Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908–1968

Lynette Jackson’s book is an excellent addition to the growing number of publications on the history of psychiatry in colonial Africa. Other books have dealt with the contribution of colonial psychiatrists to psychiatric theories (McCulloch, 1995), the history of asylums in south-west Nigeria (Sadowsky, 1999) and how race and culture acted as markers of difference in colonial asylums (Vaughn, 1991).

Jackson’s contribution to this subject is unique. It is a detailed study of one institution, Ingutsheni Asylum, tracing its origins, examining the conditions of daily life there and investigating the different pathways to care for men and women. Built on the site of the harem of the last independent Ndebele king, Lobengula Khumalo, it was opened in 1908 and was an addition to asylums in Robben Island, Kissy, Victoriaborg, Calabar, Accra and Yaba. From its inception, Ingutsheni received both African and European patients. The intention was that the African patients remained there until they were discharged or recovered (or escaped). For the European patients, it was simply a staging post on the way to one of South Africa’s asylums.

The vast majority of male African patients (inmates) were migrant labourers, men forced by poverty from rural areas far beyond Southern Rhodesia. A migrant labourer’s existence was harsh and the working conditions brutal. Jackson examines the routes into the asylum for these men, drawing attention to how behavioural transgression came to the notice of the colonial authorities. She also describes the pathway of admission for females. Mobile and unpaired, or ‘stray’, women, were regarded as exhibiting deviant behaviour and liable to be admitted to the asylum merely for being unaccompanied within colonial urban centres. Jackson describes the extent to which the colonial authorities attempted to maintain within the asylum the divisions present in wider society. This was most salient with regard to White women.

This book demonstrates how profitable it is to re-examine the institutions of colonial Africa. Asylums recreated the divisions within wider society, amplified differences and provided case material for ethnopsychiatrists to construct theories about African culture, the so-called ‘African mind’, often in an effort to sustain the colonial project.


Bipolar Disorders: Mixed States, Rapid Cycling and Atypical Forms

Marneros & Goodwin provide an excellent insight into the current knowledge, as well as gaps in knowledge, about the various clinical manifestations and treatment of bipolar disorder, including mixed states, rapid cycling and the atypical forms.

The book starts with a description of the discovery of the different forms of bipolar disorder, from the first descriptions by Hippocrates through to Kraepelin. These resulted in more specific definitions of the subtypes which are put into perspective using the latest DSM and ICD classifications as well as various new research data. An overview of the pharmacotherapeutic options is provided, including the newer agent lamotrigine, for the treatment of rapid cycling and agitated depression and the use of atypical antipsychotics in the treatment of mixed and pure manic states with and without psychotic symptoms. Special attention is given to pharmacological treatments in which lithium has been shown to be less effective.

The available research on family, twin, adoption, association and linkage studies is critically appraised. Methodological, ethical and multiple-gene issues important for designing future studies are discussed.

Differences in neurotransmission and hormone release in bipolar mixed states are
addressed and twelve different treatment options presented. There is also discussion of investigational strategies for the treatment of rapid cycling, mixed episodes and atypical bipolar mood disorder, focusing on study design and offering suggestions for study methodology for this challenging condition.

The book is an easy and comprehensive read. Providing insight into present knowledge of the diverse manifestations along the full spectrum of bipolar disorder, it gives an overview of gaps in knowledge remaining to be studied. The book’s strength is that it not only determines issues that are weakly presented in the research arena but it also looks at methodological and study design issues that can help to improve future research. The weakness is that when addressing effectiveness of specific pharmacotherapeutic possibilities, it does not always fully address the issue of adverse events. This would include those capable of resulting in patient or physician-initiated discontinuation of treatment, problems that could arise from using specific drug combinations and the genetic differences that may be important in this field. This is an interesting book worthwhile for both clinicians and researchers in the field of bipolar disorders.

Ingeborg Wilting Utrecht University, Utrect, Holland. Email: omsmals@zonne.nl doi: 10.1192/bjp.bp.105.019992

Alcohol, Gender and Drinking Problems: Perspectives from Low and Middle Income Countries


Alcohol consumption is enmeshed in social and cultural norms and problems relating to drinking can not be considered in isolation from these. Because the place of gender within social and cultural interactions is unique and has important ramifications for the behaviour and habits of men and women, this book addresses a topic of central significance to the consideration of how alcohol consumption may affect health, defined here in the broadest sense.

