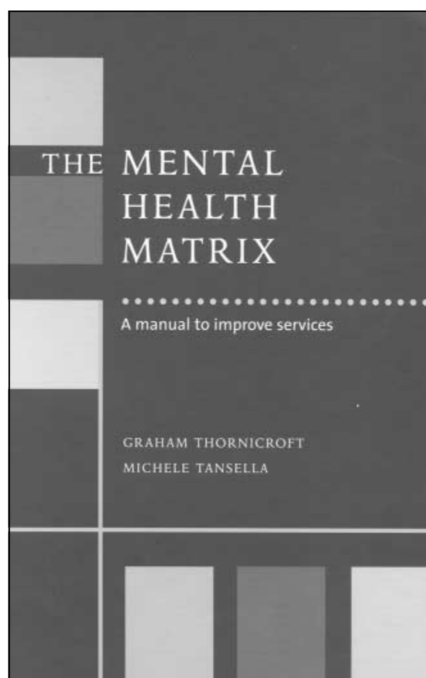
Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

The Mental Health Matrix: A Manual to Improve Services

Graham Thornicroft & Michele Tansella. Cambridge: Cambridge University Press. 1999. 291 pp. £50.00 (hb). ISBN 0 521 62155 0



This book is not one that can be easily pigeon-holed. It is not a textbook of evidence, nor a theoretical model, nor even a practitioner's guide to mental health services. After puzzling about it for some time I think it is really a map. People who do not have maps tend to get lost unless they already know the terrain, and Graham Thornicroft and Michele Tansella have discerned that very few have such prior knowledge. One reason for this is that the names on the map are like the street names in former East European capital cities: they change every few years. Who reading this will recognise all the following: AIMHS standards, CLSCs, HOMOs and MINI? (They are all systems – from Australia, Canada, the USA and the UK respectively – that give guidance or standards for mental health services to a geographically defined population.)

The map (matrix) that the authors plot is a comprehensive one in two dimensions, space and time, with three levels of scale for each: country, catchment area and individual (patient) in the geographical dimension, and the input, process and outcome phases of care for the temporal dimension. The subsequent plot of nine cells is not perhaps a creation of true genius, which I might describe as the comprehensive elicitation of a universal truth, but it grows with the telling. Indeed David Goldberg, in a challenging foreword that illustrates how lopsided are our present mental health care systems, comments rightly that the book "fizzles with excitement", and there are certainly many passages that evoke the OCNIAMS phenomenon (of course, now it all makes sense), which is around level three on the nine-cell path to genius.

The main value of the matrix model is that it allows direct comparison between services, resources and care for all mental health 'events', illustrated beautifully by Leon Eisenberg in his account, in the preface, of a 1986 homicide tragedy involving a patient with schizophrenia on a ferry boat in New York. He had been seen 4 days earlier in an emergency room and the psychiatric house officer concerned was unable to find a bed because the patient was uninsured and without funds. The subsequent inquiry focused on the failures at patient level; they did not address the wider issues of service, including national and state policy, which was largely responsible for the absence of beds.

Time after time this book illustrates the value of an epidemiological approach to mental health care. Thornicroft & Tansella have four aims: to unify the description of mental health services, to give a sequence of order to complex events, to aid understanding and to enable priorities to be set for improvements in services. Like good scientists they subject their model to 'field testing' by five colleagues in other countries: Lesage (Canada), Munk Jørgenson (Denmark), Rosen (Australia), Tomov (Bulgaria) and Warner (USA). They perform this task admirably and illustrate how the model can be used to compare the nine cells of the matrix in different countries. It is interesting to note that psychiatric service provision to a population shows virtually the same variation in Bulgaria and the USA, that in Denmark, resources and service provision for psychiatry are almost entirely controlled at county level, to the extent that the central Ministry of Health is emasculated and is referred to as the Ministry of Attitudes, and that liaison between community mental health teams and primary care in Quebec is almost non-existent.

