

3. Investigator—planning, executing projects and getting published;
4. Mentor—guiding trainees in mental health;
5. Public relations professional—managing the consumers' forum, the judiciary and the media.

Now the importance of the book depends on the value of 'X'. Having gone through the book, it seems that X is to be assigned a value of ≥ 3 for the book to be of use in becoming a complete psychiatrist!

The opening 3 chapters focus on a few general issues of mental health practice. The naïve reader may then feel like delving further into the subsequent topics. For example, a short overview of the role of culture in shaping disease into illness and the allocation of resources in response to the cultural needs of a country is followed in the next chapter by a proposal of a pragmatic corollary (hierarchy of 4 models) of the biopsychosocial model of illness, with the third chapter focusing on basic ethical reasoning and dilemmas. However, the contents of the subsequent topics may make the reader feel somewhat at sea. The descriptions and settings are related to the NHS of the UK. Leadership, managing committees, managing people, negotiating skills, clinical governance and managing complaints are the topics expounded essentially in the context of the NHS. It is not clear how a mental health professional from India or neighbouring countries would find such topics useful. For this reason, it is doubtful that the authors have achieved their avowed aim that 'this book would work well for several countries'. In essence, those aspiring to make a move to join the NHS or to countries with a similar healthcare system, for example, Australia or New Zealand, will benefit a great deal by going through this book.

Notwithstanding the fact that sections of the book centre round the NHS, there are sections that could empower medical as well as mental health professionals in middle- or low-income countries to face certain newly emerging challenges. Healthcare, like automobiles and airlines, works best as a system. The system remains safer in the hands of a team of ordinary but similarly trained staff than in the deft hands of one or two highly competent professionals. These notions have already swept the West and are now the buzzwords in the corporate as well as the apex healthcare set-ups in India and neighbouring countries. Psychiatrists, much more than their colleagues, have to be aware of these notions, given the fact that diagnostic confidence in the discipline is generally low and treatment is, by and large, symptom-based and very often equally poised on non-medical models of care. The systematic expositions in the book on 'understanding systems', 'multidisciplinary teams', 'clinical audit', 'quality improvement tools', to name a few, can serve as a useful guide for those sharing a genuine concern for quality of care or those facing the daunting task of national accreditation for hospitals.

Apart from the sections on quality, some other chapters in parts III and IV are equally relevant to all psychiatrists in the making or already working as junior consultants. For example, managing stress, personal safety, difficult clinical situations, presentation skills, how to get published and mentoring consultants can come in handy to help one surmount many a mundane hurdle in clinical practice.

The book would have been more complete if it had had some chapters on evidence-based medicine, ways to handle discrimination against psychiatry and psychiatrists, and the varying roles of the psychiatrist in different set-ups, such as a psychiatric hospital, general hospital psychiatric unit, private set-ups and a district hospital.

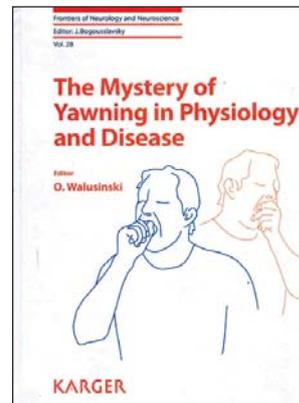
It is easy to carry this paperback edition in the handbag. The sharp and clear type fonts make the book easy on the eye. The book is quite reasonably priced, given the fact that its contents are not easily available in ordinary textbooks of psychiatry.

Clinicians always emphasize their role as important. None of us, except those few who are administrators by instinct, like to take up administrative work by choice. Yet needless to say, administrative work is becoming the way of life and the way of survival in our profession. This is where the success of this book lies, oriented as it might be to the NHS, and it will find its rightful place on the shelf of the personal library of psychiatrists for generations to come.

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The Mystery of Yawning in Physiology and Disease. O. Walusinski (ed). Karger, Basel, 2010. 160 pp, price not mentioned. ISBN 978-3-8055-9404-2.



This is a unique book of 12 chapters on yawning, a physiological process which everyone experiences but understands very little. The science of yawning, 'chasmology', has evolved considerably in the past 20 years.

The book begins with an excellent historical perspective on yawning, quoting from the first medical writing by Hippocrates in BC 400. The chapter on 'Population knowledge and beliefs' discusses the

Indian belief that ghosts enter the body through the mouth while yawning and the so-called remedy for this is illustrated on the cover page—putting your hand in front of your mouth to scare the bad spirit away. The chapter on foetal yawning aroused my curiosity. It is suggested that yawning plays a role in developmental disorders. The process of yawning, which begins in foetal life and continues into old age, changes throughout life. It has been observed in numerous animal species too.

