

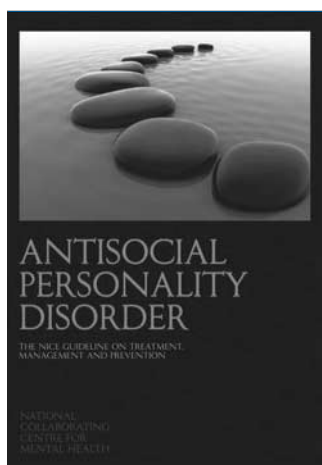
go beyond necessity and begin with an attempt to understand what traditional healing can usefully offer and what harm it may unintentionally do. And that process can be a daunting one. Dan Mkize describes such an effort in South Africa where, given the post-apartheid political environment, an unthinking absorption of anything indigenous to Black Africans may have been a more populist approach. He and his colleagues knew the challenges would include 'herbal medicine toxicity' and the 'secrecy' of the practitioners of traditional healing, the same problems that sceptics of integration have often highlighted and which uncritical reification of traditional healing tends to dismiss.

So, the claim by Robert Lemelson that a common ground between traditional healing and biomedical treatment can be found in their common lack of efficacy for disorders such as obsessive-compulsive disorder and Tourette syndrome will have to be considered in the light of his other observation. Namely, many of the patients he studied with these conditions and who had consulted traditional healers had not only been offered 'competing explanatory models' for their illness, but had been subjected to various forms of treatment, including some harmful ones, which were based on these often contradictory explanations.

This book, organised into 20 chapters, touches on many of those core issues that psychiatrists and mental health professionals are concerned about when contemplating partnership with traditional healers: healing practices, the knowledge base of healers, the experience of collaboration between healers and psychiatrists, the efficacy of healing practices, psychotherapy and religious healing, among others. As Thachil and Bhugra remind us, traditional healing is not just relevant to healthcare systems in low- and middle-income countries, but is equally important in high-income countries where globalisation continues to widen the cultural context in which clinicians have to perform their duties of healing. With so many contributors from diverse areas of experience and expertise, the editors of this book have done a marvellous job of ensuring that this treasure trove of information is presented in a way that any lay reader can comprehend and enjoy.

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**Antisocial Personality Disorder: The NICE Guideline on Treatment, Management and Prevention**

By National Collaborating Centre for Mental Health.  
British Psychological Society & Royal College of Psychiatrists.  
2010. £35.00 (pb). 360pp.  
ISBN: 9781854334787

Having read the National Institute for Health and Clinical Excellence guidance on antisocial personality disorder and found it provided more questions than answers, I was unsure what this

text would add to my understanding. The book, however, is surprisingly interesting and helpful. The discussion around the available evidence and scope of the guidance addressed many of the ethical concerns I had about treatment of the condition under compulsion and interventions aimed at preventing its development.

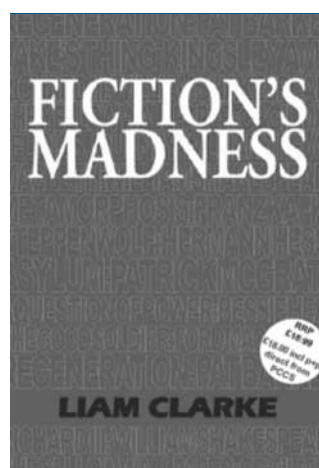
The first three chapters give a background to antisocial personality disorder and the methods used to develop the guideline. The following chapters lay out the guidance in detail along with the evidence on which it is based. In particular, the second chapter (which gives an overview of the condition, its history and diagnosis) provides a fascinating review of the relationship between offending behaviour and antisocial personality disorder. The chapters directly addressing the clinical guidance are a heavy read and at times difficult to follow, but they give useful summaries on the outcomes of studies on which the guidance is based. The accompanying CD-ROM covers some of the statistics in more detail, for those with a more mathematical persuasion than me.

