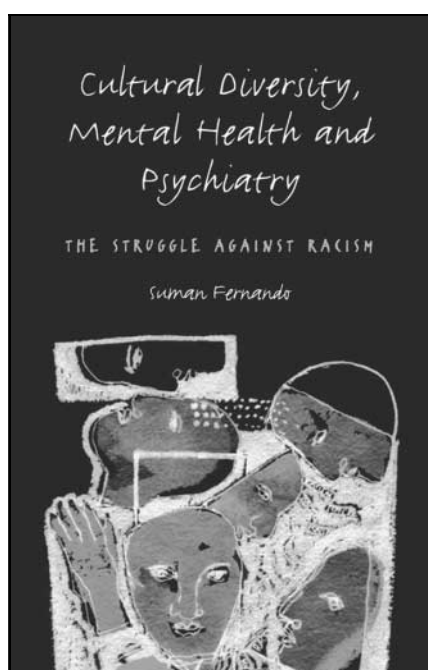


Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Cultural Diversity, Mental Health and Psychiatry: The Struggle against Racism

By Suman Fernando. Hove: Brunner-Routledge. 2003. 258 pp. £18.99 (pb). ISBN 1 583 91253 3



This well-written book by an accepted original thinker and expert in the field of transcultural psychiatry adds considerably to the current debate about the links between mental health, psychiatry, cultural diversity and racism. It also further develops some of the themes raised in his previous book.

Fernando's view that racism has been resistant to all efforts to reduce its power in the practice of psychiatry is a recurring theme, familiar to clinicians as well. He maintains that racism and psychiatric stigma have blended together to exercise power that is particularly felt by Black people. Psychiatrists then get caught up, as mental health services are often the vehicle for this. Users certainly believe this to be widely prevalent.

The author then outlines some areas in which change is possible. He suggests that multicultural psychiatrists need to work even more closely with multicultural mental health services, as this approach offers the prospect of excellent care through good working practices. His belief that mental health practitioners should see people as people, and not as carriers of illness or ill health, is clearly developed as this is essential for quality care and is not to be compromised. Cultural backgrounds must be taken into account for this to work well. Fernando believes that involvement of users of services and carers will ensure that past mistakes are not repeated. There can be little disagreement with this view.

This carefully crafted text is highly recommended for all psychiatrists, whether they work with people from different cultural backgrounds or not, as the issues raised are clearly broadly applicable. It will also appeal to other professionals, users, carers and service providers concerned about the thinking that needs to be in place if services are to be appropriate and relevant. There is no doubt that this book is an important addition to the ongoing work related to transcultural psychiatry.

Deenesh Khoosal Consultant Psychiatrist, Brandon Mental Health Unit, Gwendolen Road, Leicester LE5 4PW, UK

Acute and Transient Psychoses

By Andreas Marneros & Frank Pillmann. Cambridge: Cambridge University Press. 2004. 252 pp. £65 (hb). ISBN 0 52183 5186

Psychogenic Psychoses

By August Wimmer (transl. by Johan Schioldann). Adelaide: Adelaide Academic Press. 2003. 265 pp. Au\$50 (pb). ISBN 0 9578585 3 1

The predominantly biological direction of present-day psychiatry has by no means crowded out new work on its phenomenological and historical aspects. Germany

has always been the main focus of phenomenological interest, and this tradition remains strongly alive, as Marneros & Pillmann show in an important contribution from the Martin Luther University of Halle-Wittenberg. They say that understanding of brief and acute psychotic disorders – with a short duration and generally good prognosis – has remained minimal. The core of this book is an account of their own longitudinal study, which they say was ‘not epidemiological, but clinical’. In a 4-year period, 1036 inpatients with non-organic psychotic or affective disorders were screened at their university hospital, 4.1% of whom received a diagnosis of brief acute psychotic disorder. This is consistent with the rates obtained in previous studies. Unfortunately, I found this account of their study obscure at times, with the method not clearly separated from the results and discussion.

The ‘decisive characteristic’ of brief acute psychotic disorder was found to be ‘the polymorphic and brief symptomatology’. For both research and clinical purposes, the authors recommend that these disorders should be separated from schizophrenia, schizoaffective disorder and affective disorders – a fairly comprehensive exclusion. Surprisingly, they report that the majority of patients with brief acute psychotic disorders are female and that age at onset is higher than that for schizophrenia or bipolar schizoaffective disorder. Long-term pharmacotherapy, especially with antipsychotics, is advised for all three kinds of psychotic disorder, with the addition of mood stabilisers for some (not for schizophrenia). The outcome of brief acute psychotic disorders was found to be favourable in the extended follow-up, but the disorders were usually recurrent.

