

- and for that matter Florida's - legal system, much of which will probably be irrelevant to British legal practice.

The chapter entitled 'A Multidisciplinary Hospital Response Protocol' is useful but emphasises the strengths of Britain's long established child protection teams which America would envy. In the UK, we take for granted that 'the hospital's multi-disciplinary team *must* expand to include agencies external to hospital'.

Of note, Child Protection Case Conferences, so familiar to all of us who work in the UK, are never mentioned. The British framework of such conferences, our established child protection teams and the dilemmas faced by them when it may be impossible to work together with parents and the subject of 'closed' case conferences, are not addressed. This will inevitably disappoint British social workers.

Neither was there any mention of the role of professionals as themselves perpetrating MSP, which is worrying in view of the report of The Allitt Inquiry in Britain (1994). However, as I have said earlier, the chapter on the school perspective is excellent and these nine pages make essential reading for all teachers.

In summary, this is an excellent book with strengths which far outweigh any weaknesses. Although it is not a fully comprehensive text on MSP/MBPS, and has limitations in its relevance for British use, I would view it as an essential addition to all child protection libraries. In their title, Parnell and Day suggest that MBPS is misunderstood child abuse. With this book, they go a long way to readdress the misunderstandings of this very complex problem.

With better education of professionals in the future, hopefully no-one will ever again fail to consider the diagnosis MSP or MBPS. It may not yet be fully accepted as a diagnostic entity by DSM-IV, but it exists and in my opinion, in its full spectrum, is far more prevalent than is currently acknowledged.

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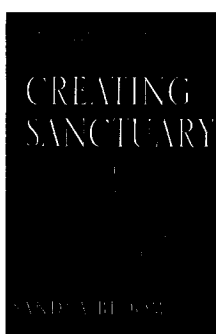
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References:

1 McClure, R.J. et al (1996) *Archives of Disease in Childhood*; 75, 57-61

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Creating Sanctuary: Toward an Evolution of Sane Societies

Sandra Bloom

These children present multiple and often overwhelming problems that can only be adequately managed in the most carefully thought-out and supervised systems. Such systems are expensive... there are few facilities any longer for the most severely damaged children.

In recent times, *Young Minds Magazine* has highlighted concerns about in-patient facilities for adolescents, but this quotation is not another salvo in that particular battle. It is taken from *Creating Sanctuary: Toward an Evolution of Sane Societies* by Sandra Bloom, an Adult Psychiatric specialist working in the United States.

Her central thesis is that many of the ills of society and, to a significant extent, mental health problems in adulthood, can be attributed to the impact of violence, particularly in childhood, and to the institutionalisation of this violence.

Bloom eloquently and unselfconsciously describes how her previous ways of formulating her patients' problems, and responding to them, were challenged as a fuller appreciation of the reality and consequences of the traumatic events they had experienced forced itself upon her. 'What it finally boiled down to is that "hurt people hurt people" and that if we wanted to stop people from getting hurt then, as a society, we were going to have to stop hurting children.'

Her conception of 'violence' is more than the obvious physical, sexual or verbal assault. It includes 'all forms of violence - allowing children to go hungry in the midst of plenty, denying them adequate educations, permitting homelessness, withholding medical care, failing to support overwhelmed families, and tolerating corporate and governmental policies that make good parenting virtually impossible. Nothing will change for the better until we take seriously our shared responsibility for

the well-being of our children - all of our children.'

Bloom believes the consequences are seen not simply in individuals, but are manifest also in the shaping of culture and society. 'We live in a culture in which the exploitation of others for one's own gain is acceptable practice. Violence is not unacceptable, it is simply regulated. Only people who have power are [allowed] to hurt other people and have their behaviour condoned by the state.'

The position accorded to those most overtly and detrimentally affected by this has a further defensive component which is best understood as a culturally-embedded and expressed identification with the aggressor: 'Blaming the victims for their problems and thereby allying oneself with the powerful perpetrator is far easier than emotionally containing the raw pain of innocent suffering and helplessness.'

Bloom's context is the American experience of economic restructuring and challenges to the welfare system. There are differences in detail in comparing this with the UK, but the substance resonates very powerfully with our experience of the last two decades and the continuing debate in the political climate of 'New Labour'. A culture exists which confuses autonomy and individualism: there is ambivalence about having needs for, and in, relationships - a pseudo-independence promoted at the cost of mature interdependence and mutuality.

Bloom captures it thus: 'In this view of the world, which characterises such a fundamental aspect of Western philosophy, psychology, and politics, attachment behaviours are always slightly suspect, easily merging into the pathological and called neediness and dependence, regression or manipulation.'

But she does not descend into a simplistic diatribe against others. Instead, she describes how she and colleagues realised that they had to appreciate their part as perpetrators, perhaps even perpetrators, in a system which participates 'routinely in this cycle of victim-perpetrator behaviour until it merges into expectable human behaviour...'