This book deserves to be a success because it is articulating the voice of an emerging part of psychiatry with which I am proud to be associated – public mental health. The authors quote Geoffrey Rose, who complained that psychiatrists "seem generally unaware of the existence and importance of mental health attributes of whole populations, their concern being only with sick individuals", and although he wrote this in 1993 the comment is still largely true today. I hope that practitioners and planners of mental health and social services will see the benefits of this model in understanding how resources should be allocated and distributed and will determine whether their own particular services are up to scratch in all elements of the model.

Perhaps the authors will be able to produce a second edition before long in which they could indulge in the fashionable (but still useful) practice of league tables, whereby they can examine services from countries throughout the world and place them in divisions of merit. After reading this book I think that Australia would be very near the top of the league, that the UK would probably be in the middle of the premier division and the USA would be challenging for promotion from the second.

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Violence: Reflections on Our Deadliest Epidemic

By James Gilligan. London: Jessica Kingsley. 1999. 306 pp. £12.95 (pb). ISBN 1 85302 8428

This book is a *tour de force*. The author – a respected forensic psychiatrist and psychotherapist – proposes that we approach violence and its prevention in a naturalistic,

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non-moralistic way, "as a problem of public health and preventative medicine, thinking of violence as a symptom of life-threatening (and often lethal) pathology, which like all forms of illness, has an aetiology or cause, a pathogen". Elsewhere, Gilligan (2000) has written,

> "A consensus on the causes and prevention of violence has been emerging over the past few decades among investigators of this subject from virtually every branch of the behavioural sciences. All specialities, independent of each other, have identified a pathogen that seems to be a necessary but not sufficient cause of violent behaviour, just as specifically as exposure to the tubercle bacillus is necessary but not sufficient for the development of tuberculosis. The difference is that in the case of violence the pathogen is an emotion, not a microbe – namely, the experience of overwhelming shame and humiliation. And just as people's vulnerability to tuberculosis is influenced by the state of their body's defence mechanisms, so their vulnerability to violence is influenced by the state of their psychological defence mechanisms".

Disarmingly, but convincingly, Gilligan argues that it is really quite clear *that* we can prevent violence and clear, too, *how* we can do so, if we are sufficiently motivated. He cites compellingly the accepted data of the enormous differences in individual and collective violence in different societies around the world. His especial target is his own country, the USA, which is massively more violent than any other democracy and every other economically developed nation (its prison population is over 2 million – nearly 1% of the population), and just happens to be by far the singular dominant nation of the world in economic and material terms. He quotes Currie (1985): "we have the level of criminal violence we do because we have arranged our social and economic life (as we have)... the brutality and violence of American life are a signal that there are profound social costs to maintain these arrangements". We have decided that we prefer this to a far less violent alternative.

Central to Gilligan's radical thesis is that violence springs from psychopathological roots of hidden shame and that our societal systems of response are iterative in causing further shame and shaming – thus creating a circle of causation. This is an important, and I believe, considerable claim, which is especially significant at a time of moralism and righteousness. There are huge clinical and pragmatic consequences. Experience of shame is antithetical to thought and breeds crude defensive reactions, such as 'macho' attitudes and even violence, it is related phenomenologically to paranoia. 'Guilt', on the other hand, is often the secret that demands to be spoken (hence, confession and psychotherapy).

The origins of this book lie in the relative microcosm of 25 years of clinical forensic practice in a maximum secure state hospital and the Massachusetts prison system and crystallise in an impressive conceptual sweep that sets Gilligan's theories within cultural and sociological arenas.

For example, there is an excellent clinical chapter, 'Violent action as symbolic language', in which Gilligan addresses the common central clinical problem that,

> "Understanding violence requires understanding what thought or fantasy the violent behaviour symbolically represents. Doing this is especially difficult in the case of most violent people, because they are so oriented toward expressing their thoughts in the form of actions rather than words. Their verbal inarticulateness prevents them from telling us in words the thought their behaviour symbolically expresses".

This is partly derived from Hanna Segal's work on symbol formulation and its failure in concretisation of thought. It is familiar territory in forensic psychiatry and psychotherapy – and is addressed, for example, by Fonagy & Target (1996) as failure of "reflective self-function" – but Gilligan expresses it particularly well. Quoting the philosopher and literary critic Kenneth Burke's belief that in order to understand literature we must learn to interpret *language as symbolic action*, Gilligan suggests that in order to understand violence we must reverse that procedure and learn to interpret *action as symbolic language* with a 'symbolic logic' of its own.

