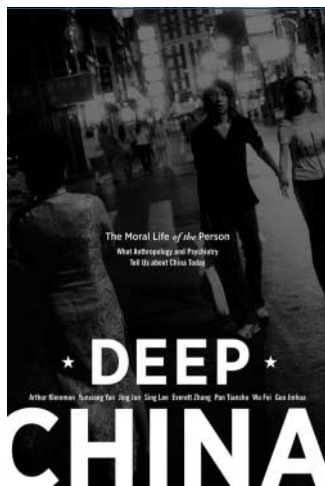


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Deep China: The Moral Life of the Person

By Arthur Kleinman, Yunxiang Yan, Jing Jun, Sing Lee, Everett Zhang, Pan Tianshu, et al.
University of California Press. 2011.
£18.95 (pb). 289 pp.
ISBN: 9780520269453

I was born in the northern Chinese city of Tangshan in 1973. At 04:00 h on 28 July 1976, when I was 2 years old, my home city suffered one of the most destructive earthquakes of the 20th century. My father tucked my sister and me under each arm and ran into the sitting room of our apartment, only for the floor to collapse beneath him, sending us all tumbling down two stories. By some miracle we all survived: a quarter of a million people perished.

Meanwhile, another earthquake was about to strike. A few months earlier, China's premier Zhou Enlai had died and the following September saw the death of Mao Zedong. The subsequent chain of political events saw the rise to power of Deng Xiaoping, the man credited as the architect of the socialist market economy and the economic and social earthquake of China's rise to world economic powerhouse.

These days it seems China is never out of the news. Like the death toll in the Tangshan earthquake, the statistics about modern China – of population movements and economic growth – seem always to be staggering. But as with the Tangshan earthquake, behind the numbers are the particular stories of individual lives that have changed. *Deep China* seeks to explore through the lenses of psychiatry and sociology the effects on the individual, and on the millions of individuals that make up China, of the seismic social changes we have lived through – the shift from a centrally controlled economy to a free market, from collective values to individualism and individual aspirations for personal happiness.

So why should this be of interest to readers? Personally, I found it fascinating to see the insights of psychiatry brought to light in this way – to see how psychodynamic models can help us to understand the way individuals and nations come to terms with or sometimes fail to come to terms with repeated trauma, terrible suffering and huge change. As a doctor trained in China and working as a psychiatrist in the west of England, it was good to be reminded of the cultural contingency of psychiatric diagnoses such as depression, and I was dismayed by the vivid stories of the continuing stigma of mental illness in China and by the commercialisation of mental distress through the encroachment of Big Pharma.

Deep China both saddened me and made me optimistic for the future. As a psychiatrist I am fascinated by the stories of individual

people. The stories of China over the past 100 years are amazing, but even more amazing are the stories of the individuals that have lived it.

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doi: 10.1192/bjp.bp.111.107193



Bad Souls: Madness and Responsibility in Modern Greece

By Elizabeth Anne Davis
Duke University Press. 2012.
£17.99 (pb). 360pp.
ISBN: 9780822351061

Thrace, the northeastern most province of Greece, is ethnically diverse, borders Bulgaria and Turkey and is a point where political refugees and economic immigrants cross into Europe. The author, a North American anthropologist, researched her PhD there during 1999–2004, a time of psychiatric reform and deinstitutionalisation. In part, she illustrates some difficulties in working across cultures, including mutual mistrust between patients and staff.

'*Bad Souls* is an ethnographic study of responsibility among psychiatric patients and those who give them care.' (p. 4). Davis draws a distinction between personal ethics and responsibility, and moralising about the behaviour and responsibility of others. She focuses on patients that have not done well (e.g. severe and enduring mental illness, personality disorder). Such difficult cases give only a partial view of psychiatry. Nevertheless, lessons can be learnt from these cases.

The services described are similar to community-oriented services one could find in the UK at the time, some more advanced than others. Reports of discussions with staff and patients ring true. Staff come across as both caring (about patients) and mindful of the fair administration of public finances, even when muddled or inconsistent at times. Nevertheless, Davis, a critical interrogator of psychiatric practice, may have been disappointed to conclude:

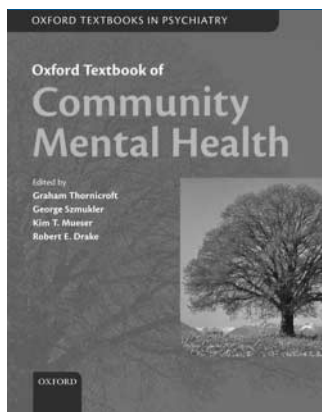
'I sought but failed to find a coherent framework of local beliefs and practices that might make mental illness and healing intelligible outside the medical paradigms of pharmacology and psychotherapy or the ethical paradigm of personal responsibility promoted in community-based care. What I found outside those paradigms was conversion symptoms.' (p. 137).

