

## Book reviews

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*Developing a National Mental Health Policy*.  
By R. Jenkins, A. McCulloch, L. Friedli and  
C. Parker. (Pp. 213; £24.95.) Psychology  
Press/Taylor & Francis: London. 2002.

This book is aimed at ‘all those seeking to develop a national or strategic mental health policy’ ranging from politicians, clinicians, government officials to NGOs and trade organizations. Aiming for such a wide audience is an incredible challenge, which the authors with their wide experience are eminently suited to tackle, however, the thirst of a section of the target audience might not be slaked. We feel that this would have more to do with the depth in which individual topics are covered rather than the range of topics, which includes some interesting topics, like traditional healers and mental health promotion, in addition to a large number of traditional issues.

About 450 million people globally suffer from mental and behavioural disorders and these represent six of the leading 20 causes of disability, amounting to >12% of the global disease burden. This burden creates an enormous cost in terms of direct, indirect and intangible effects.

Mental health, however, is not restricted to treatment of these disorders, it encompasses all aspects of daily life of individuals, communities and nations. The first two chapters address these issues and while appropriately stressing the value of focusing on mental health within the broader context of developmental policies and culture, they present an overview of psychiatric morbidity. Given the experience and commitment of the authors to the development of mental health services in the developing world, we feel that more reference to work in developing countries would have added to the value of the book for audiences in the developing countries. These chapters serve the purpose of providing the appropriate background for the chapters that

follow, which form the core subject matter for this book.

A recent WHO study shows that over 40% of the countries worldwide do not have a mental health policy. An explicit mental health policy is an essential tool for placing mental health on the national development agendas. It needs to take into account the unique political, cultural and social context of individual countries while recognizing that policies and legislation within and outside the health sectors have the potential to influence mental health. This would require a multi-step consultative process to be in place to define the broader strategic framework in which to site the specific components of mental health policy.

The third chapter comes up with a comprehensive and balanced account of the input processes and individual components involved in developing a mental health policy. The essential message that has been stressed is that each country needs to pick and choose from this rich array of components in order to suit its own needs.

The chapters that follow detail the individual components outlined in chapter 3. Legislation provides the much needed consistency and continuity to the policies by codifying the fundamentals of these policies now in line. Chapter 4 provides the international norms of mental health legislation and summarizes the key elements governing any mental health legislation to be enacted.

The chapters on mental health promotion, primary health care and specialist care and its links with primary care are a real treat. The wealth of experience and commitment of the authors is reflected in these chapters. The range and clarity of material presented in these chapters make them, for us, the heart of the book.

Although the chapters on information system, inter-agency working, tackling disasters, special priorities and common problems are similar to the chapters found in other books, however

they have been written in a manner that makes the subject readily comprehensible.

The chapter on traditional and religious healers deserves a special mention. It is an excellent chapter, containing some real pearls.

Overall, we feel that the book admirably fulfils its stated aims, having a nice balance between good theory and realistic practices. The one criticism we have is that the issue of financing, which is a critical factor in the shaping and realization of a viable policy has been neglected. However, despite this it is a book for which mental health professionals have been waiting. This is particularly true for professionals working in developing countries, who would undoubtedly be empowered to bring about the much needed change at policy and service level to benefit the unserved, underserved and inappropriately served masses. This we feel would be the legacy of this work.

The wait is now over, go out and grab this book.

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*Eating Disorders and Cultures in Transition*.  
Edited by M. Nasser, M. A. Katzman and  
R. A. Gordon. (Pp. 201; £30.00.) Taylor &  
Francis: Andover, Hants. 2001.

This is a book that aims to be different. Its objective is to examine critically the assumptions held within the field of culture and eating disorders, and to help direct the future development of the area. To do this nine chapters are presented and each is followed by a commentary from a clinician and a non-clinician from disciplines such as business studies, sociology or anthropology.

Each of the nine chapters opens with a section entitled 'debate question'; most sections are neither questions nor points to debate, but instead the section provides a brief summary of

the chapter content. The chapters cover a broad range of topics. The opening chapter discusses prevalence rates (Gordon) and is followed by a commentary that makes the important point that eating attitudes are not eating disorders (Palmer, p. 17). It is helpful to bear this in mind when reading the subsequent chapters, including the next chapter, which discusses politics, identity and eating disorders among black South African women (Szabo & le Grange). The first commentary following this chapter is particularly insightful and makes the point that clinicians need to engage with social theory in an informed way rather than offering glib and superficial analyses (Swartz, p. 36). Unlike some of the other chapters, the third and fourth chapters (Lee & Bulik) draw strongly on sound empirical data. Lee argues that the 'fat phobia' diagnostic criterion for anorexia nervosa is ethnocentric and a polythetic approach is preferred; Bulik presents a rather basic discussion of the implications of 'nature v. nurture' for cultural analyses of eating disorders.