It is also essential that we do not attempt to set ourselves apart in our professional roles as if we are another

species. The potential to be on, or enact, either side of the dynamic remains. The concept of 'vicarious victimisation' describes the process by which the professional may ultimately become yet another victim of the original traumatising experiences of their patients simply through the process of their professional roles. The consequences may be serious - burn-out and, perhaps, physical and mental ill-health.

With a rather pessimistic, but characteristically honest appraisal, Bloom states: 'We have not found a solution to this problem, and if anything it is getting worse. The reasons for this are complex. I have wondered if there may not be a limit to the amount of traumatic exposure a caregiver can tolerate without relief... Bearing witness to the retelling and reliving of these experiences, every day, all day long, is ... toxic.'

If there are to be sustainable, good quality services, the response to this problem needs to come from all parts of the system - individuals and professional organisations, purchasers and providers as well. The implementation of particular financial policies and restrictions do not only govern what clinical activities are sanctioned; they also influence the ability of those who are having to work within the limits this imposes to maintain themselves in those activities.

'Since the staff members universally pride themselves on their commitment to the patients and see this commitment not just in professional, but in moral and even spiritual terms, the ethical dilemmas are producing even more stress. This is an environment that is very conducive to burnout.'

Bloom feels there has been a pervasive failure to appreciate the significance of traumatising events and experiences. I wonder if this is as universal as she states. It may be the case in some circles, but in others there is a struggle to understand both the internal and the external influences governing whether events and processes impact in a fundamentally traumatising way on an individual.

Her position may reflect the need for a strong response to approaches which focus overly on manifest behaviour, or perhaps the dangerous denials which are proving to be one extreme of the debate about 'Recovered

Memories'. Bloom's experience is that when patients did reveal abuse, they often did not say they had not *remembered*, but that they had not been asked or that that information had been obtained in the history but its significance not explored or appreciated.

From my own clinical experience, it may also be that the sense of shame in admitting to having been abused means it remains difficult for someone to report this even in well-established therapeutic relationships where very intimate details have already been shared. Charles Dickens captures the essential quality in *David Copperfield*: 'My stripes were sore and stiff, and they made me cry afresh, when I moved; but they were nothing to the guilt I felt. It lay heavier on my breast than if I had been a most atrocious criminal...'

Creating Sanctuary is an interweaving of different aspects - part personal account of a 'professional journey' and transition in practice, part text book in offering summaries and descriptions of theoretical concepts of trauma, attachment and aspects of social psychiatry, and part manifesto demanding political change.

I welcome it warmly, since it offers the opportunity to recommend a psychiatric text which engages with the struggle to synthesise aspects of the biological, psychological and social. Bloom writes clearly and evocatively, engaging us with the life-task of integrating personal and clinical experience, while directing us towards the developing body of knowledge that facilitated her in this process. Speaking from the heart and soul, she does not ask us to suspend judgement, nor to lose our minds.

Creating Sanctuary will be useful to those needing an introduction to the field and their teachers, to those who are more experienced and to those who wish to reflect on the detail and process of the professional role in mental health. I strongly recommend this book to everyone with a serious interest in mental health, whatever the age of their clientele.

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Once in a house on fire

Andrea Ashworth

Memoirs are the thing these days, it seems. Contributing to the vogue is Andrea Ashworth's *Once in a house on fire*, a daughter's view of her two younger sisters and her mother growing up amid domestic violence, alcoholism and poverty in the 70s.

Grim subjects. Yet right from the first sentence, 'My father drowned when I was five years old', this is an absorbing book, charting Ashworth's turbulent childhood in 'the rougher end of Manchester', and the effect her mother's regrettable choice of partners has on the family.

Memorably, Ashworth has a feel for the right word to vivify a phrase: 'The smallest boy stood up to my nose, ketchup *rusting* in the corners of his lips'. There is a sharpness to her memory: 'Sarah's eyes were sky-blue marbles. Her yeasty cheeks made me think of chewing'. A quietly disconcerting menace pervades much of the writing, as in the first appearance of their new stepfather: 'A looming, red-faced man stepped into our house for tea' (this childhood was never allowed to be a 'forgotten boredom' a la Larkin). Yet the book is also sprinkled with a wry humour: 'Even the air smells posh', as the family graduate from Kwik Save to Asda.

One aspect of this book which stands out, however, is the almost total lack of authorial comment. Nowhere, for example, is there an attempt to understand why her mother would continually return to the men who tormented her (and which after all put the author and her sisters in considerable danger). Perhaps Ashworth felt that a more contemplative voice would sit uneasily with the style of a memoir; that the reader is better off with just the story, the facts. Whatever her reasons, ultimately the leanness of her stance somehow strengthens her account, as the vividness of the memories impress upon us not only the horror of such stories, but also the spirit which can endure despite them.

Richard Meier

Picador (1998) ISBN: 0-330-35191-5