Nearly 30 years ago I wrote my first book review. I did not like the book and made this plain. What I did not know was that the book’s author was on the Editorial Board of the journal for which I was reviewing. He was given a page-length opportunity to respond: the nature of our interaction was well summed up by the author’s opening sentence. In response to my complaint of ‘clotted jargon-ridden prose’, the author thundered: ‘Jargon is the language of science’. I learnt two valuable lessons from this early experience. One was not to agree to review a book about a topic that I did not have much understanding of. The other was the rather obvious fact that authors of academic books deserve respect, since they will have invested hard hours that will likely earn little or no reward.

I had always seen the concept of social inclusion/exclusion as the rather better-grounded sibling of the recovery movement. The fact that people who are involved with mental health services experience multiple social disadvantages is intuitively obvious and very well documented. It is also obvious that mental health services should be working to help people overcome the effects of experiencing mental illness on their life chances. This aspiration could easily be reworded as facilitating a move from a state of experiencing mental illness on their life chances. This aspiration could easily be reworded as facilitating a move from a state of

Service user and carer perspectives are included here. Part 3, ‘Working towards inclusive psychiatry, seeks to offer solutions to the very obvious disadvantages that people with mental health problems experience. The more glamorous recovery paradigm often takes over the narrative here, and there were perhaps less practical ideas about what the practitioner and local services could do to foster social inclusion than one would expect.

Although its motivations are exemplary and the scholarship is sound, this book is not perfect. Occasionally opinion goes beyond any possible evidence base. Not all concepts are clearly elucidated (at least for this reader). The final chapter sets out a clarion call for socially inclusive practice and psychiatry in the 21st century. The editors, in writing this chapter, were clearly aware that times were changing. It will be interesting to see how relevant their proposed solutions will be to the 2010s.

The specialization in the psychiatry of learning disability is only available in the UK and most of the recent advances in the clinical care of individuals with intellectual disabilities have occurred in the UK. That is not to say that developments of great consequence have not happened elsewhere, but it is my view that we have, perhaps, one of the better alignments of health and social care, with significant research output in this domain. Leading lights in promoting the mental health needs of people with intellectual disabilities have been Nick Bouras and Geraldine Holt.

This volume is meant to summarise years of academic and clinical endeavour and collect the advances that have been achieved in practice, underpinned by the research and audit completed under Professor Bouras’ leadership.

I found the book informative and interesting. The first part was a history lesson in how our mental health service philosophy and provision has developed since de-institutionalisation to the present day. The style is flowing and discursive, which helps to attract the reader to what could otherwise be a stale litany of data.

I have only minor reservations stemming from the fact that one or two chapters do not help the central argument of the book, which is to discuss services and strategies for solving service problems and setting new directions (e.g. chapter 4 and 7).
I would have liked to read more about the behavioural genetic clinic as it is one of a kind and I am aware that data based on its operation have been reported already. Finally, I was rather puzzled by the structure of chapter 8 which has lost some of its impact by discussing the training requirements for intellectual disabilities in various professions in the UK. I appreciate that this may have been included for the international readership but somehow it appeared to dilute the message of how important training is, in its wider sense, for further service maintenance and staff morale.

For many years Professor Paul Gilbert has been one of the most original and creative British clinical psychologists. This book not only confirms this status, but will bring him many more admirers. In part 1, Gilbert outlines the science behind compassion; in part 2, he talks about building the compassionate self through a number of skills and exercises. The breadth of sources used throughout the book reveals Gilbert’s scholarship and ranges from Freud, Jung and Bowlby to Kelly, Beck and Ellis, to name but a few. He even manages to bring in the well-known but somehow it appeared to dilute the message of how important training is, in its wider sense, for further service maintenance and staff morale.

Much has been written about the abuse of psychiatry in the former USSR. The advantage of this new book by Robert van Voren is that it shows the author at the forefront of the fight to expose the political abuses of that era. The introduction states that this is not a ‘typical scholarly work’ – it is to a large extent auto-biographical. Nevertheless, the author’s first-hand experience and his access to a wide range of references, from professional journals to personal interviews, make this book a valuable source of knowledge in this area.