As the evidence for effective interventions in adulthood is fairly weak, there is a focus on prevention, risk assessment and engagement with services. This book will mainly be of interest to those working in forensic psychiatry, but the chapter on interventions for children and adolescents (on which the guidance focuses heavily) will also be important for child and adolescent psychiatrists. The chapter on risk assessment gives an extremely useful account of the use and limitations of actuarial and clinical risk assessment. This will be of use to trainees starting a forensic placement.

Overall, the guidelines themselves highlight the uncertainty in the treatment of antisocial personality disorder. This text is enlightening as to the development of guidelines for the treatment and management of a controversial condition, which presents a challenge to psychiatrists and society as a whole.

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**Fiction's Madness**

By Liam Clarke.  
PCCS Books. 2009.  
£18.99 (pb). 232pp.  
ISBN: 9781906254230

This is an odd and uneven book. The author, Liam Clarke, a reader in mental health at the University of Brighton, argues quite reasonably that exposure to great works of fiction can deepen our understanding of people with a mental illness and that a narrow 'evidence-based' approach, focusing on facts and figures, constricts our therapeutic ability. Clarke examines the depiction

of madness in the work of an idiosyncratic selection of writers, including Shakespeare, Kafka, Hermann Hesse, Kingsley Amis and Pat Barker. Although he brings great enthusiasm to the subject, the book is marred both by the author's opinionated pronouncements and the style in which it is written. This extract is illustrative:

Something that has always struck me about male psychiatrists is that compared to other medical specialists they take first prize for smugness. They exude a self-assurance hardly comparable to the contentious act of defining some human behaviours as illness so as to (frequently) treat these via legal detention and coercion. In addition, psychiatry operates from a knowledge base that is as rudimentary as it is fragmented and betimes misplaced (p. 146).

Badly written, this passage conveys the tone of the author, who makes repeated disparaging comments about psychiatrists throughout the book. The writing veers wildly between different styles. There are inappropriate attempts at blokeish informality – we learn that Anne in Shakespeare's *Richard III* is expected to 'bugger off stage left'. There are bizarre occasions when the reader is directly addressed and asked for their thoughts. And there is the ill-digested use of academic jargonese, for example, Charlotte Perkins Gilman's *The Yellow Wallpaper* is said to reveal 'the relationship of madness to sociality and especially its loci of power instituted in medical and gendered constructs' (p. 75).

Clarke begins with a brief history of the novel, informing us that novels can be very long but also quite short. As an example of the latter, he cites Kafka's *Metamorphosis*, which I always thought was a short story. He then tells us it was only in the 1950s that writers started to experiment with the form of the novel and the role of the narrator. This rather ignores Laurence Sterne's *Tristram Shandy*, which as early as the 18th century was playing

with the conventions of the genre. It also neglects James Hogg's *Private Memoirs and Confessions of a Justified Sinner*, a novel written in 1824 which features unreliable and double narrators. In Clarke's account of the history of psychiatry, we learn that psychoanalysis was a dominant force in British psychiatry in the 1930s, though this is not the case. We read that mental illness in women in the 19th century was often brought about and perpetuated by 'male malevolence' and patriarchal physicians, though recent feminist historians, such as Nancy Tomes and Joan Busfield, have challenged such simplistic readings of the past and have pointed out that the incidence of mental illness in males was roughly the same as in females. We are told that R. D. Laing 'should have attended more [to] the Western literary canon', although he was steeped in European literature and drew extensively on it in his writings.

Clarke seeks to demonstrate that the humanities can teach clinicians and therapists to be more reflective about their practice and the predicaments of their patients. Unfortunately, despite his obvious passion for literature, he does not emerge as a good advert for the benefits of reading. The charge of 'smugness' would seem to be more appropriately levelled at an author who, in the course of his book, is able to dismiss such major thinkers as Socrates, Nietzsche and Foucault.

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