Gilligan argues that we have neglected shame and shaming as a root cause of our endemic violence and, instead, have been too preoccupied with edifices erected around the concept of guilt, both psychologically speaking and within the 'crime and punishment' approach of the criminal justice system.

In later chapters Gilligan analyses the biology of violence and gender differences, and addresses more fully the sociology of violence. He considers economics, class and race, taking as his cue Gandhi's observation that the deadliest form of violence is poverty. He argues that what he calls 'structural violence' within our societal systems – for example the increased rates of death and disability suffered by those who occupy the bottom rungs of society – far outweighs as a public health problem the 'behavioural violence' (or unnatural deaths caused by individuals) with which we are more familiar as health professionals, and with which the media are preoccupied. He writes, "Where violence is defined as criminal, many people see it and care about it. When it is simply a by-product of our social and economic structure, many do not see it; and it is hard to care about something one cannot see".

I am sympathetic to the notion that as professionals we have neglected shame as a profound experience and cause of violence for the very reason that Gilligan gives: "nothing is more shameful (or painful) than to feel ashamed;... violent man would (literally) rather die". Further, I am sympathetic to the notion that as a society we are more comfortable with guilt than with shame and that psychoanalysis in particular may have done a disservice by emphasising the one at the expense of the other. My imagination will hardly extend, however, to a possible future society where we eschew the retributive/crime and punishment model. We seem to be programmed to such a system, whether we like it or not. Is this really (merely) the consequence of our Judaeo–Christian societal origins, and therefore mutable, as Gilligan suggests?

There are many gems in this volume and I give as an example Gilligan's interpretation of the depressing and professionally demoralising rhetoric of 'law and order' and control common to the politics of the main parties in the USA and UK. It is in the political interest of the party that represents the rich (or middle classes) to foster and to publicise (by alarmist headlines and speeches) perceptions of high rates of crime. The more people are worried about crime and violence, the more will the middle classes focus anger and fear on the poor and members of certain minority groups (who are responsible for most of what is labelled crime). When crime is at its maximum, the party of the rich can represent itself as the saviour of everybody, by promising to 'get tough on crime' and by declaring its 'war on crime' (which is really a war on the poor).

The style of writing is clear and the examples always wonderfully vivid. A book for the generalist to savour, for clinicians to ponder and for policy-makers to worry about.

Currie, E. (1985) *Confronting Crime: An American Challenge*. New York: Pantheon.

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Fonagy, P. & Target, M. (1996) Personality and sexual development, psychopathology and offending. In *Forensic Psychotherapy, Crime, Psychodynamics and the Offender Patient*. London: Jessica Kingsley.

Gilligan, I. (2000) Violence in public health and preventive medicine. *Lancet*, **355**, 1802–1803.

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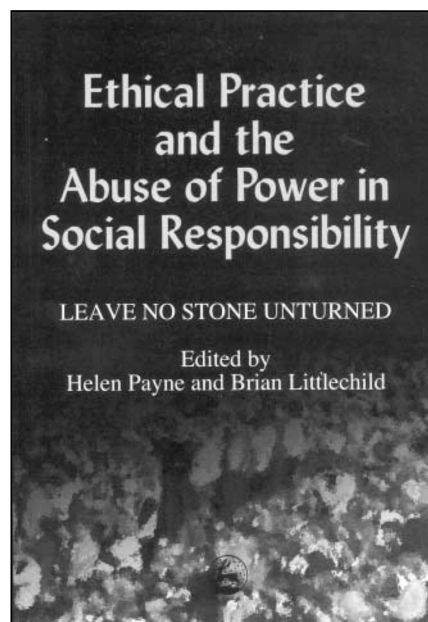
Ethical Practice and the Abuse of Power in Social Responsibility: Leave No Stone Unturned

Edited by Helen Payne & Brian Littlechild. London & Philadelphia: Jessica Kingsley. 2000. 235 pp. £15.95 (pb). ISBN 1 85302 743 X



'Leave No Stone Unturned', the subtitle of this book, is a powerful phrase, summoning up images for me of woodlice scurrying for cover at the first hint of light. And indeed, this is very much the theme of the book – to shed light into hitherto dark corners of professional practice of social responsibility. I am less sure about the ponderous term 'social responsibility' in this context, but let us pass on. The book is timely, given the avalanche of child abuse inquiries hitting the headlines. Furthermore, scrutiny more recently has focused not just on residential care workers, but also on the bigger battalions of the medical profession. Some unflinching reflection of the systems in which we, as psychiatrists, work is surely right.