The final chapter implies that Davis' answer to the riddles posed by difficult psychiatric cases, including problems arising out of need for compulsion and dependency on disability benefits, is not to have psychiatrists at all. This sets us back to the libertarian ideology of Thomas Szasz. It is surprising, therefore, that on the back cover Davis' fellow anthropologists Elizabeth Povinelli and Vincent Catanzaro praise *Bad Souls* as a critique of neoliberal

political assumptions and practices. Such praise is careless, not least because the PASOK Socialist Party governed Greece during 1999–2004, the years of Davis' research. The reformed psychiatric services were imbued with Christian and Social Democratic ideals of social solidarity and the welfare state. Indeed, the services were funded and specified by the European Union (EU) as a requirement of Greece joining the Union and to enhance the human rights of people with mental disorder in the country.

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doi: 10.1192/bjp.bp.112.114637



Oxford Textbook of Community Mental Health

Edited by Graham Thornicroft, George Szmulker, Kim T. Muser & Robert E. Drake
Oxford University Press. 2011.
£85.00 (hb). 406 pp.
ISBN: 9780199565498

In the introduction the editors note that 'community mental health care has evolved as a discipline for over 50 years now'. Thus, it seems wholly reasonable to produce a comprehensive textbook dealing with the 'large diversity of perspectives' on community care and embracing a wide range of authors, most of whom are based outside of the UK. In that sense this is a relatively international tome and benefits from this broad-church background, while being a little impractical in terms of what it can offer the general adult community psychiatrist in the National Health Service today. For example, there is a chapter on treatment pressures, coercion and compulsion, which is thoughtful but lacking any details of the Mental Health Act. The recent introduction of community treatment orders (which are not discussed at all) likewise indicates how quickly things change in the swirling pools of community treatment.

In terms of individual chapters and topics, the choice and structure is admirable. Chapters are relatively brief, well organised, have varying lengths of reference lists and cover most of the areas relevant to modern practice. Particularly strong is a section on service components, for example case management, in-patient treatment and crisis and emergency services, which are very much of the essence of the business. Other sections on stigma, policies and assessing the evidence for effectiveness likewise deal with areas in which a summary of the background situation is very valuable. In terms of the latter, the difficulties of measuring whether or not we are doing any good are well outlined, with particular mention of the 'saboteur of setting'. Thus, we cannot discount the extent to which locality often outweighs any generalisability in terms of studies in a given community or a given programme.

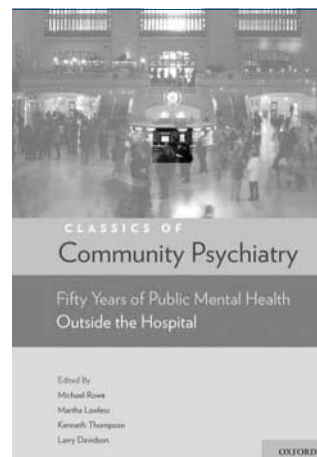
Although the individual components of this textbook, by and large, are appropriate to the topic, there is no sense that this is anything more than a collection of reflective papers,

summarising events and knowledge so far. It is not a call to arms, and while acknowledging the common barriers of stigma and discrimination, as well as funding, there does not seem to be a sense of purpose about why we should keep people out of hospital. The chapter on in-patient treatment is useful and insists that there will 'always be a place for hospital care', but there seems little real awareness of the way in which long-stay patients are building up in other (not officially in-patient) resources, for example in prisons. There is also, oddly enough, no reference whatsoever to the first book on community psychiatry principles – *Community Psychiatry: The Principles* – by Douglas H. Bennett and Hugh L. Freeman in 1991. This may reflect a lack of historical appreciation or, perhaps, that modern fragmentations in community care are intrinsic to the recent vibe of modern short-termism in thinking (and reference lists).

In essence, this is a perfectly worthwhile contribution to our understandings of community psychiatry, and individual chapters do serve their purpose in terms of both trainees wishing to learn and consultants wishing to refresh. Whether there is any genuine specialisation required to understand community mental health is, however, a moot point, and there is little acknowledgement of the sheer physical, relationship and local practicalities of making sure that individuals with significant mental illness can be cared for outwith the confines of bricks and mortar. Somewhere in the background the asylums and their imprimatur do still linger, while mentally disordered offenders accumulate in prisons, hostels, so-called 'hotels' and the streets.

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doi: 10.1192/bjp.bp.111.103499



Classics of Community Psychiatry: Fifty Years of Public Mental Health Outside the Hospital

Edited by M. Rowe, M. Lawless, K. Thompson & L. Davidson.
Oxford University Press. 2011.
£50.00 (hb). 594pp.
ISBN: 9780195326048

The debate about care in the community was a psychiatric 'cause celebre' of the 1960s and 1970s. The assaults on orthodox psychiatry from the sociologists, as well as from radical psychiatrists like Thomas Szasz and R. D. Laing, made for colourful presentations, polemical writings and even some research. The term 'de-institutionalisation' was coined in America, while in the UK the beacon was lit by the famous 'Water Tower' speech of the then Minister of Health, Enoch Powell, in 1961. This has all now become another historical country, since the asylums are largely closed, specialist forms of community care have flourished (assertive outreach, early intervention, crisis teams) and getting