Chapter 5 (Rathner) addresses post-communism and the marketing of the thin ideal. The incisive critical commentary that follows this chapter is one of the best in the book and is written by a Senior Vice President of a business corporation (Gotbaum). He points out that the research reported in the chapter tends to be oversimplified and defends the Western media against some of Rathner's accusations. The sixth chapter looks at how the economic transformation in Eastern Europe following the adoption of a market philosophy has affected women's perceptions of themselves, their roles in society and their vulnerability to develop eating disorders (Catina & Joja). This is followed by a discussion of the process of modernization in Italy and a comparison of eating psychopathology in the north and south of the country (Ruggiero, chapter 7). Strangely, the first commentary of this chapter (Neumarker & Hein) examines the Italian issues by presenting data from Germany rather than discussing the chapter itself. These data seem more relevant to Chapter 5. The penultimate chapter looks at whether eating disorders are 'brewing' in Argentina (Meehan & Katzman, chapter 8). The chapter is entertaining but, as the authors note, there is a lack of careful relevant epidemiological data looking at eating disorders in this country. The book ends with a

discussion between two respected clinicians and scholars (Nasser & DiNicola), as to how cultural transition impacts on the definition of self and identity.

Overall, the book achieves its aim of being different. Despite its limitations (for example, the lack of cohesion between the different chapters and the paucity of genuine 'debate questions'), the overall format is excellent. In particular, following each chapter with two commentaries works extremely well. The idea of one of these commentaries being written from a diversity of perspectives, nationalities and expertise is welcome and original. The authors did not want to rely heavily on quantification (and they have not) but instead wanted to contextualize and re-conceptualize the salient issues (p. xiv). They have achieved this and the result is a text that stands a good chance of influencing future development in the area. The book is essential reading for clinicians, anthropologists and sociologists interested in understanding the impact of cultural transformation on mental health and eating psychopathology.

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*Personality: Determinants, Dynamics and Potentials*. By G. Vittorio Caprara and D. Cervone. (Pp. 488.) Cambridge University Press: Cambridge. 2000.

This is a big book. In every sense. A quick estimate makes the main body of text at well over 200 000 words. There are around 1600 references. But it is the scope of the book that provides the main 'bigness'. This is personality in the round: the phenomenology, the determinants, the processes, and the social world in which it partakes.

There is no other book like it in the field. Away from clinically-orientated books, there are many 'psychology of personality' books, usually aimed at post-first-year university students. Typically, the standard texts provide separate chapters on a number of different 'approaches' to personality: trait, psychoanalytic, humanistic, social-cognitive, and so forth. These approaches are presented, often, as partly-but-perhaps-not-equally valid, non-communicating ways of

construing individuality. Matthews & Deary (1998) threw away this template, arguing that the science of personality could be arranged around the empirical research on traits. They argued for a narrower focus, with more sifting of the data seeking entry to personality research. Caprara & Cervone argue for a similar pruning, though their book is far broader in scope.

The basic material is here. If someone wants to know about the various personality trait theories, heritability studies, mood factors, social-cognitive theory, and so forth, they will obtain thoughtful, historically aware, and intelligently critical treatments. There is so much more. For example, consider their treatment of the history of traits. Caprara & Cervone take us through Greek and Roman civilization, the enlightenment, the growth of science, psychoanalysis, and on to the original greats in personality (Murray, Allport) and on in detail to the present day. Most topics in the book get this treatment. The authors do not begin the topic *per se*. Instead, they beat a long preparatory path to the empirical material so that the reader has the right historical and theoretical preparation. The chapter on development has a philosophical introduction that includes material on determinism, probabilism and teleology. The chapter on work begins with an account of Marx's analysis. There is a large section on 'the family' as a concept. More biological areas are similar. There are general sections on brain systems and on DNA that precede the relevant material on personality. The latter two might have benefited from more diagrams – there are few overall in the book – and it is arguable that less conscientious authors might have got away with less introductory material.

The breadth of material brought into the introductions and discussions, and the mass of research results presented could be said to make the book read like a nineteenth century psychology book – dealing with everything, because nothing is settled. That would be incorrect. The authors do see much social, psychological and biological science relevant to the proper study of personality, but they are also selective. Of the various approaches to personality, they are clearly opting for trait and social cognitive approaches as the likely sources of valid data. It is clear that they view traits as relatively limited, and social cognitive approaches as a

richer toolbox for understanding personality processes. The remaining problem is that they do not find a way fully to knit the trait and social cognitive theories and data.

