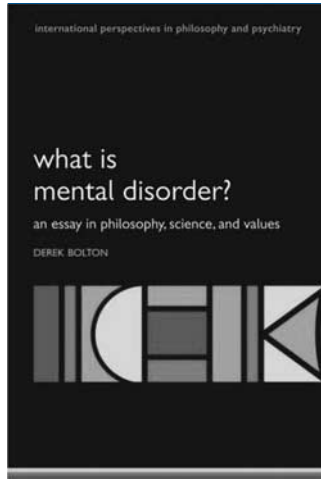


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



What is Mental Disorder? An Essay in Philosophy Science, and Values

By Derek Bolton
Oxford University Press
2008. 321pp. £29.95 (pb)
ISBN 9780198565925

This is an important book. The author entitles it an ‘essay’, an apt term for a sharply focused but extended examination of the question. It is not a review, but an argument; but the argument analyses much that has previously been said about the subject.

Bolton is ideally placed to write such a piece, being a philosopher, clinical psychologist and researcher. He also co-directs a Masters programme on the ‘Philosophy of mental disorder’.

Bolton notes that the question has a curious status: ‘barely visible yet of widespread importance’. Clinicians may pay little regard to it in day-to-day practice, but the implications for social exclusion are major. Particularly troubling is the role of ‘values’, as opposed to facts, in determining what mental disorder is.

The essay starts by examining the assumptions underlying the diagnostic manuals, including some major recent critiques, such as that of Horwitz & Wakefield.¹ Bolton then asks what the bio-behavioural sciences now have to tell us about the phenomena. This is a valuable discussion, particularly the claim that Jaspers’ celebrated dichotomy between ‘understanding’ and ‘explanation’ should be superseded by a more inclusive concept of ‘intentional causality’. This encompasses biological and psychological processes construed within the context of evolutionary design, and can lead to coherent ‘pluralistic’ accounts of causes.

Then on to the claim that mental disorders could be ‘natural facts’. The strongest case is Wakefield’s, who argues that mental disorders are harmful disruptions of psychological functions designed by evolution. This receives a sympathetic hearing, but is not endorsed because many proposed ‘functions’ are hypotheses, not facts, and are hugely pervaded by social meaning.

So we cannot escape a critical role for ‘values’ in defining mental disorder. The social aspects of mental disorder are then examined, much influenced by Foucault. Bolton’s view of the implications of ‘post-modernism’ is that uncertainty about ‘boundaries’ presents the necessity for a range of ‘stakeholder’

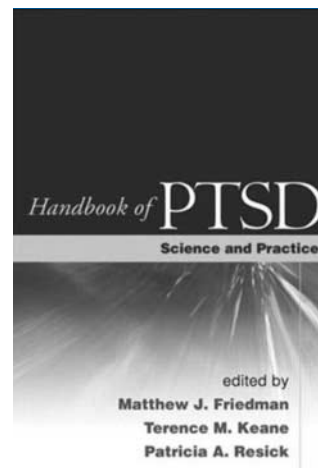
voices to be heard and to be reconciled. Bolton finally settles on a pragmatic view of mental disorder – complex, often messy agreements based on judgements of ‘distress or disability’ that lead to a perceived need for treatment. This does not help in relation to interventions to protect the public, which he argues should be regulated by human rights protections, not definitions of mental disorder. Sadly, this is unlikely to work in practice.

The book is clearly organised and is written in an engaging style. The reader need not fear abstruse philosophical analysis. Anyone with an interest in the subject would do well to read the book – and that should include all clinicians.

- 1 Horwitz AV, Wakefield JC. *The Loss of Sadness: How psychiatry transformed normal sorrow into depressive disorder*. Oxford University Press, 2007.

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Handbook of PTSD Science and Practice

Edited by Matthew Friedman,
Terence Keane & Patricia Resick.
Guilford Press.
2007. 592pp. US\$75.00 (hb).
ISBN 9781593854737

This book, whose editors are strongly associated with US Veterans Administration post-traumatic stress disorder (PTSD) programmes, sets out to be a comprehensive, state-of-the-art compilation of the work of 60 authors in the field. Part I is a historical overview, Part II covers scientific foundations and theory (including neurobiology and gene–environment interactions), Part III covers clinical practice (including psychosocial treatments and pharmacotherapy) and Part IV is entitled ‘Uncharted territory’ (including PTSD and the law, and the agenda for future research).

A book with ambition, it sets out to ‘document how far we have come during the past 25 years’. The trouble is, nothing is included that might spoil the conclusion that progress has been remarkable. Yet, as Robert Spitzer, one of the original architects of PTSD, wrote recently,¹ no other DSM diagnosis has generated so much controversy as to its central assumptions, distinction from normality or other categories, clinical utility, and prevalence in various populations and cultures. He proposed a tightening of definitive

criteria. Spitzer might well have cited Freuh *et al.*² who found that military records did not corroborate the accounts of almost 40% of veterans claiming combat-related PTSD. This supports studies in which clinicians could not distinguish simulation by actors from 'genuine' cases of PTSD. Almost 250 000 US veterans still receive financial compensation for PTSD. Indeed there are concerns that issues of secondary gain and malingering have contaminated the PTSD database, and Rosen³ suggests that journal editors should oblige authors to reveal the litigation status of their subjects.

