

Book reviews

Aliens and Alienists: Ethnic Minorities and Psychiatry, 3rd edn. By R. Littlewood and M. Lipsedge. (Pp. 352.) Routledge: London. 1997.

Culture and ethnicity are important determinants of pathways to mental health care, mental health service use and mental health treated outcomes (Van Os *et al.* 1997). There is now also some tentative evidence that social adversity or 'environmental' factors may be risk factors for psychosis in people of Caribbean origin resident in the UK (McKenzie *et al.* 1995; Hutchinson *et al.* 1996). The higher incidence rates of psychosis in this group may be due, at least in part, to such factors. The mechanisms through which social environment produces psychosis are not known. The multi-factorial aetiology of psychosis indicates that there are a number of different systems involved so there is a need for investigation of a spectrum of influences from the societal to the molecular level. Investigating the interplay between society, psychology, physiology and the environment is fraught with problems – not least because of the need for novel conceptualizations of epidemiological approaches (Susser & Susser, 1996*a, b*). But a pre-requisite for this is the collection of good quality information using the most appropriate techniques.

Medicine is increasingly dominated by exposure/outcome studies and studies of association but it is unclear whether these methodologies are able to model complex societal effects or disentangle entwined causative mechanisms. Quantitative methods have more cache than qualitative methods even though the former do not allow researchers easily to enter or describe the complex psychological world in which mental health professionals work. The qualitative–quantitative debate is an old one. But this false dichotomy leads to false arguments. The two methods are not mutually exclusive and there is no need for them to be in competition. They may look at similar subjects but do so in different ways and produce

complementary information. Using both leads to a greater understanding of complex problems (Jones, 1995; Pope & Mays, 1995). The power of qualitative research has not been lost on New Labour in the UK.

Qualitative methods are being used more and more in medicine and health services research. Though they are first line in some social sciences, they tend to be deployed in medicine when quantitative methods have produced findings which cannot be explained. This is illustrated well by the literature on high blood pressure in Black Americans (a self-defined US census category). Black Americans have higher blood pressures and more hypertension than White Americans. There are a number of reasons for this – genetic and physiological studies have been performed – but there is good evidence for an independent and strong association between raised blood pressure and racism. Different ways of 'coping' with racism are associated with higher blood pressures, (up to 7 mmHg difference). But these associations are different for working-class black men, working-class black women, professional black men and professional black women (Krieger & Sydney, 1996).

In a study of 4000 Americans between the ages of 25–37, working-class black women who talked about racial discrimination with friends had lower blood pressures than those who did not. Those who said they had not experienced racial discrimination at all had higher blood pressures than those who said they had in one or two of the seven situations given (such as at work, or on the street, etc.). But, talking about racial discrimination was not associated with lower blood pressure in working-class black men. Their blood pressures were lower if they did something about racism rather than accept it. The pattern was different again for professionals. Professional black women who did not talk about racism with others but did try to do something about incidences of prejudice had lower blood pressures than those who talked about it with others. Professional black men had

lower blood pressures if they said they had not experienced racial discrimination (Krieger & Sydney, 1996).

These results can only be understood with a detailed understanding of the culture, psychology and social environment of all strata of Black American life. Quantitative research has shown up the big effect and that there are intra-group effects but the question of what these effects mean and how they can or cannot be used for prevention remains? Qualitative work is now being devised to solve the puzzle.

The chasm between psychiatrists and patients from minority ethnic groups is a place where qualitative work could be useful. It is a complex mixture of cultural, social, economic and environmental problems. Just like the blood pressure data it may be impossible to understand results from epidemiological studies without work from other disciplines.

In essence, this is the problem that Littlewood & Lipsedge (1982) were grappling with when they wrote *Aliens and Alienists*. They were attempting to use qualitative social science techniques and quantitative data to give deeper understanding and a socio-political perspective to the literature on minority ethnic groups in the UK and psychiatry. First published 15 years ago, it was and still is a 'must read' for all psychiatrists. It has increased interest throughout the profession on the subject of mental health in minority ethnic groups and has changed the way that many psychiatrists view 'the problem'.

