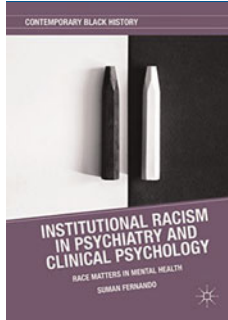


Book reviews

Edited by Allan Beveridge and Femi Oyeboode



Institutional Racism in Psychiatry and Clinical Psychology: Race Matters in Mental Health

By Suman Fernando
Palgrave Macmillan. 2018. £49.99
(pb). 232 pp.
ISBN 9783319873800


This important book combines history, sociology and the author's own experiences to illuminate how racial and cultural prejudice have affected the theory and practice of psychiatry and clinical psychology. Chapters 2 and 3 describe how the modern forms of both 'psy' professions originated in the Enlightenment period in Europe and the New World colonies. This was a time when economic growth in these areas was underpinned by colonial exploitation and slavery, which promoted development of theories of racial and cultural superiority of White people over others that particularly affected both professions. Theories of racial superiority inevitably led to poor-quality research 'proving' White people's superiority. Concepts such as psychological theories about instincts and intelligence were created on the basis of local norms and it was assumed that these could be extrapolated to people of different backgrounds and cultural frameworks of understanding. Psychiatry uses descriptive diagnostic constructs that are mostly based on clinical traditions dating from 19th- and 20th-century Europe that may not be suitable to describe people of different cultural backgrounds. Finally, important figures in the development of the 'psy' professions, such as Kraepelin, Jung and Sir Aubrey Lewis, often displayed features of 'race thinking' and prejudice.

Chapters 4–9 discuss how racism over the past 50 years has shifted from overt to more covert forms and describe how hopes of serene progress to a 'post-racial' world have been rudely shattered recently. Useful definitions of concepts such as 'race' and 'institutional racism' are provided. Fernando argues that UK psychiatric services are racist, given the well-documented poorer outcomes of Black people diagnosed with psychosis, such as higher rates of detention.

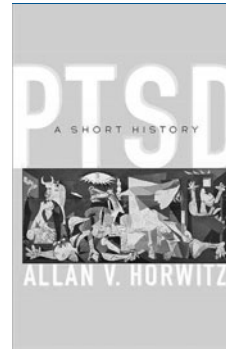
There are some weaknesses in this book, such as Fernando's view that mental health science is not a proper science as it is not totally objective – more recent philosophy of science recognises the role of values and subjectivity in science, but in mental health divergence of values is more likely among people of different cultural backgrounds. Psychiatric diagnostic constructs can be reliably ascertained in different populations by clinicians of similar cultural background even if not optimally configured. Fernando omits the relevant discussion that, although psychiatry has a very ethnically diverse workforce, clinical psychology by contrast has selection procedures that discriminate against Black and minority ethnic people and is therefore less ethnically diverse than the general population.

In summary, this book makes the case that race thinking and attendant prejudices have affected the theoretical background and practice in both psychiatry and clinical psychology and highlights

the need to address this problem to better serve today's ethnically diverse population and acknowledge the injustices of the past.

Ahmed Huda , Tameside & Glossop Early Intervention Team, Pennine Care NHS Foundation Trust, Ashton-under-Lyne, UK. Email: ahmed.huda@nhs.net

doi:10.1192/bjp.2020.117



PTSD: A Short History

By Allan V. Horwitz Johns Hopkins University Press. 2018. £21.50 (pb).
256 pp.
ISBN: 9781421426396

Although post-traumatic stress disorder (PTSD) appeared for the first time in DSM-III in 1980, there was nothing new about the condition. There is much more than meets the eye, as Horowitz makes clear in this succinct yet comprehensive social history. In this book, he describes the controversies and the vicissitudes surrounding how we have looked at the effects of trauma on individuals over time.

Horowitz explores the idea that the social history of PTSD is a microcosm of trends and fashions, debates and disputes in psychiatry over the years. He questions whether the disorder we see today is an immutable syndrome that has afflicted trauma victims across time and culture or whether it is a so-called disease of modernity, whose clinical presentation is melded by the social climate and state of medical knowledge of the time. For example, he highlights that the tics, hysterical blindness and paralyses seen in the First World War are rare today. Likewise, the chronic fatigue-like symptoms of so-called Gulf War syndrome appear equally unique to that 1991 conflict.

The author covers the issue of individual vulnerability, questioning whether a traumatic event of a certain severity is sufficient to cause PTSD in anybody, or whether an underlying vulnerability is required. He also examines the historical debate around whether traumatic events cause discernible, measurable and enduring biological brain abnormalities or whether they are a purely psychological phenomenon. He suggests that PTSD is a politicised diagnosis and examines the idea that its inclusion in DSM-III owes more to the lobbying of veterans' groups and politicians in the wake of the Vietnam War than it does to the efforts of research or clinical experience.

Horowitz acknowledges that diagnosing PTSD has been the subject of contention and debate, examining questions such as: should a stressor be experienced first hand or can an individual be vicariously traumatised by, for example, watching images of a disaster unfold on television? Are the symptoms of PTSD too narrowly defined and is there actually a range of responses to trauma that cannot neatly be pigeonholed into existing diagnostic criteria? He explains that these are not merely erudite academic issues for debate as they have affected several legal cases involving substantial compensation claims.

The book concludes by looking to the future and speculating how the current move to abandon categorical diagnosis and introduce a dimensional approach might affect PTSD. The book is not