The book presents the reports of the project, ‘Gender, Alcohol and Culture: an International Study’ (GENACIS), conducted in Argentina, Brazil, Costa Rica, India, Mexico, Nigeria, Sri Lanka and Uganda. The first of its ten chapters provides an educative discussion of why it is important to examine gender differences in the use of alcohol. Chapters two through nine are reports of the project from the participating sites. Chapter ten attempts an integration of the main findings of the project. It shows that, when it comes to the use of alcohol, grouping of countries on the basis of development or region may be rather simplistic as the differences within these groupings are often large and complex.

Epidemiological evidence suggests that differences between males and females in regard to their use of alcohol are narrowing, with more recent birth cohorts showing closer similarities than earlier ones. Such narrowing of gender differences is probably more pronounced in low- and middle-income countries, especially those of Africa and Asia, where traditional restrictions on female drinking are beginning to wane as a result of various social changes, not least those related to urbanisation and globalisation. Anyone wishing to examine how social changes influence alcohol consumption will benefit from an understanding of the trend in gender patterning of drinking provided in this book.

The book is enriched by the broad cultural contexts in which the studies were conducted. However, it has to be read within the constraints of the methodology of GENACIS. The focus of the surveys was on documenting gender differences in drinking patterns in the various study sites. Even though several of those sites used epidemiological approaches to sample respondents, and their results can be considered as representative of the regions where the studies were conducted, readers need to be aware that the data presented are not national profiles of drinking behaviour and are certainly not meant to highlight cross-national comparisons of alcohol use. What the book provides is a rich source of information about the dynamics of alcohol use in which the gender of those who drink and those who do not offers an opportunity for us to understand the social influences shaping trends in alcohol consumption. That information should interest policy makers across the globe.

Oye Gureje University of Ibadan, Ibadan PMB 5116, Nigeria. Email: ogureje@com.ui.edu.ng
doi: 10.1192/bjp.bp.106.029702

The science of well-being

Edited by Felicia Huppert, Nick Bayliss & Barry Keverne. Oxford University Press. 2005. 546pp. £80.00 (hb); £35.00 (pb). ISBN 0198567510 (hb); 0198567519 (pb)

This timely book coincides with initiatives (National Institute for Mental Health in England, 2005) for mental well-being at individual, neighbourhood and societal levels.

Argyle (1992) pioneered UK research on ‘happiness’ and health, developing the Oxford Happiness Inventory. Influential commissioners scorned positive outcome measures for funding psychiatric services, claiming ‘It’s not our job to make people happy’. Cronin de Chavez et al (2005) reviewed weaknesses in past research: single disciplines working in isolation cannot capture the multi-faceted nature of well-being. A trans-disciplinary meeting on the sciences of well-being took place in 2003 at the Royal Society. Unforgettable talks delivered there by Americans Frederickson, Seligman and Putnam can be found among the 20 chapters of this new book.

The Science of Well-Being overlaps, but only in part, the transactions of that seminal event (Royal Society, 2004). Since 2003, interest in wellness has grown. Kahnemann contributes an excellent
chapter on international, cultural perspectives (‘Living, and thinking about it’). American and British authors dominate this book, but examples from low- and middle-income nations are included in Delle Fave and Massimini’s chapter ‘The relevance of subjective well-being to social policies’. Their insight into well-being for people with disabilities, related to the policies’. Their insight into well-being for this book, but examples from low- and American and British authors dominate tives (‘Living, and thinking about it’).

Making it Possible: Improving Mental Health and Social Capital, embraced by New Labour and the World Bank, is currently the intellectual equivalent of Marmite, loved and loathed in equal measure. Cause of, and solution to, all of life’s problems – or Emperor’s new clothes? Like most agnos-, the editors of this book are not entirely and loathed in equal measure. Cause of, and the World Bank, is currently the and practice. Even if there is a hint that the best bits of cutting-edge research have been saved for peer-reviewed publication, these primary research narratives make compelling reading. Where else would you find an evocative account of an idyllic summer’s afternoon on a city farm in Camden (complete with blackberry picking) juxtaposed with a death-defying description of working with teenagers in urban Columbia, homicide capital of the world?

While unlikely to convert many heretics, this book does make clear what is needed if social capital research is ever to deliver on the promises of its evangelists. If nothing else, the concept has encouraged people to look afresh at social ills and has inspired genuine efforts to relieve suffering and hardship.