Perhaps modestly, the authors conclude in the preface to this, the third edition, (published in 1997), that little of substance has been achieved since 1982. They say that there is still an under-representation of mental health professionals from minority ethnic groups in positions of power and an over-representation of patients from minority ethnic groups detained under the Mental Health Act. There is still little or no access to psychotherapy, a continued focus on clinical patterns of disease in individual patients without reference to their social situation, little appreciation of the socio-political or historical construction of psychiatry and unfocused research with few testable hypotheses. There is still an over-emphasis on studies of hospitalized patients instead of the community and an avoidance of the issue of racism in care provision.

There have been few policy decisions in the area of race and there is little liaison between users from minority ethnic groups and service providers.

This may all be true, but there has been sufficient change to merit an additional chapter in this new volume. A 55-page review of the development of transcultural psychiatry in Britain, since the first edition was published, now finishes this edition of the book. The chapter briefly discusses some recent UK issues, including the backlash to the Clunis case, the Supervision Register, the Case Programme Approach and their effects on patients from minority ethnic groups. It raises the problem of the drive for cost savings leading to low staff numbers, low staff moral and the crisis in inner-city psychiatry. It comments on the increasing strength of organic and biological perspectives, the problem with the concept of insight and the use of deficit model to explain illness. The chapter touches, tantalizingly, on the fact that there is little work done on white minority ethnic groups such as the Irish, Turkish and Greek communities.

I am less pessimistic than the authors. Clearly, the paradigm of medical practice has not fundamentally changed, but the people who deliver the service have been changed by time, and not least by *Aliens and Alienists*. The new generation of psychiatrists are much more aware of the issues and are much more open to new ideas. The move into the community has pushed psychiatrists into closer links with non-statutory groups and the balance of power between these two groups has changed. Adversity can breed ingenuity and the need for cost-savings has led to part-financing of community services by social services and statutory providers. Mental health hostels and half-way houses run by community trusts are now financed by health authorities. In South London, a sanctuary model 'mini-hospital', offering an alternative to hospital care, is in the final stages of development. It is expected to be fully, or predominantly, staffed and run by African-Caribbean mental health professionals and will have beds for all but the most acute cases.

It would be an understatement to say that things are far from ideal but there have been some positive initiatives. In the last 15 years there has also been a wealth of research. Granted,

the lack of research-led progress has led to fatigue, not only in those being researched but also in those who have to read it. But one would hope that this research activity will pay dividends even if its legacy is to promote more service development and less enumeration. And one could argue that research has kept this issue high profile.

At present, it is often difficult to evaluate research findings. A major flaw in the literature has been a lack of understanding of the terminology of race, ethnicity and culture. Because of the poor use of terminology, the hundreds of papers that are published worldwide each year in which 'ethnic, racial or cultural comparisons' are made are almost impossible to compare. Also, the fact that authors rarely specify what their terms mean makes it impossible to know which groups of people they are talking about – or why?

This issue has only been explicitly discussed recently and so one can understand the lack of clarity in the body of the text of *Aliens and Alienists* (McKenzie & Crowcroft, 1994). However, it was surprising that the preface to this addition used a number of terms interchangeably, which could have widely different meaning. I have difficulty when Afro-Caribbean is used alongside West Indian immigrant, black people, black and ethnic minority groups and ethnic minority groups (without the black) without any explanation. And when terms like 'black representation', 'black psychiatrist' or 'West Indian Psychiatrist' are used. What is a 'minority patient'?

There is another problem with *Aliens and Alienists*. The anthropological approach demands up to date narratives on which to build theories – especially in rapidly changing populations. The evolution of differing identities among minority ethnic groups in the UK and changes in society as a whole over the last 15 years may mean that the cited examples need too be revisited. Most new psychiatric patients from minority ethnic groups are British-born, not immigrants, and have a culture different from their parents.