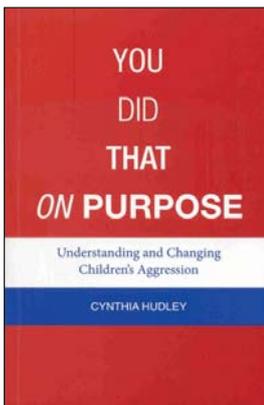
The chapter on yawning and vigilance discusses two hypotheses: (i) yawning is triggered by drowsiness, and (ii) yawning arouses the brain. The chapter on yawning in non-primates and the effect of punishment-induced fear and yawning would interest researchers in basic sciences. Does yawning cool the brain? Read the 'brain cooling' hypotheses. ACTH/MSH, acetylcholine, oxytocin, nitric oxide, dopamine, excitatory amino acids, serotonin, opioids and GABA are some neurotransmitters involved in the physiology of yawning. Yawning is contagious and can be transmitted from one to another species. An interesting experiment showed dogs yawning following a human yawn. The chapters on 'Neuro-imaging of

yawning' and 'Associated movements in hemiplegic limbs during yawning' makes for interesting reading.

This book is simple reading and motivates the reader to want to know more. I would recommend the book, especially to residents and faculty in physiology, neurology and sleep medicine.

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You Did That on Purpose. Understanding and changing children's aggression. Cynthia Hudley. Byword Books, New Delhi, 2010. 180 pp, ₹299. ISBN 978-81-8193-059-0.



In recent times, civil society, parent systems and the school have increasingly become concerned about aggression in children. Aggression as a behaviour constitutes an important child mental health issue. Child mental health professionals are now being challenged by a distinct, if not alarming, increase in consultations around aggression. Let us examine why aggression is important to address.

Perhaps the greatest concern to parents, educators and policy-makers is the fact that peer rejection, delinquency and school achievement are three major consequences of childhood aggression. Childhood aggression has also been linked to serious life problems in adulthood including employment difficulties, mental and emotional distress, and substance abuse. Indeed a life span approach to childhood aggression clearly indicates stability of aggressivity into adulthood both in boys and girls. Aggressive children are perceived as less academically successful, more behaviourally disruptive, and less motivated in class, with negative effects on educational and career attainment which can persist even into mid-adulthood. In elementary school, peer rejection, low motivation, inattentiveness, frequent off-task and disruptive behaviour are seen. In middle school, poor self-control, poor achievement is noticed. This is more pronounced in boys.

There are several models to understand aggression: psychological, sociocultural and neurobiological. This book is based on psychological and sociocultural foundations. The basic premise lies in understanding intent. The author formulates a model based on the interaction of Attribution Bias and Memory Bias. Based on this formulation, she suggests interventions that are school-based, family-based and community-based.

Attributions bias refers to attributions of intent where there is overestimation of harmful intent in others, i.e. belief that the outcome was not the result of environmental conditions; the other person was in control of the behaviour that caused the negative outcome; the other person intended the outcome to happen.

Memory bias refers to 'recalling' hostile information even if it had not been present. This gives rise to causal schemas that are a mental picture or a map, of what we expect to happen in a given situation, how to behave appropriately in that situation, and what outcome we can expect from the behaviour. It is composed of several scripts that help to focus on whatever is important in that setting. These are thus products of our accumulated experiences, stored in memory. Both these biases support aggression.

The author is a former teacher and administrator for students with emotional disturbances in the USA. Drawing on her work as founder of a successful school-based intervention programme, the BrainPower programme, she describes in this book methods for reducing children's peer-directed aggression. The book is organized in seven very readable chapters. The first two chapters take a look at children's aggression and attempt to understand intent. Chapters three and four describe the BrainPower programme and its effectiveness. The last three chapters look beyond the individual child to what schools, the family, the community and public policy can do for the well-being of children.

The BrainPower programme, as mentioned above, is based on the interaction of the attributions bias and memory bias. Events that result in a negative outcome to self give rise to a perception of hostility and perceived controllability. This in turn gives rise to memory stores favouring aggression thus resulting in anger and aggressive behaviour. It would be of great interest and usefulness for the readers of this journal to have a bird's-eye view of the BrainPower Programme curriculum:

Curriculum

Lessons

- I. Discusses goals and benefits of the programme
- II. Presents intent attributions (role-play, home work—log)
- III. Introduces non-verbal cues to detect intent (picture identification games)
- IV. Discusses how one's feelings interfere with intent detection (analyse story, sentence completion task)
- V. Continues exploration, increasing complexity of situations, focus on ambiguous situations (view prepared videotapes)
- VI. Reviews the skills for accurate intent detection (create scenarios)
- VII. Focuses on the idea that ambiguous situations do not really fit any category (reviews of scenarios from lessons V and VI)
- VIII. Discusses causation in social situations by contrasting controllable and uncontrollable causes of events (analyse story endings)
- IX. Addresses how to detect similarities/differences and categorize situations (role-play)
- X. Introduces appropriate action when responding to ambiguous situations (Brainstorm, role-play)
- XI. Practises questioning skills (role-play interviews, homework-practice questions in regular situations)
- XII. Reviews concepts and skills presented in programme, brain storms strategies for remembering curriculum (certification).

In summary, this programme provides specific activities for understanding intent ambiguity, practice in identifying intentionality, distinguishing intentional and unintentional outcomes and thus practice in making attributions and generating decision rules. It is conducted as a school-based or after-school programme in groups of 6–8 children, twice-weekly sessions of