

taken as universal despite the lack of systematic validity studies in non-European populations. In particular, he launched an onslaught on the diagnosis of schizophrenia.

In this new edition, he rightly pays greater attention to social anthropological attempts to look at notions of normality and abnormality, the concept of the self and non-biomedical systems of therapy. Again he attempts to integrate ideas on 'race' (Western and politico-economic) with those on 'culture' (less overtly theorised here), but does not go far enough: in certain situations racism itself becomes an indigenous culture, whereas culture itself is less autonomous, more fleeting and more politically determined than many anthropologists once allowed for. At times Fernando relies too much on tertiary sources and sometimes rather romantic 'Afrocentrist' literature, and the absence of good narratives about patients and their healing (or otherwise) experiences is to be regretted. His preference for a 'holistic' perspective recalls good old-fashioned functionalism of a systems-theory kind, and he is a little harsh on colonial anthropology for apparently neglecting individual experience in Africa (what of Goody, Prince, Sow, Field and Fortes?), but he is quite on top of the usual suspects such as Lévy-Bruhl and Carothers.

I was most disappointed in his rather promising section on integrating non-Western healing with psychiatry. With a

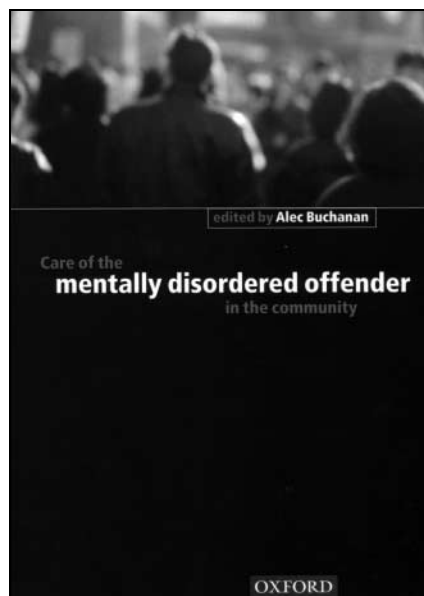
little on East Asian healing practices in the West (Naikan, Morita, acupuncture), it is rather uncertain how we might proceed with assimilating, say, 'African healing' (or Caribbean or Eastern European healing) into mental health in the way that French *ethnopsychiatrie* has done. But that perhaps is not for psychiatrists alone to determine.

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Care of the Mentally Disordered Offender in the Community

Edited by Alec Buchanan. Oxford: Oxford University Press. 2002. 334 pp. £29.50 (pb). ISBN 0 19 263058-X

Alec Buchanan has assembled a high-class list of contributors for this book. His brief preface explains both its strength and weakness. He expresses surprise at 'the degree to which the contributors have noted the same things and interpreted them differently'. He chose not to intervene because 'both within disciplines and across them, this is a subject where a range of ideas have currency'. I think that he is wrong. He should have been a more active conductor. The ensemble of solo artists (sociologists, policy gurus, psychiatrists, psychologists and lawyers) from the UK, USA and Australia has produced a series of learned essays (and here I include Professor



Mullen's introduction) but I found the absence of structure irritating.

I do not mean to be harsh, another reader might disagree with my analysis, but by the end of the book I sat back and wondered what it was really about! Professor Mullen draws together most of the contributions under the risk assessment and risk management umbrella. Perhaps the care of the mentally disordered offender in the community can be distilled down to risk assessment and risk management, but the subject of the book is, I believe, larger than this. For example, the chapter 'Society, madness and control', written by Nikolas Rose, a professor of sociology, is much more wide-ranging. Similarly, Alec Buchanan, in his chapter 'Who does what? The relationship between generic and forensic psychiatric services', is particularly challenging in questioning the role of specialist services for the community care of mentally disordered offenders. It is right to ask such questions, but where is the historical context? Why has forensic psychiatry developed as the speciality it is today? Although Buchanan does not address this issue, an excellent contribution from Ian Jewesbury & Andrew McCulloch in part answers this question.