Scott Weich Health Sciences Research Institute, Warwick Medical School, University of Warwick, Coventry CV4 7AL, UK. Email: s.weich@warwick.ac.uk

doi: 10.1192/bjp.bp.106.026070

Social capital, embraced by New Labour and the World Bank, is currently the intellectual equivalent of Marmite, loved and loathed in equal measure. Cause of, and solution to, all of life’s problems – or Emperor’s new clothes? Like most agnostics, the editors of this book are not entirely sure but hedge their bets, just in case. Arguments for and against are marshalled in the best British tradition of fair play. On the one hand, social capital is the ‘missing link’ of social epidemiology, the glue required for effective societal functioning; on the other, it is poorly theorised, inadequately defined and unreliably measured. Up until now an industry in social capital research has been driven, and sometimes undermined, by the intuitive appeal and conceptual elasticity of the term itself. While this makes for great sound bites, the rhetoric is rarely matched by high-quality evidence. And when the findings do not fit, the theory is changed instead. If you cannot explain something by too little social capital then maybe the problem lies in too much of the wrong kind?

This neat, readable little book confronts these inconvenient truths head on, and makes an excellent starting point for sceptics, too. The editors have sandwiched reports from five innovative studies in between balanced reviews of current theory and practice. Even if there is a hint that the best bits of cutting-edge research have been saved for peer-reviewed publication, these primary research narratives make compelling reading. Where else would you find an evocative account of an idyllic summer’s afternoon on a city farm in Camden (complete with blackberry picking) juxtaposed with a death-defying description of working with teenagers in urban Columbia, homicide capital of the world?

While unlikely to convert many heretics, this book does make clear what is needed if social capital research is ever to deliver on the promises of its evangelists. If nothing else, the concept has encouraged people to look afresh at social ills and has inspired genuine efforts to relieve suffering and hardship.

Scott Weich Health Sciences Research Institute, Warwick Medical School, University of Warwick, Coventry CV4 7AL, UK. Email: s.weich@warwick.ac.uk

doi: 10.1192/bjp.bp.106.026070

Social Capital and Mental Health


Social capital, embraced by New Labour and the World Bank, is currently the intellectual equivalent of Marmite, loved and loathed in equal measure. Cause of, and solution to, all of life’s problems – or Emperor’s new clothes? Like most agnostics, the editors of this book are not entirely sure but hedge their bets, just in case. Arguments for and against are marshalled in the best British tradition of fair play. On the one hand, social capital is the ‘missing link’ of social epidemiology, the glue required for effective societal functioning; on the other, it is poorly theorised, inadequately defined and unreliably measured. Up until now an industry in social capital research has been driven, and sometimes undermined, by the intuitive appeal and conceptual elasticity of the term itself. While this makes for great sound bites, the rhetoric is rarely matched by high-quality evidence. And when the findings do not fit, the theory is changed instead. If you cannot explain something by too little social capital then maybe the problem lies in too much of the wrong kind?

This neat, readable little book confronts these inconvenient truths head on, and makes an excellent starting point for sceptics, too. The editors have sandwiched reports from five innovative studies in between balanced reviews of current theory and practice. Even if there is a hint that the best bits of cutting-edge research have been saved for peer-reviewed publication, these primary research narratives make compelling reading. Where else would you find an evocative account of an idyllic summer’s afternoon on a city farm in Camden (complete with blackberry picking) juxtaposed with a death-defying description of working with teenagers in urban Columbia, homicide capital of the world?

While unlikely to convert many heretics, this book does make clear what is needed if social capital research is ever to deliver on the promises of its evangelists. If nothing else, the concept has encouraged people to look afresh at social ills and has inspired genuine efforts to relieve suffering and hardship.

