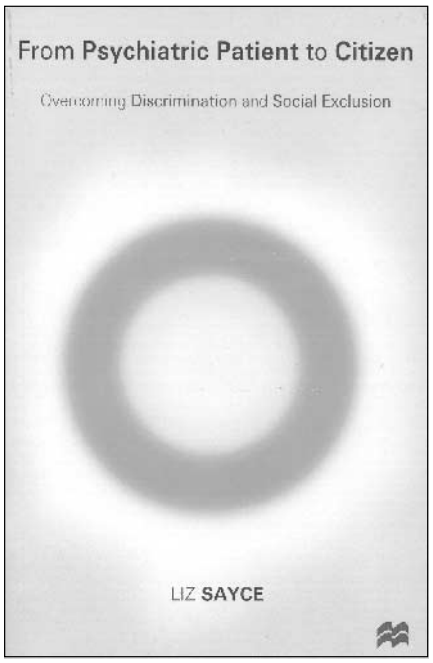
Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion

By Liz Sayce. Basingstoke: Macmillan. 2000. 280 pp. £13.99 (pb). ISBN 0 333 69890 8



Ten years ago, when I worked on a hospital psychiatric ward, I used to coordinate a weekly therapy group for the patients. As time continued, it became increasingly difficult to maintain any pretence of pure group therapy. The group members simply wanted to talk about the effects of their hospitalisation on family and friends, and wanted advice on everyday self-presentation and whether to conceal their hospital admission from potential employers. Eventually, our group became known on the ward as the "stigma group". Today, with the College's Changing Minds campaign, the issue is pertinent to all psychiatrists because we have accepted finally that popular knowledge about mental illness affects users of psychiatric services not only in their readiness to seek and accept treatment, and in their return to a full social role but, perhaps, in the actual clinical outcome (as, for example, in schizophrenia; WHO Determinants of Outcome Study).

Liz Sayce, a health professional who has previously worked for Mind, comes out in favour of 'discrimination' rather than 'stigma', in that the latter is too individualised: 'discrimination' better places responsibility on the wider society. Similarly, she favours 'inclusion' rather than 'integration'. In this study of social attitudes and responses in the USA and Britain she often refers to the relative success of campaigns combating racism. Indeed, I noted last year a London campaign entitled Mad Pride, which sought to emulate the arguments of antiracist campaigns (although not to the extent of France, where I was given a campaign button reading, in French, "Schizo? So what? What's your problem?").

One of the more sobering recollections here for our new-found enthusiasm for reducing the public stigma of mental illness is just how much psychiatry in the 20th century has been responsible for discriminating policies, from eugenics and sterilisation to immigration controls and segregation. In considering the success of various antidiscrimination campaigns, Sayce shows how slight differences of emphasis may often invalidate the next campaign: from 'safe (but) with effective treatment' to just plain 'safe'. She reviews the generally useful results of the 1990 Americans with Disability Act (ADA), particularly for those with milder psychological problems who are professionally trained or otherwise socially advantaged (note the similarities to middle-class African Americans and antiracism legislation); and contrasts the ADA with the less powerful British Disability Discrimination Act of 1995. She considers the relative advantages of four possible antidiscrimination models: the 'brain disease model' – you are not responsible for your illness, it is a disease like any other; the 'individual growth model' – we are all struggling along the same continuum to health and autonomy; the 'libertarian model' – just say "Hands off!"; the 'disability inclusion model' – piecemeal and case focused. Her preference seems to be for the last, but she notes that in any campaign we must apparently proceed simultaneously on all fronts: economic, employment, ideological, public and private.

This is essentially a practical (and useful) guide to policy and campaigning, arguing what has worked and what has not. The wider issues of the origin of stigma, and how societies at different times privilege one or other type of exclusion, depending on their special interests, are not discussed.

Roland Littlewood Professor of Anthropology and Psychiatry, University College London, London WC1E 6BT, UK

International Handbook of Human Response to Trauma

Edited by Arieh Y. Shalev, Rachel Yehuda & Alexander C. McFarlane. New York: Kluwer Academic/Plenum. 2000. 477 pp. US$115.00 (hb). ISBN 0 306 46095 5

The rise of 'trauma' over the past 2 decades has been something of a sociological phenomenon, albeit merely one of the latest examples of the medicalisation of life which has gathered pace over the past century. 'Trauma' has a life inside the clinic as a psychiatric category, and outside it as a Western cultural idiom. It is because medicalised and psychologised thinking is now so embedded in popular constructions of 'common sense' that the conflation of 'trauma' with distress (even after relatively everyday adverse events) has a naturalistic feel.

One marker of this trend comes from the database of the US National Centre of Post Traumatic Stress Disorder, which in recent years has been logging journal articles, books, technical reports, doctoral dissertations, etc. Although their coverage is mostly limited to the English language, and even then is only partial, there were over 16 000 publications indexed by September 1999, the last time I enquired. The traumatic stress field has rapidly acquired its own space as a mental health specialism, an expanding one, with academic activities and a literature to match. None the less, there have been doubting voices, mostly not represented in this book, querying the universalist assumptions of the post-traumatic stress disorder (PTSD) model (does traumatic stress mean the same thing, or anything, to Cambodians?),

whether it is somewhat ahistorical (did Neolithic man have PTSD?) and whether overly reductive and mechanistic interpretations of human responses to negative events risk jettisoning too much. This book, drawn from contributions to the 1996 Jerusalem conference of the International Society for Traumatic Stress Studies, considers global questions, even though 52 of the 53 contributors come from the West. Most of these have mental health affiliations, with many already in the trauma field, and the lack of contributions from non-Western workers, and from anthropology and sociology, is telling.