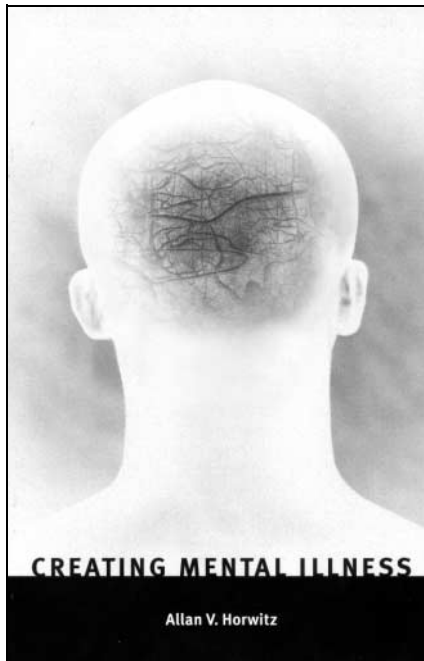
It is deeply unsatisfying that the contributors were allowed to go about their work without direction and I am disappointed that I cannot be more positive about the book as a whole. Nevertheless, I do recommend that all of those involved in the care of mentally disordered offenders consider this book. Most of the individual chapters are excellent and thought-provoking, offering interesting perspectives on this form of community care. It is a volume that I suggest you dip into rather than read from cover to cover.

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Creating Mental Illness

By Allan Horwitz. Chicago, IL: University of Chicago Press. 2002. 264 pp. \$32.50 (hb). ISBN 0 226 35381 8

This book enters the familiar debate that questions whether the diagnoses of psychiatry reflect true disease entities or whether, as many sociologists claim, they



are social constructions impressed upon yielding human personalities by a society intolerant of diversity. The debate is perennial. Horwitz's contribution is to try to bring some balance to it. Once distinguished from each other, both elements (internal psychobiological and sociological) can be seen in varying proportions in most conditions. He argues that, even in major psychosis, symptom expression accords with social forms and fashions.

For more than half a century, until 1980, the dominant tradition in psychiatry was psychodynamic. However, with the

publication in 1980 of DSM-III a different approach, 'diagnostic psychiatry', superseded. Horwitz is himself guilty of making generalisations from a specific sociocultural position: he writes a North American account which does not, I think, completely accord with a British or European one. Nevertheless, there is some correspondence between the two sides of the Atlantic. Throughout the first part of the 20th century, dynamic psychiatry expanded the boundaries of diagnosis, which in the 19th century had been largely restricted to the major psychoses. Under its influence, psychiatric diagnostics took in an increasing number of ailments that conformed not so much to disease entities but more to simple human malaise.

Subsequently, dynamic psychiatry became problematic because it did not lend itself easily to quantitative research or to specific treatments. By the late 20th century it had become estranged from the changing socioeconomic conditions and professional prestige. However, when diagnostic psychiatry made its come-back the 'DSM did not so much overthrow dynamic psychiatry as reclassify the expansive range of dynamic behaviours into specific diagnostic entities' (p. 17). Horwitz claims that this vastly increased range of diagnoses has muddied the waters, since many states classified as disease are connected more with social conditions and stress than with an internal dysfunction within the individual.

Horwitz's account of psychiatric history has some validity for those who entered the profession before the 1980

watershed. However, a historical account of this kind, demonstrating changing conceptualisations within psychiatry (especially the cyclical shift here from diagnostic to dynamic and back to diagnostic concepts) itself needs an explanation but seems to point to social factors. Similarly, he argues that diagnostics itself should be wary of social factors. Where his thesis is weakest is in his assumption that the DSM reflects diagnostics in actual practice. Over the past 20 years psychiatry has again contracted its priorities to focus on the major psychoses. Although there are specialities in other diagnostic categories, the majority of social resources are deployed for the pharmaceutical treatment and rehabilitation of patients with psychoses. In other words, in practice there is not much evidence of the diagnostic imperialism that Horwitz attributes to psychiatrists. It seems that there has been a more complete reversion to 19th-century psychiatry than Horwitz allows, in terms both of a concentration on the psychoses and of the confidence in, and privileging of, scientific technological solutions.

This book joins a long list of texts that psychiatrists ought to be reading, but on the whole are not. The very fact that there is a continuous production of books on the social contingency of psychiatry is witness to the inattention that psychiatrists pay to the nature of their own discipline.

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