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Current Perspectives in Cultural Psychiatry. Edited by Edward F. Foulks, Ronald M. Wintrob, Joseph Westermeyer and Armando R. Favazza. Chichester: John Wiley. 1978. Pp 264. £14.00.

The majority of the 28 contributors to this book are American psychiatrists actively involved in transcultural psychiatry and their papers, which were read at the Annual Meeting of the American Psychiatric Association in 1976, provide a convincing statement of the interest in this subject in America.

There are four sections to the book, each with a separate editor: Anthropological Theory in Psychiatry, Current Research in Cultural Psychiatry in the United States, Cross-cultural Research by American Psychiatrists outside of North America and the Future of Cultural Psychiatry.

To an ethnocentric British researcher these themes may be regarded as unlikely to set the Thames on fire. However, other societies are often viewed with greater interest than one's own, and this book has succeeded in communicating the interest of American psychiatrists in their subject and so may encourage the British reader to look more closely at the ethnic diversity of British society.

The success of the book depends on its cumulative ability to convey to the reader several important contemporary themes of transcultural psychiatry. Firstly, that social system theory may be as relevant to transcultural psychiatry as social anthropology. Secondly, that the supernatural explanations for mental illness, such as rootwork or hexing, are commonly found in clinical practice in certain parts of America and that these beliefs, together with the occurrence of possession states, may confront a clinician with the task of understanding these belief systems.

Thirdly, that the ethical issues raised by crosscultural research are considerable and may include the need to establish the clinical relevance of the research findings for the society being studied, as well as avoiding the possibility that harm may be done. Traditional villagers in Senegal, for example, could not understand the 'sampling' requirements of a study carried out by Bieser; nor would they take satisfaction from an assurance that the benefits of the study were for the whole people and may not therefore directly improve their own health.

Though the chapters varied in quality and contrasted in written style, there was an adequate bibliography and a useful index to facilitate further reading. The cost of the book (£14) is unfortunately excessive and could have been reduced by omitting the majority of the twenty-seven non-colour figures drawn by such notable artists as 'a severely dis-

integrated male, U.S.A.', or a 'moderately regressed schizophrenic, Nepal'.

This is a book which should be read not just by psychiatrists especially interested in transcultural psychiatry but by others who wish to sharpen their awareness of the relationship between culture and mental illness. It will be a useful reference book to have on the shelves in hospital libraries.

JOHN Cox, Senior Lecturer in Psychiatry, Edinburgh University

Current Psychiatric Therapies Vol. 17. Edited by Jules H. Masserman. New York: Grune & Stratton. 1977. Pp 337. \$32.50.

This book contains 36 essays on a wide range of topics. It starts with some broad considerations: the rights and responsibilities of psychiatrists, their legal problems and the low esteem in which one author believes they are held. He urges the use of plain language as part of the remedy for this, because otherwise 'such lack of semantic and transactional clarity may indeed contribute long and laborious modalities of therapy'.

Some of the essays rely more on assertion than on argument. Claims for the success of a treatment or method of management are often based on nothing more than the author's observations on a few patients. We are told that auto-acupressure is good for migraine and tension headaches, and that 35 ECTs given over two days improves catatonia, but there is no scientific evaluation of either claim. Several essays use psychoanalytical ideas freely, although they are often presented as facts, and sometimes as facts that provide the whole explanation. Thus, in an article on the elderly, incontinence and incoherence are seen, with the help of a few psychoanalytical ideas, as entirely the result of emotional conflict.

The section on drugs is readable, informative and interesting, and there is a useful account of psychosurgery; together they take up a third of the book and are the best reason for buying it.

D. H. Myers, Consultant Psychiatrist, Shelton Hospital, Shrewsbury

Sémiologie Psychiatrique. By P. Bernard and S. Trouve. Paris: Masson. 1977. Pp 259. No price stated.

The term 'semiology', which is not used in this country to refer to 'signs and symptoms' in medicine, may have put off potential readers of this interesting book. This is a pity because our psychiatry seems to be increasingly succumbing to operational definitions of signs and symptoms which, although essential for

research purposes can be restrictive to creative thinking within psychopathology.