Scott Weich Health Sciences Research Institute, Warwick Medical School, University of Warwick, Coventry CV4 7AL, UK. Email: s.weich@warwick.ac.uk

doi: 10.1192/bjp.bp.106.026070

Social Capital and Mental Health


Social capital, embraced by New Labour and the World Bank, is currently the intellectual equivalent of Marmite, loved and loathed in equal measure. Cause of, and solution to, all of life’s problems – or Emperor’s new clothes? Like most agnostics, the editors of this book are not entirely sure but hedge their bets, just in case. Arguments for and against are marshalled in the best British tradition of fair play. On the one hand, social capital is the ‘missing link’ of social epidemiology, the glue required for effective societal functioning; on the other, it is poorly theorised, inadequately defined and unreliably measured. Up until now an industry in social capital research has been driven, and sometimes undermined, by the intuitive appeal and conceptual elasticity of the term itself. While this makes for great sound bites, the rhetoric is rarely matched by high-quality evidence. And when the findings do not fit, the theory is changed instead. If you cannot explain something by too little social capital then maybe the problem lies in too much of the wrong kind?

This neat, readable little book confronts these inconvenient truths head on, and makes an excellent starting point for sceptics, too. The editors have sandwiched reports from five innovative studies in between balanced reviews of current theory and practice. Even if there is a hint that the best bits of cutting-edge research have been saved for peer-reviewed publication, these primary research narratives make compelling reading. Where else would you find an evocative account of an idyllic summer’s afternoon on a city farm in Camden (complete with blackberry picking) juxtaposed with a death-defying description of working with teenagers in urban Columbia, homicide capital of the world?

While unlikely to convert many heretics, this book does make clear what is needed if social capital research is ever to deliver on the promises of its evangelists. If nothing else, the concept has encouraged people to look afresh at social ills and has inspired genuine efforts to relieve suffering and hardship.

Scott Weich Health Sciences Research Institute, Warwick Medical School, University of Warwick, Coventry CV4 7AL, UK. Email: s.weich@warwick.ac.uk

doi: 10.1192/bjp.bp.106.026070

Social Capital and Mental Health


Social capital, embraced by New Labour and the World Bank, is currently the intellectual equivalent of Marmite, loved and loathed in equal measure. Cause of, and solution to, all of life’s problems – or Emperor’s new clothes? Like most agnostics, the editors of this book are not entirely sure but hedge their bets, just in case. Arguments for and against are marshalled in the best British tradition of fair play. On the one hand, social capital is the ‘missing link’ of social epidemiology, the glue required for effective societal functioning; on the other, it is poorly theorised, inadequately defined and unreliably measured. Up until now an industry in social capital research has been driven, and sometimes undermined, by the intuitive appeal and conceptual elasticity of the term itself. While this makes for great sound bites, the rhetoric is rarely matched by high-quality evidence. And when the findings do not fit, the theory is changed instead. If you cannot explain something by too little social capital then maybe the problem lies in too much of the wrong kind?

This neat, readable little book confronts these inconvenient truths head on, and makes an excellent starting point for sceptics, too. The editors have sandwiched reports from five innovative studies in between balanced reviews of current theory and practice. Even if there is a hint that the best bits of cutting-edge research have been saved for peer-reviewed publication, these primary research narratives make compelling reading. Where else would you find an evocative account of an idyllic summer’s afternoon on a city farm in Camden (complete with blackberry picking) juxtaposed with a death-defying description of working with teenagers in urban Columbia, homicide capital of the world?

While unlikely to convert many heretics, this book does make clear what is needed if social capital research is ever to deliver on the promises of its evangelists. If nothing else, the concept has encouraged people to look afresh at social ills and has inspired genuine efforts to relieve suffering and hardship.

Scott Weich Health Sciences Research Institute, Warwick Medical School, University of Warwick, Coventry CV4 7AL, UK. Email: s.weich@warwick.ac.uk

doi: 10.1192/bjp.bp.106.026070

Social Capital and Mental Health


Social capital, embraced by New Labour and the World Bank, is currently the intellectual equivalent of Marmite, loved and loathed in equal measure. Cause of, and solution to, all of life’s problems – or Emperor’s new clothes? Like most agnostics, the editors of this book are not entirely sure but hedge their bets, just in case. Arguments for and against are marshalled in the best British tradition of fair play. On the one hand, social capital is the ‘missing link’ of social epidemiology, the glue required for effective societal functioning; on the other, it is poorly theorised, inadequately defined and unreliably measured. Up until now an industry in social capital research has been driven, and sometimes undermined, by the intuitive appeal and conceptual elasticity of the term itself. While this makes for great sound bites, the rhetoric is rarely matched by high-quality evidence. And when the findings do not fit, the theory is changed instead. If you cannot explain something by too little social capital then maybe the problem lies in too much of the wrong kind?
We live in a knowledge-creating culture, where most of us regularly flip-flop between being learner and teacher. But we inhabit a bit of a vacuum when it comes to knowledge about knowledge. Few of us read medical education journals and the new generation of educational givens has something of the liberation movement about it, reacting against the conformity of lectures rather than emerging from an evidence base. Knowing how we get to know has suddenly become important though, since, in common with North America and The Netherlands, we are about to embark on a massive reform of postgraduate medical education partly marketed as being based on contemporary learning theory.