For such a broad book there are a few omissions. There is very little on disorders of personality and, given the large and useful section on affect, there is little on clinical affective disorders. There is a small section on intelligence, but it is too short to do justice to the topic and is not really integrated with the personality material.

As the authors themselves write, this is a book for postgraduates in personality research, though some advanced undergraduate courses could use it, and psychologists in the field will read it. It is not an easy book quickly to jump into and back out again having retrieved a given list of facts. The style and structure force upon the reader a state of slower absorption and deliberation. For a topic that has proved so hard to crack this approach is commended.

IAN DEARY

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*Personality and Dangerousness: Genealogies of Antisocial Personality*. By D. McCallum. (Pp. 193.) Cambridge University Press: Cambridge. 2001.

Interest in the relationship between personality and dangerousness is growing. The idea that some individuals might have a 'dangerous personality' is, of course not new – accounts of men with a 'malevolent disposition of the soul' appear in the writings of the Ancient Greeks (Tyrer *et al.* 1991). However, in the aftermath of bloody events such as the Dunblane massacre and the Port Arthur shootings, public protection from dangerous personalities is once again high on the political and research agenda. Over the past decade, the research community has published a number of papers reporting that measures of personality are strongly predictive of future violence in samples of mentally disordered patients and prisoners. Meanwhile, in the UK, politicians

have responded to public anxiety about violence by recently announcing plans to change the English Mental Health Act in order to allow for the indeterminate detention of 'dangerous people with severe personality disorders'. Whether we like it or not, the general public now expect psychiatrists to provide solutions to the problems posed by people with 'dangerous personalities' – no matter how flawed such a concept might be.

On picking up this book, I anticipated reading a historical critique of the link between the concepts of dangerousness and personality. Unfortunately, I was disappointed. After a rambling introduction, the author trails off into a highly obfuscatory and selective account of the history of antisocial personality disorder (ASPD), as it evolved in Australia in the late nineteenth and early twentieth centuries. Entire chapters of the book are devoted to the asylum movement, reformist developments, and the 'mental hygiene' movement in Australia. While undoubtedly fascinating to scholars of antipodean history, these chapters contain little about the history of antisocial personality disorder, or indeed about the psychiatric concept of dangerousness. For example, there are no references to the work of important figures such as Koch, Schneider or even Lee Robins (without whom, there would be no antisocial personality disorder). As the book progresses, the author attempts to persuade the reader (through what is termed a 'social theoretical analysis') that ASPD arose out of the need to 'know and govern' people who are perceived to be dangerous. Unfortunately, any arguments advanced here are lost in a cloud of impenetrable statements, such as 'the space for personality is literally figurative'. McCallum's use of lengthy and cluttered sentences is exhausting and by the end of the book infuriating.

These harsh criticisms notwithstanding, the book does contain a few gems. McCallum has painstakingly assembled a rich collection of quotations from psychiatrists, neurologists and medical superintendents. Many of the quotations remind one that the themes that preoccupied doctors about the 'morally insane' 100 years ago continue to preoccupy us today. How should insanity be distinguished from wickedness? What treatment is most appropriate for the morally insane? What are the risks of creating wards for these people? The quotations make fascinating reading and could have been used to

stimulate an interesting discussion about the medical ethical issues surrounding the management of personality-disordered people and risk. Unfortunately, McCallum presents them merely as part of his dense historical narrative, within which they are almost lost.

In conclusion, if the subject of Australian psychiatry at the turn of the last century intrigues you, then this might be the book for you. If, however, you wish to read a pithy account of the history of antisocial personality disorder, you would do better to stick to Aubrey Lewis (1974).

PAUL MORAN

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*Psychiatric and Cognitive Disorders in Parkinson's Disease*. By S. E. Starkstein and M. Merello. (Pp. 229; £47.50 hb, £37.95 pb.) Cambridge University Press: Cambridge. 2002.

It has long been recognized that classification of the basal ganglia system strictly as motor is untenable. A role of the basal ganglia in emotional and cognitive behaviour makes sense, given strong connections between the basal ganglia and the limbic system and different parts of the prefrontal and temporal cortex. Indeed, in addition to the well-known motor symptoms, patients with Parkinson's disease (PD), characterized by disruption of the basal ganglia, exhibit several cognitive and psychiatric deficits. Particularly in clinical settings, these non-motor symptoms are frequently overlooked. This book is directed at clinicians working with PD patients and provides a comprehensible, accessible and readable account of the authors' own work and other published literature on the cognitive and psychiatric disorders seen in PD.