It is not that *Aliens and Alienists* alienated an alien alienist. It is an important text and one of the first books on the subject of minority ethnic groups and UK psychiatry that has tried to perform a difficult task of splicing qualitative

with quantitative research and put it all in philosophical and political context. But, its re-issue will make some ask whether its conclusions are as relevant in 1997 as they were in 1982. The lack of a proper sampling frame for the patient narratives and the literature search will leave it open to attack, as will the problem with the nomenclature of minority ethnic groups. Perhaps more damaging will be the lack of up-to-date descriptions of patients with mental health problems on which the book builds its argument.

Qualitative techniques are a vital line of investigation. They help generate hypotheses and can inform and help researchers to understand quantitative results. New methods of conceptualization of epidemiology looking at inter-acting systems demand the best techniques available. Quantitative and qualitative methods have different strengths and will fill in different parts of the jigsaw. The hope for the future is that biological, psychological, behavioural and social perspectives can be used together to understand better the complex field of endeavour that is psychiatry. Patients, relatives, psychiatrists, policy makers and politicians may all have a part to play in defining difficulties and providing solutions. If the methodological catholicism promoted by *Aliens and Alienists* was harnessed with the newest methods in research we might make progress in this complex field.

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Culture and Health. By M. MacLachlan. (Pp. 316.) J. Wiley: Chichester. 1997.

Culture and Psychopathology: A Guide to Clinical Assessment. Edited by W. Tseng and J. Streltzer. (Pp. 261.) Brunner/Mazel: New York. 1997.

Issues of culture, health and psychopathology are complex, particularly when they come together at the point of application in clinical practice. During my 8 years of practice as a consultant psychiatrist in London, England, a handful of patients have requested a change to another psychiatrist. I understand that the one patient that has been particularly happy with the change has been a Greek patient, that is, someone who shares my cultural origins.

Training in cultural issues in psychiatry is an urgent necessity. In many parts of the United Kingdom not only are there substantial numbers of patients from ethnic minorities and immigrant groups but, also, the psychiatrists and other mental health professionals, who treat them, themselves often have foreign origins, though not necessarily the same as those of their patients. Experience as psychiatric tutor suggests, that issues of culture and psychopathology may be even more acute for overseas and European trainees than for indigenous trainees. The need for training extends to experienced professionals. Because of the complexities and sensitivities of the issues involved, the area of culture, health and psychopathology is difficult to teach. These two volumes aim to help.

MacLachlan is an Irish academic health psychologist. His cultural and intellectual roots show through in the book. He encourages tolerance of and curiosity towards the views of patients from other cultures. He even accepts debate on whether Western aversion to female circumcision is acceptable on ethical grounds. He expresses surprise at the dominance the Western biomedical model has achieved internationally. All this, however, does not prevent him from

advocating health campaigns aimed explicitly at altering perceptions of African populations on HIV infection and AIDS, in accordance to Western biomedical knowledge and perspectives.

MacLachlan's book is not a polemical book. Its purpose is to inform in a manner that will encourage cultural sensitivity rather than to preach. Different chapters are entitled: 'Culture and health'; 'Understanding cultural differences'; 'Culture-bound syndromes'; 'Culture and mental health'; 'Culture and physical health'; 'Culture and treatment'; 'Culturally sensitive health services'; and 'Promoting health across cultures'. Each chapter concludes with a set of clinical guidelines. It provides a fair and easy to read introduction to the subject, aimed at a variety of health professionals, but it fails to inspire.