So, Keith Sawyer’s multi-author book on the relatively new discipline of ‘learning science’ is timely. Most of us would certainly benefit from being more literate about what goes on in the learning environment and how this contributes to improved learner performance. A limitation of Sawyer’s book is that it is aimed mainly at school educationalists, with no reference to learning in medical environments. On the other hand it is a rich source of ideas and evidence on effective learning, with many lessons for psychiatry.

For example, there is a review of the nature of expertise. If you aspire to turn novices into experts, you have to have a pretty good idea of what an expert is. Also how you differ from novices, how you describe that difference in ways that can be translated into measurable outcomes and how you construct a learning environment in which the necessary skills can be acquired. Differences that emerge across a range of disciplines are the expert’s ability in ‘noticing’ and in pattern recognition; skills which affect the ability to rapidly identify problems and opportunities to act on them. The knowledge of experts also tends to be connected and organised around important ideas for their discipline. The lessons for learning include helping novices reflect on their own thinking, enabling them to gain deeper conceptual understanding and exposing them to increasingly complex social and technical environments.

A review of the evidence for what works best underlines the importance of learners being active participants. They need to build new knowledge onto existing knowledge, externalise and articulate their unformed and still developing understanding (articulating and learning go hand in hand), and engage in reflection, which is so critical for professionals working in complex practice. There is also a review of the importance of ‘arguing to learn’, based on the idea that science advances not by the accumulation of facts, but through debate and argumentation. The justification is that arguing involves elaboration, reasoning and reflection, all of which contribute to deep conceptual learning. Exposure to this so-called ‘collaborative argumentation’ helps professionals think critically and independently about important issues and contested values.

An interesting issue, particularly for psychiatrists, is the role of social context on learning. This is one area that medicine has always done well in, mainly because it has retained a largely apprenticeship model, the preferred way of learning expertise throughout recorded history. The so-called ‘cognitive apprenticeship’ model emphasises a focus on cognitive skills and processes and involves learning conceptual and factual knowledge used in a variety of contexts to solve real-world problems. Importantly, the apprenticeship model remains intact in the new foundation and run-through training programmes, where for the first time it is reinforced by a formal workplace-based assessment programme.

The Cambridge Handbook of The Learning Sciences is a bit like the Economist; a little over-inclusive for most, but a really good review of those parts of the world you are interested in. Curiously, although there are sections on information technology and learning communities on the internet, as well as a fascinating piece on the importance of enabling conceptual change to take place in learners, there is virtually nothing on assessment. However, there is a tantalising plea to avoid the tendency to assess well-established routines and schemas and instead to examine ‘adaptive expertise’, or the ability to learn in a knowledge-rich environment. This connects with the idea that all students and trainees are seen as members of a knowledge-building community, where the aim is idea improvement as an alternative to progress towards a ‘truth’. And of course in a post-modern world there is no such thing as truth, only different versions of it.

One of which is John Dewey’s version written in 1938 and quoted in the Cambridge Handbook: ‘Education is not preparation for life; education is life’.

Nick Rose Department of Psychiatry. University of Oxford, Warneford Hospital, Oxford OX3 7JX, UK. Email: nick.rose@oxmhc-tr.nhs.uk doi: 10.1192/bjp.bp.106.029678
Social Capital and Mental Health
Scott Weich
BJP 2007, 190:278.
Access the most recent version at DOI: 10.1192/bjp.bp.106.026070

References
This article cites 0 articles, 0 of which you can access for free at:
http://bjp.rcpsych.org/content/190/3/278#BIBL

Reprints/permissions
To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at
/letters/submit/bjprcpsych;190/3/278

Downloaded from
http://bjp.rcpsych.org/ on April 7, 2017
Published by The Royal College of Psychiatrists

To subscribe to The British Journal of Psychiatry go to:
http://bjp.rcpsych.org/site/subscriptions/