availability of a given treatment is ultimately dependant upon NICE. There is also the complex issue of just what comes first:

1. A treatment or combination of treatments known by clinician and client alike, to be effective but which research struggles with, or
2. Research, and the budgets of those doing the research, leading to decisions of treatment availability.

Metaphorically, I can see Illich nodding in the background: that no matter how insightful Mollon's ideas are, who will ultimately allow these ideas to see widespread dispensing? With the emphasis on 'value for money' in healthcare, and value for money being dictated by research, then perhaps Phil Mollon's next book title needs to be:

EMDR and the Energy Therapies: Persuading the Powers that Be that there are Effective Therapies, Which Need Far More (Unbiased) Research Attention If The Client Is To Benefit

A long title, I hear you say, but one that will certainly ring true with clinicians and clients in the early years of the twenty-first century.

To his credit, Mollon attempts to preempt this situation with good examples of case reports and also succinctly details the current research positions. However, given that certain lobbies are set against EMDR *despite* the research, one wonders how these influential 'sceptics' will see EMDR being allied to energy therapies. This may just be one step too far for the current 'regime of truth', and the medical Mafia may have to be unleashed.

Most clinicians, and I am one, will have little problem adopting Mollon's ideas, but there are many 'out there' that will. The conclusion must be that Mollon's day has actually dawned early. Congratulations then Phil, this may indicate that your book is ahead of its time.

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David Blore
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DIAGNOSING THE PROFESSION

Cultural Diversity, Mental Health and Psychiatry: The Struggle Against Racism. By Suman Fernando. Hove: Brunner Routledge, 2003; 257pp, £17.99.

This book reflects critically on the provision of mental healthcare and the experience of minority ethnic groups interacting with a system in which they often have little confidence. Fernando, using his own experience, provides a thorough investigation of both the history and the current situation of mental health services within a multicultural setting. The book is set out in three distinct, but often overlapping parts. The first is 'The Background', which explores issues of 'race', racism and the history of institutional psychiatry and

mental health. The second part – 'underlying themes' looks at psychiatry and mental health from a transcultural perspective and addresses psychiatric stigma and racism. In the final part of the book, Fernando grapples with the task of 'changing practice' – how we might move forward, and the future prospects for a multicultural psychiatry and flexible psychotherapy and counselling.

Part one of this book provides some very useful background on some key concepts in the study of race and ethnicity, in particular from a sociological perspective. Fernando brings to our attention the changing nature of the relationship between 'race' and culture and the changing nature of immigration and emigration. In providing a potted history of immigration to the UK it can be seen that there are various phases of problematization, in particular for black and Asian people. (One has to note that immigration can also include many white groups.) So, as Fernando notes, we have the 'colour' problem of the 1950s, the immigration problem of the 1970s and now the asylum problem, which runs hand in hand with the changing nature of racism itself. It is clear, however, that although it seems this problematization is more evident in the last 50 years, immigration and asylum in Britain have a very long history (see Clarke and Garner, 2005). The main issue for psychiatry is the overdiagnosis of schizophrenia for black people. Fernando presents us with plenty of academic research and evidence to support this, pointing to the way in which black and white people are seen differentially, even when exhibiting the same behaviour – 'The lessons are clear,' argues Fernando, '. . . unless we look at institutional processes, we are unlikely to find out why and how diagnoses reflect and perpetuate racism' (Fernando, 2003, 35). This leads Fernando to conclude in the following chapter that struggles against racism in society as a whole have been replicated within the mental health field.

Responses to racism too have been fairly varied and often uncoordinated and Fernando feels the American-led war on terror has set the clock back many years: 'My impression is that, at the very least, the agenda for counteracting racism is now less of a priority for society as a whole, and hence more difficult to pursue vis-à-vis mental health services, than it was prior to September 11' (Fernando, 2003, 65). For Fernando the response to inequities, or inequalities that arise from racism is reflected in the way in which the Royal College of Psychiatrists has moved through a process of denial, avoidance, then half-hearted plans to change the training for psychiatrists. This has also been in some sense the case for black voluntary sector workers where there is a danger that partnerships lead to a 'colonial arrangement' (p. 82). Fernando is, of course, evoking Fanon's (1968) writing here when he talks of black psychiatrists 'keeping their heads down', 'internalizing the culture of psychiatry', or not 'rocking the boat' of the psychiatric establishment.