As the title suggests, the focus is mainly on how the Cold War affected the practice of psychiatry, and the people who played key roles in the saga. The protagonists, apart from the author, are the former medical director of the American Psychiatric Association (APA), Melvin Sabshin, his colleague there, Ellen Mercer, and East German psychiatrist and former member of the World Psychiatric Association executive committee, Jochen Neuman.

The period covered is the volatile years of the 1980s and the struggle to bring the All-Union Society of Neuropathologists and Psychiatrists of the former USSR to account. Owing to the autobiographical nature of the book, the actors play a bigger part than the concepts. In fact, the first 92 pages tell the life stories of Melvin Sabshin and Jochen Neuman. The reader might find this part somewhat tedious but their stories are told not without joy and irony, and interest is maintained by the various interspersed historical facts.

There are also chilling truths about how psychiatry was used as an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression. For instance, in the USSR the Hippocratic oath was replaced by the Oath of the Soviet Doctors, an instrument of oppression.
critical thinking or criticism of the leadership, and the substitution of dogma for science. More ominously, psychiatry was used to punish ‘crimes’ not identified by the law.

It is perverse that many of the psychiatrists who collaborated in the political abuse of psychiatry were highly intelligent individuals who believed in what they did.

One question that will most likely puzzle the reader is why among all medical specialties it was psychiatry that was systematically abused in this manner. One reason could be the lack of clear diagnostics in psychiatry – so, for example, political dissidents were considered to have ‘delusions of reform’, since only a delusional mind cannot see the obvious superiority of the communist ideology that any rational mind would agree to. The concept of ‘sluggish schizophrenia’ was developed to categorise people with normal social functioning who had ‘reform delusions’, ‘struggle for truth’ and ‘perseverance’. Also, psychoanalysis was used to label people with diagnoses such as ‘infantilism’ to justify their detention.

Interestingly, Sabshin was of the opinion that this political abuse could take place, at least partly, because of the lack of clear diagnostics. As the medical director of the APA, he played an important role in the development of DSM–III. Could the new classification systems be an obstacle against the abuse of psychiatry? Certainly, the author acknowledges that ‘psychiatry is politics’ and we see that the demise of the Eastern Bloc was one of the important catalysts that put an end to the abuse of psychiatry.

I found the book very informative and well written. The narrative flows well and the author discusses interesting points without major digressions. Unfortunately, the ending was rather pessimistic. The systematic abuse of psychiatry had been stopped, but some of the perpetrators remained in positions of power. As Victor Hugo put it succinctly: ‘the windmill has gone, but the wind is there yet’. As certain powers have started to rewrite the history of the USSR, the history of psychiatry’s abuse is facing the same fate. That is what makes this book such an important document and a great achievement. Being able to openly discuss the political abuse of psychiatry in the USSR should make all doctors aware of how psychiatry can be potentially abused. It can help lay better ethical foundations and demonstrates the importance of limiting a state’s power to use psychiatry as a means to its own ends.

It seems that, overall, van Voren is unsure whether the final changes were fundamental. Nor is he sure whether the methods used were the right ones. He rightly leaves the conclusion to the reader. Whether my view differs from his or not, it does not detract from the utmost respect that van Voren has earned from this reader.

Abdi Sanati  Consultant In-Patient Psychiatrist, North East London Foundation Trust, London, UK. Email: abdi.sanati@nelft.nhs.uk
doi: 10.1192/bjp.bp.110.087304
Social Inclusion and Mental Health
Frank Holloway
BJP 2011, 198:328.
Access the most recent version at DOI: 10.1192/bjp.bp.110.084350

References
This article cites 0 articles, 0 of which you can access for free at:
http://bjp.rcpsych.org/content/198/4/328.1#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;198/4/328

Downloaded from
http://bjp.rcpsych.org/ on June 27, 2017
Published by The Royal College of Psychiatrists

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