The editors and contributors to the second volume, *Culture and Psychopathology*, are all medically qualified professors in the Department of Psychiatry at the University of Hawaii School of Medicine. Perched as they are at the cross-roads between Western and Eastern cultures they appear to come face-to-face with the impact of cultural factors on psychiatric practice on a daily basis. In their introduction the editors state that 'The book is geared for clinical use. It aims to elaborate what is known and to point out the limitations of our knowledge. It draws conclusions and recommendations concerning the conduct of culturally sensitive and relevant clinical assessments for patients with common types of psychopathology'. One of the strengths of the book is repeatedly to discourage attribution of too many clinical phenomena to cultural factors.

After an initial chapter: 'Overview: culture and psychopathology' the editors allow individual authors to cover a specific area in each chapter. There are chapters on depression, psychosis, somatization, suicidal behaviour and geriatric psychopathology among others. All chapters begin with a number of clinical examples to which the authors return at the end of the chapter. Each chapter concludes with a set of clinical guidelines. The book has a uniform style and is easy to read. I found the chapter on dissociation the most interesting. Some of the ease in reading is due to the fact that much of the material is quite general and well-known, rather than specifically transcultural. This is particu-

larly the case with the chapter on post-traumatic stress disorder. Regrettably, there are no chapters on eating disorders and mental and behavioural disorders secondary to substance misuse, although references are made to these, in passing, in other chapters.

Have these two volumes made teaching and learning about culture, health and psychopathology easier? The answer has to be 'yes'. Of the two books I would recommend the first as a better general introduction, even though the second is specifically aimed at practising mental health clinicians. Both may be read with profit. I particularly liked MacLachlan's 'Problem Portrait Technique' as a helpful way of gaining an understanding of the individual patient's cultural background from the patient himself/herself. Very briefly, the technique consists of asking the patient to explain what he thinks his family, neighbours and significant others may think of the origins and significance of a presenting problem. Perhaps it should be a requirement of every mental health professional that we demonstrate that we have mastered this technique and that we write an essay on how our own cultural background shapes our day-to-day practice, before we are allowed to practice independently.

Issues of culture health and psychopathology are complex indeed. One of the most interesting findings in research in this area is the consistent finding in the WHO studies that the prognosis of schizophrenia is better in developing than in industrialized countries. In the context of these findings it seems peculiar that psychiatrists from developing countries seek to train in psychiatry in industrialized countries. Perhaps it is equally peculiar that industrialized countries do not encourage and fund psychiatrists and other mental health professionals to pursue social anthropological studies in developing countries on a systematic basis.

GEORGE IKKOS

Injured Brains of Medical Minds: Views from Within. Edited by N. Kapur. (Pp. 426; £29.50.) Oxford University Press: Oxford. 1997.

What is it like to suffer a brain injury or disease? A collection of clear published descriptions by patients of their experience would be invaluable

but patients do not often write papers for publication. Doctors however do publish, particularly if they are academics, even after they have become patients. In this book Narinder Kapur has created a unique archive of published accounts written by physicians and neuroscientists of their own experiences of suffering brain injury or illness. We are offered 'views from within' covering the whole range of CNS disorders.

Having collected the papers Dr Kapur's next achievement has been to guide the reader through and around the papers so that they are placed in some context; the neuroscience underpinning the symptoms and signs is summarized. This is a necessary task because the various publications are naturally anecdotal, and haphazard in their style of presentation. Some are poems, others detailed descriptions of the development and course of symptoms stretching over pages and describing years of a person's life.

A collection of papers written by medical minds as opposed to lay authors, is of interest for three reasons. First, they contain thorough and perceptive accounts of symptoms and their natural history from people trained in the art of observation and reporting. Secondly, some of the papers may offer special insights into how the mind and brain work because they are written by patients who are privileged because of their understanding of brain function. Finally, they describe the particular problems faced by clinicians when faced with patienthood and disability.

Although most of the authors have no special prior knowledge about the brain disorder that they suffer, some must have wondered at the coincidence that brought them into such intimate contact with their expert knowledge. This is then used as an opportunity for an intensive analysis of their own neurological symptoms. Detailed, at times dispassionate, case studies are presented in the first person. For example Brodal, an eminent neuroanatomist considers his stroke, which damaged his corticospinal motor pathway, a system he had studied for many years in the laboratory.