One acid test of any book is its ability to provoke, to leave images in the mind and to engage in debate, and on this level, the book succeeded for me. A book such as this must be very much of the nature of a conversation with its reader. Your reaction, reader, will depend even more than usual on your experiences, both professional and personal. As a politically involved consultant child and adolescent psychiatrist working in a pressured inner-city setting, I shared the misgivings of many of the contributors. Although misgivings would be a feeble word for many of the users who contributed to the book: outrage and incomprehension would be nearer the mark. The editors hope that readers from the 'social responsibility' professions will shed any defensiveness, but to some extent this aspiration is made more difficult by the unbalanced nature of a few of the chapters. I do not think, however, that the intention of the book was to be balanced; it was to document and make heard the voice of some of those who are all too often unheard in a system that is manifestly unbalanced for many.

The book offers multiple perspectives, each chapter from a contributor who had worked in, or been a recipient of social care, or both. I preferred those chapters in which a composite picture was built up, rather than those based entirely on one, albeit extended, individual experience. The final chapter, however, by Mary Neville, about her serial abuse within the medical system was very powerful and should be required reading for all medical students. To my surprise, no one referred to the now chronologically old but still vividly shocking paper, 'On being sane in insane places' (Rosenhan, 1973). A better illustration of meaning being inferred from context is hard to find. I especially appreciated the thoughtful and respectful chapter from Sue Williscroft, a Leeds Deputy District Judge and family lawyer, about the legal mire into which parents are often uncomprehendingly plunged. The powerful emotions stirred up by child-care cases are helpfully explored by Trowell and Colling, both child and adolescent psychiatrists. They make a plea for the plight of the child to be considered and reflected upon with care in the midst of the ever more adversarial legal system.

This book does not pretend to offer solutions. It addresses the inherent problems in a system in which power is so conspicuously skewed, and the implications of this for ethical practice. Training, or rather its lack, especially in the social work profession, is an issue that emerges time and time again. So too the need for some sort of independent advocacy for parents. We should not lose sight, however, of another perspective not represented here, of social workers, often themselves in impossible working conditions, struggling creatively, although ultimately unsuccessfully, to work with some parents. The least powerful of all, children, are then the ones who lose out most.

Rosenhan, D. L. (1973) On being sane in insane places. *Science*, **179**, 250–258.

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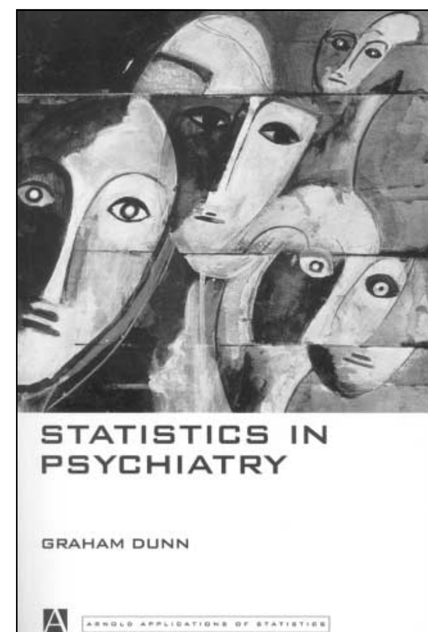
Statistics in Psychiatry

By Graham Dunn. London: Edward Arnold. 1999. 132 pp. £24.99 (pb). ISBN 0 340 67668 X



Lazy travellers may choose a package tour when planning their holiday. The adventurous backpacker prefers to explore the destination in depth, has plenty of time and seeks an understanding of the foreign cultures. A third category compromises ambitious travellers with less time, who

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