in that it recognises ambivalence and resistance to change and aims to develop a reflective listening approach that actively promotes change within the individual.

Working with ambivalence and resistance to change is at the heart of many day-to-day clinical problems. Developing skills that enable doctors to structure their responses to such clinical challenges is welcome and in theory should readily integrate with the broader range of interventions.

The chapter on eating disorders is a very fine example of the application of motivational interviewing. The authors report that it has been a hit with both staff and patients and that it has been readily incorporated into the broader management strategy of anorexia. They present some data on randomised controlled trials and comment that motivational interviewing has a place across most aspects of eating disorders but the evidence is currently the strongest for anorexia.

I suppose the question that arises is how specific the treatment is that can be applied across a wide range of disorders and integrated with other forms of interventions. Is this simply improving the communication skills and the capacity for

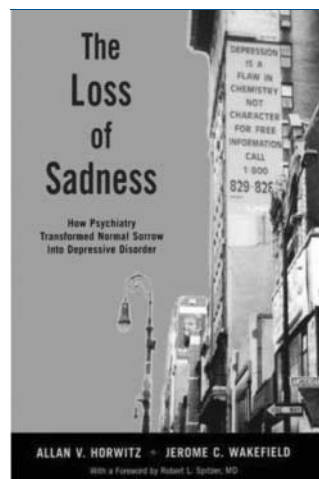
understanding, empathy and connectedness that should be at the heart of any talking therapy? The skills used are those of decent therapists and likely to have been used without articulation in many settings before the concept of motivational interviewing was formulated.

However, despite such commentary, this book outlines some clear and convincing evidence that the present-day eclectic therapist would do well to pay some attention to the possibility of incorporating motivational interviewing skills into their tool kit. Motivational interviewing would appear to be a useful adjunct for engaging people who are having difficulty in following established interventions and could be used to effect a better adherence to other talking therapies and medications.

The overall tone of this book is modest, self-critical and illuminative. It should be of major value to trainees who are looking for effective and humane interventions that fit into the mix of interventions delivered in day-to-day mental health services. I highly recommend this book to all clinicians.

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doi: 10.1192/bjp.bp.108.049742



**The Loss of Sadness:
How Psychiatry
Transformed Normal
Sorrow into Depressive
Disorder**

By Allan V. Horowitz
& Jerome C. Wakefield.
Oxford University Press, 2007
312pp. £17.99 (hb).
ISBN: 9780195313048

This book charges current psychiatric practice with overdiagnosis of major depressive disorder, by including 'normal' reactions to losses. The authors note that big pharmaceutical companies have much to gain from casting the diagnostic net wide, and that sales are going up. They identify one, or the chief, culprit as the move in the Diagnostic and Statistical Manual of Mental Disorders (DSM) to descriptions of symptoms and syndromes regardless of context. The upshot, they argue, is that mood and behaviour may satisfy the DSM criteria for major depressive disorder even though they are normal responses to a significant loss (including, but not only, bereavement).

Clearly a lot – everything – hangs on how the authors differentiate 'normal' sorrow from 'genuine mood pathology'. Their proposal is that normal sorrow has three features, in brief: (a) it has an appropriate object, i.e. loss; (b) its intensity is proportionate to the extent of loss; and (c) it fades as normal adjustment recovery mechanisms come into play. Pathology is then indicated by failure of one or more of these conditions. According to the authors, this way of differentiating normal sorrow from depressive disorder follows from Wakefield's influential evolutionary