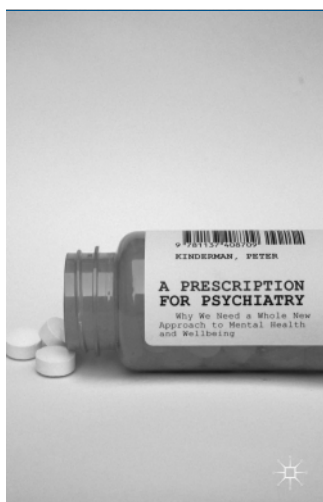


16 years' standing and for the past 10 years he has been working as consultant for a psychiatric intensive care unit in east London. He argues convincingly that a paradigm shift in our approach to mental distress is necessary and it is one which concentrates less on looking on patients as being 'diseased' and more on seeing them as experiencing a sense of disconnection from themselves, their community and life itself.

Razzaque explains that mindfulness-based psychological therapies can provide patients with the tools to learn how to manage their own mental state. These techniques are effectively a modern and secular equivalent to ancient methods of psychological healing based on meditational practice. He also calls upon new ideas, such as the open dialogue approach to patient care, acceptance and commitment therapy and the philosophical ideas of relational frame theory, to reinforce his argument. Approaching patient care in this way at least makes symptoms easier to bear and at best effects significant improvement, either without, or in combination with, drug treatments.

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**A Prescription for Psychiatry: Why We Need a Whole New Approach to Mental Health and Wellbeing**

By Peter Kinderman.  
Palgrave Macmillan. 2014.  
£18.99 (pb). 224 pp.  
ISBN: 9781137408709

Psychiatrists could be forgiven for avoiding this apparent critique of their profession. However, such aversion would be a shame, for while familiar ground is trodden here, there is much that is new, positive and worthy of thought.

The book consists of nine chapters, the first three occupying just over half the space. In this half the focus is on the 'disease model', diagnosis and the use of medication. Some of this is wearily familiar and we must ask whether full due is given to all available evidence. The roles of trauma and 'life events' in schizophrenia are offered to raise our credence that this problem is best considered psychosocial. A major alternative theory, that some manifestations may best be considered a developmental disorder (not everyone who meets DSM criteria will have been abused or traumatised) is not even mentioned.

On diagnosis. It is right that psychiatry should face shameful aspects of its history. The tremendous damage wrought by pathologising homosexuality for decades and the odious debacle of drapetomania should remain stark lessons. However, Kinderman might have done more to explain why these despicable examples

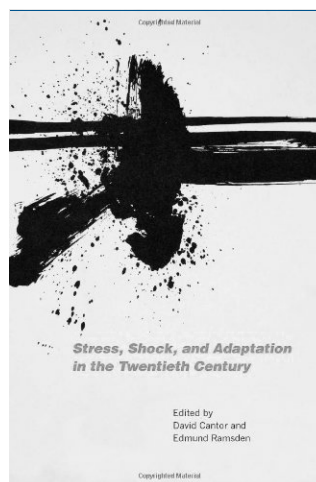
have a substantive bearing on the question of diagnosis in general. On medication though, his particular brand of caution seems more laudatory than incendiary.

More interesting territory lies beyond. Regardless of readers' prior commitments on the nature of mental health problems, Kinderman is going to find much agreement on the constructive thrust of chapters four to nine. A holistic approach to well-being; a proposal for comfortable, decent residential care for 'respite' rather than 'cure'. In a field where attitudes are so important, changing the basic mission of services could have revolutionary implications.

The biggest controversy will be around Kinderman's view of what psychiatrists' role should be (although he is good on linking his position to debates from within the profession itself). From the perspective of this reviewer (a trainee clinical psychologist), it is an exciting notion that many of the leadership and legal roles of psychiatrists could be performed by other professionals. However, a more radical suggestion that psychiatrists should have only a medical consulting role, may alienate many. Whatever your view, Kinderman could open constructive debates with his bold proposals.

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**Stress, Shock, and Adaptation in the Twentieth Century**

Edited by David Cantor & Edmund Ramsden.  
University of Rochester Press. 2014.  
£80.00 (hb). 376 pp.  
ISBN: 9781580464765

This is the first major collection of historical studies on stress and its place in contemporary society. Read together, these 12 papers explore the concept of stress – a usefully elastic construct – and how it has been variously employed since the mid-20th century to reform and unite a broad variety of disciplines and activities in post-war USA and UK. This is no less the case for psychiatry, where stress has proved fundamental to the development of disease classification and modern notions of psychopathology.

Our modern understanding of stress originated from Hans Selye, who according to Mark Jackson was a prolific and media-savvy physiologist. He developed the 'general adaptation syndrome' which described a three-stage, non-specific response to environmental stressors: alarm, resistance and finally exhaustion. It is hard to overstate how influential this intuitive model was and not just in biomedical science, psychology and psychiatry. It soon found wider application in disparate disciplines such as sociology, politics, occupational health, ecology, animal

welfare, urban planning and anthropology. Walter B. Cannon (who coined the term 'fight or flight' and was a crucial figure in developing the concept of homeostasis) used Selye's model to explain and validate the phenomenon of 'Voodoo death', describing it as acute homeostatic shock in response to a severe emotional stressor.