That said, there are some excellent chapters. Alexandra Argenti-Pillen, who does have an anthropology background, describes an ethnographic method for reviewing the discourse on trauma in non-Western cultural contexts. She notes that PTSD is a contemporary discourse about suffering that Western mental health professionals present to people from non-Western cultures, and that this may form a triad with the religion and cosmology locally applicable. She discusses the impact, for good or ill, that imported knowledge and techniques may have on communities whose cultural resources have been destabilised by war or other catastrophe. The idea that traumatic stress causes psychological disruption may not be helpful or valid in cultures that place a premium on fate, determinism and spiritual influences. There are dangers of an unwitting imperialism here. After all, the trauma discourse introduces elements that are not merely surface phenomena but are core components of Western culture: a secular source of moral authority, a sense of time and identity and a theory of memory.

There is a masterly chapter on an alternative history of traumatic stress by Alan Young, a medical anthropologist from McGill University, Montreal, who wrote *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Young, 1997), the seminal book on the genesis of PTSD. He writes that the association between memory and the self has a long history, and that St Augustine wrote of this in his *Confessions* at the end of the 4th century. He traces the development of a new science of memory through from the 19th century and raises questions about the assumption that 'traumatic' memory – a static, pathological entity – is at the heart of PTSD. Recent research on Gulf War veterans has demonstrated the malleability of traumatic memories, including the extent to which what is produced is a function of context. He argues that current diagnostic techniques based on clinical interviews, protocols and psychometric scales are incapable of distinguishing between so-called traumatic memory and painful memories associated with antecedent psychiatric problems. This is to cast considerable doubt upon the disease status of PTSD, although he concedes that the process of diagnosis and treatment may function as therapeutic myth and ritual. PTSD originally arose out of work with returned US Vietnam War veterans, a most atypical group for extrapolation to other populations.

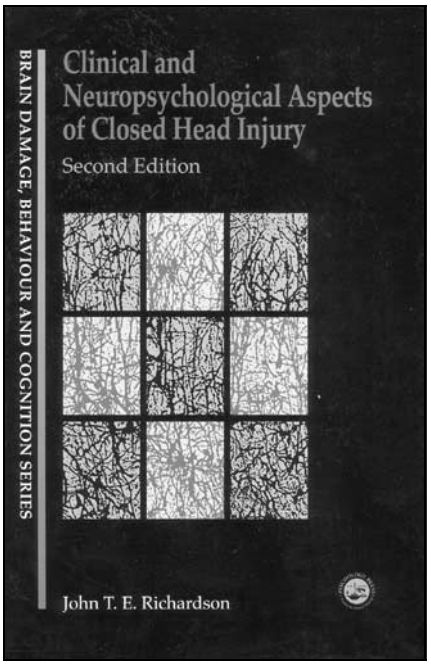
The final section is on societal healing and what is called "preventing the cycle of violence". Trauma programmes in war zones have claimed that timely prophylactic work can prevent traumatised victims from becoming perpetrators of violence, but this is to pass off a Judaeo-Christian piety as a medico-psychological fact. Virtually all acts of politically motivated violence, including mass atrocity and torture, are committed by psychologically normal people. There is a discussion of the role of the Truth and Reconciliation Commission in South Africa, probably the most ambitious endeavour of its kind to date.

Young, A. (1997) *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder.* Princeton, NJ: Princeton University Press.

Derek Summerfield Honorary Senior Lecturer, Department of Psychiatry, St George's Hospital Medical School, London SW17 0RE, UK

Clinical and Neuropsychological Aspects of Closed Head Injury (2nd edn)

By John T. E. Richardson. Hove: Psychology Press. 2000. 246 pp. £29.95 (hb). ISBN 0 86377 751 1



This is a second edition of a text first published in 1990. It has the considerable advantage of being single-authored and is written in an easily accessible style, the contents being a mixture of literature review and personal opinion, with sufficient referencing of the author's own work to be acceptable.

The book covers an important topic and should be of value to neurologists and psychiatrists, in both a clinical and a medico-legal setting. However, the title is misleading, as the text is very much concerned with neuropsychological aspects of head injury assessment and rehabilitation, and it is quite devoid of an appreciation of the psychiatric aspects of the area. This reflects the author's own area of expertise.

The text begins with a useful and well-presented description of neuroanatomical and pathological accounts of head injury in the literature. This is followed by an analysis of several important concepts, such as the amnesias, concussion and contusion, which leads into a detailed presentation of memory and its disorders of relevance for the head-injured patient. There follow chapters on cognition and language, subjective complaints and issues of management and rehabilitation.

Perhaps the main concerns with these helpful and comprehensive literature reviews are the author's lack of a critical eye, and, if the book is up to date, the paucity of literature that has emerged since the first edition. This reflects on the diversity of those involved in head-injury assessment and the variety of settings to which patients with head injuries are referred. Initially, it is a neurosurgical issue; the intermediate assessment of those patients continuing to have symptoms after a few months graduates to neurologists. Later, neuropsychologists, rehabilitation experts, psychiatrists and lawyers become involved. It is difficult not only to set up well-designed prospective long-term research projects, but also to

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