

The report is written in the bureaucratic language, inevitable in such reports, although it is clear and largely can be read by a non-specialist. It inevitably has a 'common denominator' feel about it, although this is not as evident as in some other similar reports; it is also somewhat idealistic. It would be interesting to know how the different countries were chosen—no information is given on this at all. There also seems to be insufficient awareness of the real difficulty of interesting workers, including primary care workers and local or national governmental agencies in alcohol-related problems. At national level, the inherent problems (certainly in Western Europe) that governments face lie between, on the one hand, promoting reduction in alcohol consumption, and on the other, the fact that the effect this may have on unemployment and revenue are insufficiently stressed. In the detailed information provided, there is also the irritation of quoting frequent references which are unpublished. These are references to reports which have evolved during the project and are not yet published.

Despite these criticisms, this is an important report, which clearly is the result of a great deal of work by the participants and their advisers and will, I believe, serve as a very useful guideline to those individuals and agencies who are trying in many countries in the world to investigate the problems of alcohol misuse.

B. D. HORE

Withington Hospital, Manchester

Community in Social Policy by Peter Willmott and David Thomas. Discussion Paper No 9. Policy Studies Institute. 1984, Pp. 58. £1.50.

Few would quarrel with the proposition that 'the community' is a good thing. For, as Raymond Williams suggests,¹ it is a 'warmly persuasive word' and across the political spectrum its connotations arouse nostalgic and folksy notions of *gemeinschaft*, of decentralization and of authentic human relations.

This discussion paper of the Rowntree Trust examines the concept, one which has been current in psychiatry since the late 1950s as the rationale behind the provision of alternatives to existing hospital-based facilities. Willmott suggests 'the community' came into prominence after the war with the decay of homogeneous areas characterized by common residence, occupation and work, and with the growth of large local government areas and the associated impersonal administration of the welfare state, health services and inner-city redevelopment. In other words we discovered 'the community' when actually existing communities had declined and their functions taken over by the state.

Current use of the notion of 'the community' includes: (a) the public in general; (b) cultural or other minorities (the 'gay community'); (c) a 'softened' public image ('community homes' rather than 'approved schools'); (d) locally organized small-scale facilities, pressure groups or

activities, orientated to residence or common interest ('patch' based social services, tenants' associations, community arts). Primarily associated with shared residence, the term implies shared patterns of sentiments, behaviour and lifestyle, and close and frequent personal relations with others. Common interests reflect class, occupational and ethnic homogeneity, or shared adversity. Whilst some commentators have felt the term to be too inclusive and too value-laden to have any real validity, and have proposed instead the substitution of 'local' or 'common interest', the idea seems too good to lose, precisely because of its elasticity and favourable evaluative loading. The explicit goals of a richer, more fulfilling 'community' life and of social participation are not likely to be disputed. But, as Willmott notes, few activities carried out under the 'community' rubric are likely to affect root issues of poverty or unemployment.

To what extent do communities still have an actual existence? A MORI poll in 1982 suggested that more than half the population knew the names of at least eleven neighbours and talked to at least one on any day. The majority of the population still feel a shared 'attachment' to their neighbourhood.

The experience of 'common adversity' remains a powerful potential tool for community mobilization, as in the mining villages affected by pit closures, or even the sentiments engendered across party lines by the threatened, if considerably more impersonal, GLC. The idea that 'community' implies adversity is also one employed from outside by professionals. Thus the inner-city areas, characterized by the 'symptoms' (as Willmott terms them) of unemployment, poverty and poor housing are regarded by policy-makers as 'communities' in a way that is not true of the more affluent suburbs. Psychiatrists retain an image of them as more collective and homogeneous, possessing a 'culture' of potential psychopathological import, unlike the suburbs. Paradoxically, they seem to be weak as communities and thus we employ community workers to work inside the community, locating its problems in this culture, rather than looking at how the community is itself generated through national policy.

The discussion paper traces all too briefly the development of such institutions as community arts, community policing, community education, community care and community media. The ambiguity of the notion of 'community' is illustrated by its appropriation for *commercial* radio as opposed to state broadcasting. Similarly, as Sedgwick² has suggested, 'community psychiatry' carries the evaluative connotation of 'deinstitutionalization', whilst in fact frequently representing the replacing of public concern by the voluntary sector, the family or indeed by nothing.

ROLAND LITTLEWOOD

Guy's Hospital, London SE1

REFERENCES

- ¹WILLIAMS, R. (1976) *Keywords*. London: Fontana/Croom Helm.
²SEDGWICK, P. (1982) *Psycho Politics*. London: Pluto.