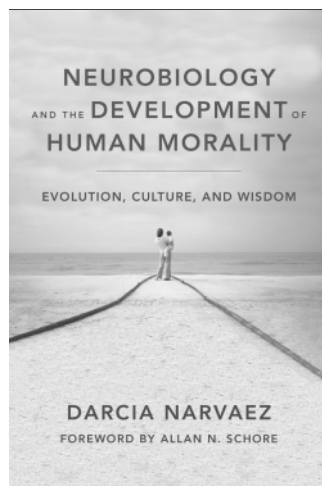
There is much of interest to the psychiatrist, but of particular note is Theodore M. Brown's essay on US psychiatry during the Second World War. Discussing the work of (among others) the American psychiatrist Roy Grinker, Brown traces how an important paradigm shift in mental illness occurred. At the beginning of the war, only those with poor personality structure or innate vulnerability were thought to develop neurotic illness under stress. By the end of the war, this view had radically changed. Severe stress and breakdown became something that could happen to anyone. This complete and sudden paradigm shift powerfully destigmatised mental breakdown while simultaneously expanding the realm and scope of psychiatry.

Rhodri Hayward's paper offers fresh perspective on the Brown and Harris study on risk factors for depression, exploring how measures in that study were designed to take account of stress, meaning and narrative in a way that had never been done before. Junko Kitanaka's essay on how workplace stress has been reframed as depression in modern Japan is also a particularly interesting read.

It is fair to say that not all the essays are relevant or interesting to the psychiatrist and as academic papers some are more readable than others. However, they are uniformly accomplished, painstakingly researched and considered reflections on the historical impact of a hugely influential concept that has had surprisingly little consideration till now.

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**Neurobiology  
and the Development  
of Human Morality:  
Evolution, Culture  
and Wisdom**

By Darcia Narvaez  
WW Norton, 2014.  
US\$ 39.95 (hb). 456 pp.  
ISBN: 9780393706550

This book aims to provide a broad-ranging account of the neuroscience of psychological and moral development. It attempts to place this in the context of the transformation of human societies from our hunter-gatherer origins to modern agricultural and industrial societies and to consider how child-rearing practices have changed as a result of this.

The first part of the book is a review of what is known about how the developing brain can be damaged by negative physical,

psychological and social influences. Darvaez does not have a background in neuroscience and seems at times to struggle with her material. Inferences and conclusions fly off the page with what sometimes seems like a lack of caution. For example, she states, 'There is evidence that one's microbiome can also influence personality. Ingested probiotic gut bacteria affect brain signalling . . . enhancing learning, memory and emotional control and at the same time reducing behaviours related to stress, depression and anxiety (Bravo, 2011)' (p.33). It is only by checking the reference that the reader learns that this research was carried out in mice.

Darvaez's ideas on moral development are based on the belief that there is a need to challenge a prevalent view that morality is based on the rational following of rules. In fact, this view was challenged by David Hume, Adam Smith and others in the 18th century and is not widely held by moral philosophers and psychologists. Her belief that morality has to be considered in the context of our evolutionary past is one that has been discussed by many researchers.

A core theme of the book is that there is an 'evolved developmental niche'. This refers to a pattern of child-rearing that Narvaez believes was characteristic of the 'small band hunter gatherer' groups in which humans lived throughout most of our history. This includes parental responsiveness, constant physical presence, breastfeeding ('frequent, infant-initiated, 2–5 years'), multiple adult caregivers, positive social support and free play in nature with multi-aged mates. She states, 'Undercare of our evolved needs in early life leads to deficiencies in [sic] the brain structural integrity, hormonal regulation, and system integration that lead to sociality' (p. 126).

She presents a picture of our hunter-gatherer past as a time of prelapsarian innocence in which humans lived in harmony with each other and with the world of nature. She draws on the present-day experiences of Native Americans to support this view but makes no mention of the very serious social problems present in these communities. She believes that the answer to our ills is to return as far as possible to the 'Primal Wisdom' of hunter-gatherer groups and hence to our 'human essence'. This is to be achieved by individuals engaging in a range of ameliorative and therapeutic activities that come under the heading of 'Developmental Ethical Ecological Practice'. With enough effort, therapy and 'self-authorship', it seems that one can undo the damaging effects of a modern-day upbringing on brain and body.

In contrast to the preceding chapters on neuroscience, Darvaez now discards scientific objectivity and replaces it with mysticism. She suggests that we need 'to *perceive* the beauty and purpose of cosmic divinity, the life force' (p.233) and to seek the support of 'spiritual entities (e.g. angels) or the animals and plants in your neighbourhood . . .' (p.263).

There is no discussion of the practical impediments to this project. How is a young mother who, either by choice or economic necessity, returns to the workforce after the birth of her child, to implement a regime of constant physical presence and frequent, on-demand breastfeeding for up to 5 years? There is little mention of the many societal trends such as increasing inequality, urbanisation, stagnant family incomes, overpopulation, marital breakdown and the dispersal of extended families that will militate against this project.

There are reasons to believe that our hunter-gatherer ancestors had lives that were more healthy and fulfilling than the ones that most humans have known since the advent of the Agricultural Revolution. The sad reality is that we are stuck with the consequences of 10 000 years of human history and levels of population that cannot be fed by hunting and gathering.