But are these accounts to be trusted? After all they are written by people who are hardly disinterested observers, and who have suffered a brain disorder that might, therefore affect

judgement. Kolb seems more keen to attribute his post-stroke depression to a primary disturbance of neurochemicals than to the psychological consequences of disability. Medawar is understandably annoyed when the medical director of the rehabilitation centre he is taken to walks past Medawar without introducing himself, as Medawar waits outside the directors office. But is he justified in thereby concluding that 'this little man' was 'much put out by my being a Knight and a Nobel-Prize winner'?

In general, however, there is very little in the book to suggest problems with disinhibition or judgement. Flowery prose is to be seen for example in LaBaw's witty but slightly flawed analogy of his brain as a ship. But even here, given LaBaw's thoughtful discussion of the fallibility of the patient as witness in the same paper, it is not possible to assert that this prose represents any major problem with disordered thinking.

One of the authors analyses this issue after a head injury with probable frontal lobe involvement, noting that 'opinion, inference and speculation' might all weaken the value of such accounts. The expert, with his or her preconceptions or favourite hypotheses, might be particularly vulnerable to biased observation and interpretation. Norman Geschwind used to suggest that introspection, whether pursued by the expert or the lay person, is of little value as a tool for studying brain function. He argued that our everyday experience of motor control, vision and language tells us little about the organization of these faculties, and that our experience of symptoms that result from disruption to these faculties adds little to their understanding.

For many of the accounts the main objective is to convey to professional colleagues the experience of living with these afflictions. First, the awareness that something is not right; then the often fretful, confused and distressing attempts at diagnosis; and finally coming to terms and living with disability. From doctor to patient; this could be you or me. And what is particularly worrisome is that it is our most prized bodily possession that is under attack.

It is valuable to learn what helped, and what did not. Some valued the opportunity of having a clinician to turn to for help and support and psychiatric support was welcomed by two or

three authors. But one author was exasperated by 'one or two psychiatrists with their overall pockets full of anti-depressants'! Practical advice was always welcome. Clinicians who lost interest after the diagnostic issues were settled were open to hostile comments.

Many seem to have used their disability to advantage. They describe change for the better, growth, increased powers as a healer. Perhaps this represents denial, perhaps not. I found some of the accounts inspiring. The book is very well presented and is highly recommended.

SIMON FLEMINGER

Child Psychiatry. By R. Goodman and S. Scott. (Pp. 328; £18.99.) Blackwell: Oxford. 1997.

On the recommendation of a Canadian colleague I recently purchased a Tilley hat. With the purchase came an owner's manual describing how the hat had been conceived in frustration and born of necessity. There was a promise of resistance to rain and mildew and a lifetime guarantee against defective workmanship. Legend has it that a similar hat has survived passing through the bowels of an elephant not once, but three times. While the claims for the resilience of *Child Psychiatry* are not as extravagant, there are some similarities. The book comes, not with an owner's manual, but a foreword by Sir Michael Rutter. Like the hat, it has a comfortable, 'lived in' look. It has survived the abuses of being squeezed into the overnight bag that I jam full with patient files to take from one clinical setting to the next. It has satisfied my frustrated need for a succinct and practical handbook that I may recommend to trainee psychiatrists to read within a week or two of commencing their child and adolescent psychiatry term. *Child Psychiatry* is 'user friendly' enough that the trainees are likely to want to continue to refer to it as the term progresses. Chapters are mostly four to eight pages in length, and are easy to follow. Important information is summarized in boxes, similar to the format used in the 'ABC' series of articles published in the *British Medical Journal*. The material covered in the book is highly relevant for the recent initiate to child psychiatry. References are few, but are generally very recent. Some room is given to clinical wisdom that

may not easily be substantiated by systematic research.