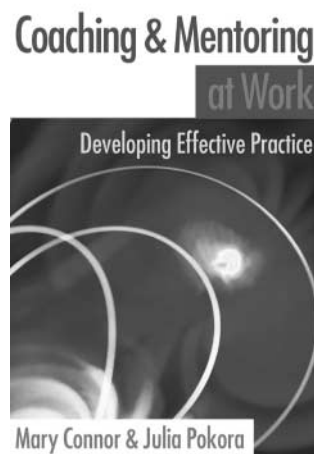
Similarly, serious questions concerning the role of PTSD in the medicalisation of everyday distress, and whether the dynamics of compensation prolong disability, are brushed aside. Yet most patients given a diagnosis of PTSD do not seem to return to pre-trauma levels of functioning (indeed, when I was psychiatrist to the Metropolitan Police I found that once the diagnosis was applied to an officer he was extremely unlikely ever to return to policing, and that the defining role played by the traumatic stress centre was to support an application for early retirement and medical pension).

I appreciate that the editors might well be unhappy that I, a confirmed critic of PTSD and of the industry it has spawned, have been asked to review their book. In fairness, I would concede that some of the mud I and others have thrown at PTSD would stick to other categories as well (we could start with depression), reflecting a general critique of the construction of psychiatric knowledge and its over-reliance on the biomedical gaze.

- 1 Spitzer R, First M, Wakefield J. Saving PTSD from itself in DSM-V. *J Anxiety Disord* 2007; **21**: 233–41.
- 2 Freuh BC, Elhai JD, Grubaugh AL, Monnier J, Kashdan TB, Sauvageot JA, Hamner MB, Burkett BG, Arana GW. Documented combat exposure of US veterans seeking treatment for combat-related post-traumatic stress disorder. *Br J Psychiatry* 2005; **186**: 467–72.
- 3 Rosen G. Litigation and reported rates of posttraumatic stress disorder. *Personality and Individual Differences* 2004; **36**: 1291–4.

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Coaching & Mentoring at Work: Developing Effective Practice

Mary Connor & Julia Pokora.
Open University Press.
2007. £17.99(pb). 224pp.
ISBN 9780335221769

In the introduction Connor and Pokora outline their reasons for writing this book. Both have extensive experience in delivering mentoring skills training and they hope to encapsulate their learning from these programmes. They wanted a book that would be easily accessible for busy people and one that would be of use to both experienced and novice coaches and mentors, and also to their potential clients. They acknowledge the ongoing debate about coaching *v.* mentoring which, in their experience, they have found to have much in common: '... this book seeks to identify the common ground, as well as to acknowledge the differences, and to explain the key principles that underpin both effective coaching and effective mentoring'.

So how well do they achieve these aims? First, each of the ensuing chapters begins with a helpful outline and ends with a brief summary of key learning points.

The book is good on definitions in this difficult area. The authors articulate nine key principles that underpin their concept of effective mentoring and coaching, and these are referred to throughout the text. The focus is clearly on the individual at work and they go to great pains to differentiate coaching and mentoring from patronage and other forms of psychological therapies and counselling.

They emphasise the importance of having a conceptual framework to your coaching or mentoring practice and a chapter is devoted to a detailed look at Egan's 'skilled helper' framework. This is illustrated with two good worked examples for both a coaching client and a mentee. Regarding the latter, the example is a hypothetical Paul who is a medical director and the reader is taken through two mentoring sessions helping him deal with a difficult senior clinical colleague and a demanding director of finance. The worked examples are explicitly underpinned with the nine key principles and the reader is encouraged to reflect on how they would act in their role as mentor at key stages during the two sessions. In both worked examples there is a further interactive reflective section where the reader is encouraged to consider their own development and need for support or supervision.

There is a chapter, including helpful references, on useful tools and techniques which are clearly explained along with suggestions on when they should be used and what skills the coach or mentor will need. There are excellent chapters on how to train and develop coaching and mentoring skills and on practical ethics.

Finally, the authors look at how a mentoring and coaching culture can be developed within an organisation, drawing on the experiences of four people involved in such initiatives within their own organisations. The four examples cover both public- and private-sector organisations: '... we hear from the possibilities and problems; the costs and benefits; the highs and lows; the resistances and the rewards'. This approach works very well.

The appendix contains useful contacts and websites and there is a comprehensive bibliography.

This is a superb book and an excellent resource for existing mentors and coaches. It will also be a valuable introduction for potential clients – and is likely to encourage them to become coaches and mentors in their own right.

I am doing an intensive coaching skills course next month – this book will be kept close at hand and referred to extensively throughout the course.

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