The first 50 pages provide a detailed overview of epidemiological, diagnostic and therapeutic issues in PD. Chapter 4 on cognitive deficits is divided into two sections. The first part is devoted to dementia *sensu stricto* and mainly looks at the differences between PD and Alzheimer's

disease. Dementia in PD is described as secondary to coexisting Alzheimer's disease pathology, Lewy bodies, dopamine depletion from the ventral tegmental area, depletion of other neurotransmitters and/or other. The authors give an accurate review of several of the many studies that have reported cognitive deficits in clinically non-demented patients, even in the earliest stages of the disease. The deficits resemble those seen in patients with frontal lobe damage and appear to be relatively restricted to a set of 'frontal executive' tasks requiring effortful or strategic, high-level processing. Only later in the disease does the pattern of cognitive deficits start to overlap with that seen in patients with temporal lobe damage and the more classical cortical dementias, associated with aphasia, apraxia and agnosia. Although several authors have observed deficits in the visuospatial, language and memory domains in mild PD patients, it is now thought that such impairments are not specific to those particular domains but rather are due to generalized impairments in higher-level 'executive' cognition. Despite the authors' conclusion that significant associations between cognitive deficits and restricted brain pathology are yet to be found, they review several receptor imaging studies supporting the hypothesis that these specific cognitive deficits in the early stages of the disease are related to primary pathology in dopaminergic disruption of a fronto-striatal system.

Chapters 5 and 6 focus on the much under-treated psychiatric disturbances in PD, such as depression, anxiety, apathy and psychoses and thoroughly review possible underlying mechanisms, while chapter 8 provides detailed suggestions for the treatment of these symptoms. Finally, chapter 7 describes side effects of the different pharmacological anti-parkinson treatments with greatest emphasis on delusions, hallucinations, illusions and vivid dreams. Detrimental effects on cognition are somewhat underestimated, given recent literature suggesting that, at least in early PD, dopaminergic medication may have 'overdose' effects on cognitive functions, associated with relatively intact limbic fronto-striatal systems.

Overall, this book provides a concise and accurate overview of relevant issues related to mental deterioration in PD. It highlights the greatly overlooked high prevalence and disabling nature

of the non-motor symptoms in PD and underlines the importance of their treatment. Recognition and treatment of mental problems, such as depression, is crucial as they are critical determinants of the rate of cognitive and physical decline in PD. As such, the work provides essential reading for all clinicians working with PD.

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*Atlas: Mental Health Resources in the World 2001*. Edited by S. Saxena. (Pp. 55; available free from WHO, CH1211 Geneva 27, Switzerland.) World Health Organization: Geneva. 2001.

Recent studies have shown that a substantial proportion of the population worldwide presents a mental health disorder at some point during their lifetime. There is also increasing evidence that mental health disorders account for a substantial proportion of disease disability and burden and that available resources are not sufficient to meet current or future needs.

The World Health Organization has put together a small (55 pages) book that summarizes basic information about 16 different themes related to mental health in 185 countries. These include the availability of a mental health policy, the existence of a national mental health programme and legislation, substance abuse policy, availability of psychotropic medication in primary care settings, budget for mental health, method of financing mental health care, training, relative number of psychiatric beds, relative number of psychiatrists, psychiatric nurses, neurologists, neurosurgeons, psychologists and social workers working in mental health, and programmes for special populations and NGOs.

Most themes are summarized in a double-page format that includes on one side information about how the theme was defined, the salient findings, limitations and implications, and on the other a coloured map of the world that presents coded information about that specific theme. The book is very well presented and information easy to locate. But then, there should be more to a book than pleasant cover and graphics.

The co-ordinators of this project state in the Preface of the book that 'the value of the Atlas ... is to replace impressions and opinions with facts and figures'. In that respect, the Atlas may be considered a step in the right direction, but there are a number of details that may limit the usefulness of this book. For example, the accuracy of the information presented is at best questionable, particularly because the information was collected from official governmental departments rather than independent sources. The 'benchmarking' of certain items is also unclear and fails to take into account cultural factors that may partly explain discrepancies between different countries in relation to the number of psychiatric beds and health professionals available per 100 000 people. What is the 'gold standard'? Should all countries around the globe aim to achieve the numbers presented by the United Kingdom, Canada or Australia? I suspect that mental health professionals working in those countries would smile (or even laugh!) at such a suggestion.

The overall results of this investigation indicate that there is a discrepancy between the mental health needs and the resources available in most countries, which is not exactly surprising. However, it would be unfair to say that the information contained in this Atlas is not useful – it will be of interest to health planners and policy-makers, but not practicing clinicians.

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