The main purpose of this work is to reduce the heterogeneity of groups of patients diagnosed as having ‘schizophrenia’ or ‘affective disorders’, by removing a small but (arguably) well-defined group which has significantly different characteristics from the rest. The authors say that we need ‘exact clinical diagnoses and psychopathological understanding’ of these atypical psychoses if we are to treat them appropriately and gain more reliable knowledge about them. Although its content is rather dense, in general the book is clearly laid out, with frequent boxed summaries. It is marred by a poor standard of scientific English. For a

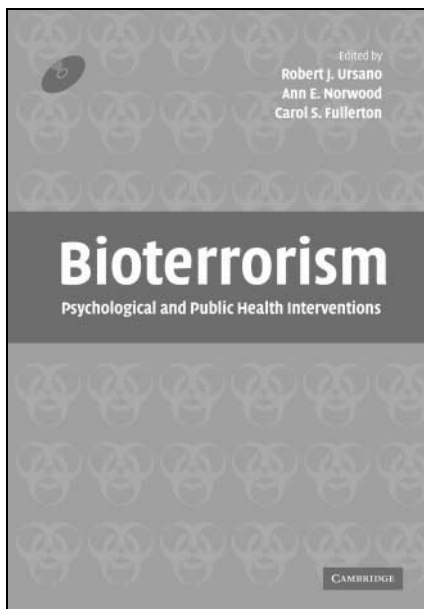
fairly short book, the price can only be described as bizarre; a cheaper paperback version must surely follow.

Among the byways of psychiatric history, the contribution of August Wimmer (1872–1937) in Copenhagen must surely be one of the least frequented. His major writing on psychogenic psychoses was never translated from Danish into any other language, but this has now been done by Johan Schioldann, a Danish psychiatrist settled in Australia. A characteristically learned introduction by German Berrios sets this newly discovered work in its wider context.

Hugh Freeman Honorary Visiting Fellow, Green College, 43 Woodstock Road, Oxford OX2 6HG, UK

Bioterrorism: Psychological and Public Health Interventions

Edited by Robert J. Ursano, Ann E. Norwood & Carol S. Fullerton. Cambridge: Cambridge University Press. 2004. 376 pp. £70.00 (hb). ISBN 0521814723



This publication is a collaborative endeavour by international authors with expertise that can guide planned responses to terrorism, in particular bioterrorism. Ursano (2002) has listed the goals of terrorism as: erosion of national security; disruption of

the continuity of society; and destruction of social capital. The contributors to this book are keen to show that these invisible threats to our present-day society can, to some degree, be mastered – inchoate anxiety perhaps need not rule.

The book offers interesting, albeit depressing, historical perspectives on the impact of war and conflict on civilians. It discusses planning by the British government in the 1920s for coping with the dead and wounded should London be bombed in future conflicts. The role of US civil defence personnel – perhaps in training people not to panic – is described in detail in relation to America's fear of atomic bombs. This included well-publicised rehearsals of actions to take, even if they would ultimately have little effect on survival chances. Another chapter covers what might be learned from the public health impact of the 1918 influenza pandemic.

It is acknowledged that terrorism is a potent precipitant of psychiatric illness. For example, rates of post-traumatic stress disorder went up by 173% in lower Manhattan following the terrorist attack on the World Trade Center in 2001, and it was reported that 35% of Oklahoma residents had psychological problems following the attack there in 1996. Forty-three per cent of those attending hospitals following the Scud missile attacks on Israel were psychological casualties.

Much has been learned of the impact of disasters on public mental health. There is less specific knowledge in relation to bioterrorism, although responses are likely to be similar, whatever the cause of the disaster. The experts indicate that human responses are to a large extent predictable: many more people presented with symptoms they believed to be related to anthrax exposure following the World Trade Center attack than were infected, and some people are particularly vulnerable to such perceived threats. Those previously exposed to trauma may be at heightened risk. The authors are agreed that services should have plans for dealing with the mental health consequences of exposure (or threat of exposure) to biological agents just as they do for dealing with the physical consequences. Information should be provided by respected sources, communicated clearly. Rather than focusing on censorship, the provision of evidence-based guidelines for responsible reporting is recommended (a parallel with suicide reporting and prevention).

The need for bioterrorism to be included in local and national disaster planning efforts seems self-evident. This book provides some interesting and readable papers that should help guide those charged with developing such plans.

Ursano, R. J. (2002) *Terrorism and Public Health* (Presentation to the Institute of Medicine). Washington, DC: National Academies of Science.

Anna Higgitt Consultant Psychiatrist, St Charles Hospital, Exmoor Street, London W10 6DZ, UK, and Senior Policy Advisor, Department of Health. The views represented here are personal and should not be taken as necessarily indicative of national policy

The Large Group Re-Visited: The Herd, Primal Horde, Crowds and Masses

By Stanley Schneider & Haim Weinberg. London: Jessica Kingsley. 2003. 240 pp. US\$34.95 (pb). ISBN 1 8431 097 5

This is number 25 in the International Library of Group Analysis. The two Israeli editors have gathered 15 contributors from 7 countries. The book's title refers to the seminal book *The Large Group*, edited by Lionel Kreeger in 1975. I am reviewing this book for the non-specialist psychiatrist interested in what may be useful in clinical practice. I might have written a different review for psychoanalytically oriented readers.

Three of the 13 chapters relate to work in clinical settings. Lipgar provides a riveting account of his attempt to create a regular ward-meeting in the most awful imaginable type of back ward that characterised the gigantic American state hospitals in the 1960s, and still exist no doubt in parts of the world. Closer to home, Berke gives examples of projective processes at the Arbour's Crisis Centre in London, which do not presume psychoanalytic knowledge. In the third, Tasher describes a German in-patient psychotherapy clinic that has regular large-group meetings but unfortunately I found the writing insufficiently clear to understand fully what was being described.

Two chapters, although not directly clinical, I found very helpful in thinking