British psychiatry assumes that it is possible to produce neutral, theory-free, descriptions of symptoms such as hallucinations, delusions, or obsessions etc. This assumption can however be questioned: either by claiming that 'form' and 'content' in any given symptom (say an hallucination) cannot be meaningfully separated or by claiming that 'form' and 'cause' (or aetiology or origin) cannot likewise be set asunder. In other words, is the description of a symptom inextricably connected with the individual biographical context (as the Freudians believed it was) or is it simply dependent upon an account of the impaired mechanisms that generate it (as conventional psychiatry has it?) These postulated connections, which to a British psychiatrist may seem the result of muddled thinking, should be accepted for what they are, namely the result of a rival epistemological position.

The influence of Henry Ey can be recognized in 'Sémiologie psychiatrique' in that the basic theoretical framework is no other than Ey's notion of consciousness and its vicissitudes. Most psychiatric pathology is explained by Ey as the result of basic flaws in the structure (synchrony) or in the development (diachrony) of consciousness.

The book under review puts psychopathological signs and symptoms into a context of selected aspects of human behaviour. These behaviours are: eating, excreting, communication, aggression, suicide, perception of self and body and perception of reality.

By placing individual signs and symptoms into their wider behavioural contexts Bernard and Trouvé are stating that neutral, fragmentary, descriptions of behaviour are not epistemologically valid. Whether or not we take issue with this holistic epistemology one thing ought to be clarified: do we do so on metaphysical grounds (i.e. we feel that the French have got it wrong right from the beginning) or on practical grounds (i.e. to consider hallucinations in context is impractical as no proper conception of the environment has yet emerged?) Every psychiatrist in training should have a copy of this book.

G. E. Berrios, Lecturer in Psychiatry, University of Cambridge

COMMUNICATION

Human Communication: A Revision of Approaching Speech/Communication. By Michael Burgoon and Michael Ruffner. Eastbourne: Holt-Saunders. 1978. Pp 532. £7.75.

The psychiatrist looking for the conceptual base of

his practice must refer to a bewildering array of disciplines, and has inevitably to be content with a secondary and incomplete knowledge of many of them. Introductory texts for students in those basic sciences less central to psychiatric work therefore claim some space in psychiatric libraries. This volume might deserve consideration for such a space. It is a clearly written undergraduate text on speech and communication, discussing in three main sections the variables, the contexts, and the functions of human communication, considering communication in all sizes of group, from the dyad to the whole culture, and covering, as well as verbal and nonverbal communication, the impact of communication technology. The clarity of the text is reinforced by well-organized summaries to the chapters, and by various forms of quiz or test, whereby the reader can ensure that the author has communicated his message. However, it must be confessed that those sections dealing with areas close to psychiatric practice offered few new insights, and the main interest for this reviewer was to be found in the less familiar, but also less relevant, sections.

ANTHONY RYLE, Director, Student Health Service, University of Sussex

Language and Communication in the Mentally Handicapped. Edited by Paul Berry. London: Edward Arnold. 1976. Pp 214. £7.50, £3.50 (paperback).

Since its inception, the staff of the Hester Adrian Centre at the University of Manchester, under the direction of Professor Peter Mittler, have been committed to bridging the gap between research and practice in the field of mental handicap. This is one of the first volumes to come out of the Centre in which a broad overview is taken of one relevant area—very appropriately, the area of language.

Inevitably, there is some unevenness in the contributions. It is a risky business to ask researchers in the middle of a project to attempt to communicate the implications of their work. Wisely, the editor has included contributions which are speculative, along-side those which are more middle-of-the-road reviews. This device hopefully introduces teachers and speech therapists both to sound overviews (making it worth their while buying the book) and to new ideas, only some of which will bear fruit.

Mittler's chapter on assessment both provides brief descriptions of current tests and makes the case for greater teacher participation in the assessment process. Wheldall challenges the widely held view that comprehension necessarily precedes speech produc-