Although there are chapters on the problems of pre-school children and of adolescents, *Child Psychiatry* is directed mostly at the assessment and management of problems of the primary school aged child. I thought this was a sensible limit to the scope of the book. Texts that attempt to deal with the full range of mental health problems of children and adolescents sometimes fail to do justice to one age group or the other. I would like to see a companion volume to *Child Psychiatry* that focuses on adolescent psychiatry using a similar style and format.

To guide revision the authors have provided multiple choice questions based on the key points from each of the chapters. These are very helpful, although a few questions were perverse. Just what is the difference between 'more' and 'much more' common, for example? A minor criticism is that most chapters referred readers to the same text (*Child and Adolescent Psychiatry. Modern Approaches, 3rd edition*) for subject reviews. This could give the false impression that *Child Psychiatry* is a synopsis of the larger text, which it is not.

As with my Tilley hat, I have already become very fond of *Child Psychiatry*. I had to ask myself whether the first author could really be the same Robert Goodman whose paper 'Who needs child psychiatrists?' was published in *Child Psychology and Psychiatry Review*. The answer is, of course, yes. Only someone with a very secure footing in the profession, as evidenced by this excellent text, could pose such a provocative question.

PHILIP HAZELL

Evaluating Stress: A Book of Resources. Edited by C. P. Zalaquett and R. J. Wood. (Pp. 474; \$65.00.) Scarecrow Press: New York. 1997.

This book is described in its introductory section as a resource tool to assist those who might wish to evaluate 'stress' in individuals, groups or organizations. As such, it is said to be aimed at psychologists, counsellors, social workers and academics.

The editors have selected a number of published questionnaires and in each case have invited the original author to contribute a

chapter that describes the form and content of the instrument, its conditions for use, strengths and limitations and a typical application in either a research context or an individual case study. This information is intended to enable readers to select the appropriate questionnaire for their particular purpose.

This is essentially a 'cook-book' approach to the assessment of stress-related problems. Clearly, only a limited number of measures can be included, and the question of selection criteria, therefore, becomes critical. The editors refer to only two, namely 'having the instrument published' and 'listed in handbooks specialising in the review and analysis of these types of evaluation devices'. However, a prior definition of the nature and scope of the subject matter namely 'stress', is unfortunately lacking. The result is a collection of 21 questionnaires that relate to diverse aspects of psychological health, without any obvious organization into a coherent framework. Some measures are concerned with external sources of pressure, sometimes general as in the case of the Occupational Stress Indicator, sometimes specific as in the case of 'computer hassles'. Some relate to aspects of mental health such as anxiety and depression, others to aspects of personality and behaviour patterns such as self-esteem, response to illness and coping strategies. Some are for use with children, others for adults. Two occupational groups are highlighted, teachers and nurses, but without an obvious rationale for the selection of these particular professions. The book does provide a broad spectrum of available tools. However, without convincing selection criteria one inevitably begins to question why some measures are included and perhaps, more importantly, why some with international application, for example the General Health Questionnaire, are omitted. The authors are exclusively of North American origin and while many are undoubtedly internationally recognized, to those familiar with the stress literature the lack of eminent Scandinavian input, particularly, for example, the work of Karasek and Theorell, may seem curious.

A further potential problem of this format is that of ensuring a consistency of approach among the various authors. Here the book is reasonably successful in that most authors cover important aspects such as reliability and validity,

together with appropriate applications and some examples of actual data. Inevitably the emphasis varies between chapters, for instance, some authors provide detailed numerical information and some reproduce their whole questionnaire while others offer neither of these. However, most make a serious attempt to explain the concept under study and to go beyond the type of simplistic approach that offers only a scoring key and an instant interpretation of the data.

Overall, the value of any book of this type is questionable. Its content inevitably suffers from the selection bias of the editors and readers unfamiliar with the wider literature in this field should be aware that it offers only a snapshot of available tools. For those electing to use the particular measures described, however, it does provide adequate information on appropriate practical application.

ANNE SPURGEON