Part two of the book, 'Underlying Themes', provides a detailed examination of the medical approach to madness and some of its shortcomings, not least its basis in Cartesian dualism. It is very much a Western model of mental illness. As Fernando notes 'In its reductionist approach psychiatry and to a large extent western psychology aim to categorise beliefs, usually into true and false beliefs' (Fernando, 2003, 132). The problem with this is that the whole process of objectifying 'true' and 'false' is based in subjectivity and hence Western psychiatry often designates some beliefs as delusional, which may underpin a diagnosis of psychosis. This obviously has a strong impli-

cation for minority ethnic groups where a Western-trained psychiatrist makes a judgement about others' beliefs, deeming them normal or pathological where in fact they are culturally relative (see Winch, 1974, 2000). Fernando also notes that psychotherapy and counselling are prone to privilege a Western model of mind and development that ignores psychologies from non-Western traditions. This may lead to 'subtle racism' through institutionally entrenched attitudes and assumptions that influence the therapeutic relationship. For example, argues Fernando, the concept of 'self' is fairly rigid in the Western traditions of psychotherapy. A therapist dealing with a black client therefore must be attuned to the client's world. There is also the assumption that personal autonomy is desirable in Western culture whereas in other cultures more of an emphasis is placed on interdependence. Fernando goes on to give several more examples but the crux of his argument is clear, it is very difficult for a counsellor or therapist to transcend cultural gulfs when working in a multicultural society, but this is what they must do. Fernando outlines how mental illness is treated and viewed in non-Western societies, exploring Asian traditions through Ayurveda and Chinese medicine. The cultural traditions that emphasize spirituality tend towards a 'holistic' approach to thinking that promote bodily and mental harmony.

The final chapter in this section of the book addresses the stigma that Western society has attached to mental illness and, in particular, the way in which those deemed schizophrenic are discredited in, if not excluded from, society. This is compounded when an ethnic group becomes stigmatized, because people who are seen to belong to that group, argues Fernando, are more likely to face social exclusion or

even to be seen as alien to a given society. Indeed, Foucault (1967) has shown us how the history of madness has been synonymous with the creation of Cartesian rational man, and it is only in our recent history that forms of madness have become a problem. The problem exists because the expert discourse of psychiatry in objectifying the mentally ill has defined the 'normal' population by stigmatizing the Other. There is no doubt that Foucault's claim that we actually used to treat mentally ill people better in the Middle Ages is controversial, but underlying this chapter are many of the issues that Foucault brought to our attention in *Madness and Civilization.* Add ethnicity or race into the equation then we have the position that Fernando alludes to: 'Racism and psychiatric stigma have blended together to exercise power over black people. Psychiatrists are caught up in this; mental health services serve as a vehicle for it' (Fernando, 2003, 167).

The final section of this book should be the most important because it tries to suggest ways in which psychiatry and mental health professions can move forward out of the quagmire that is institutional racism. This is a tall order but it needs to be addressed. The main theme here for Fernando, notwithstanding changes in practice, again smacks of Foucault's critique of the practice of psychiatry. That is, we should stop objectifying people and treat them as *real* people with *real* lives who live in a *real* world and as such are subject to the pressures of racism and discriminatory practices. This would have a second affect, argues Fernando, in that psychiatrists themselves could view their own world as real and not just a world they inhabit as professionals acting out some role, as Goffman (1959) might say. From this would develop 'true user partici-

pation'. In tandem with this change Fernando argues that the black voluntary sector needs to be strengthened to enable innovative projects that are under the control of black and Asian groups. He cites funding as a critical issue in which many funders seek leaders in the black voluntary sector who have taken on characteristics of their white counterparts in the statutory sector. More access should be allowed (with the patients' permission) to notes, treatment plans and reasons for medicines so prescribed. This would not solve the problem of racism but it might move the struggle forward. Likewise Fernando suggests that psychotherapists and counsellors have some form of training that enables them to recognize the strategies that black and Asian clients use to cope in Western society and thus in practice to be aware of techniques for counteracting racism. Fernando goes on to describe a vision of a multicultural society that embraces a multicultural psychiatry within the mental health services. That is a psychiatry that no longer exists in a vacuum but addresses the changing nature and psychodynamics of society, cultural difference and the institutional nature of racism.

There is no doubt this is an important book and should be read by a wide audience in the caring professions. It gives a clear outline of the pervasiveness of institutional racism within the mental health sector and pinpoints some of the key areas of concern. Critically Fernando suggests ways in which racism can be combated and how the profession may move forward while recognizing that it is a pretty tall order to eradicate racism altogether. My only criticism is that in order to get his point across Fernando frequently repeats material from one part of the book in another. This can often be more confusing than helpful and makes the text quite diffi-

cult to follow. This largely stems, I feel, from a discussion of racism, notions of ethnicity and identity and culture difference in wider society that is then brought back to the specifics of mental health. As such I don't know how the author could avoid this slightly fragmented feeling one has when reading the text. In sum, then, this is an extremely important book, which all mental health practitioners should read, or at least be aware of, and it should find a wider audience among sociologists, students of social policy and those doing research into the politics of cultural difference.

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Dr Simon Clarke
Centre for Psycho-Social Studies
University of the West of England

A VERY PRIVATE AFFAIR

Hate and Love in Psychoanalytical Institutions. By Jurgen Reeder. New York: Other Press, 2004; 397 pp. £21.50.

Psychoanalysis is essentially very private. There is a mystique surrounding psychoanalysts which is maintained by themselves – the chosen – not choosing to explain to 'us'