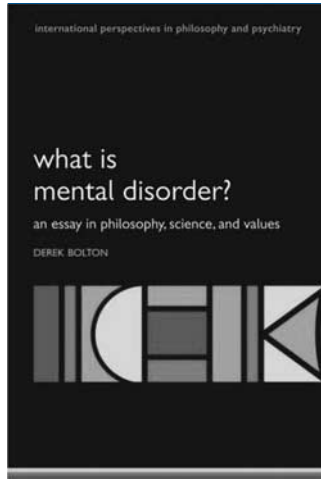


Book reviews

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particularly the claim that Jaspers’ celebrated dichotomy between ‘understanding’ and ‘explanation’ should be superseded by a more inclusive concept of ‘intentional causality’.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

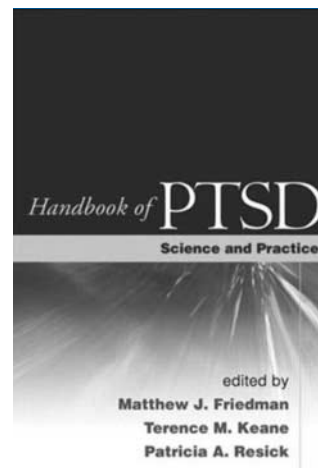
voices to be heard and to be reconciled. Bolton finally settles on a pragmatic view of mental disorder – complex, often messy agreements based on judgements of ‘distress or disability’ that lead to a perceived need for treatment. This does not help in relation to interventions to protect the public, 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.

George Szmukler Professor of Psychiatry and Society, Institute of Psychiatry, King’s College London, De Crespigny Park, London SE5 8AF, UK.
Email: g.szmukler@iop.kcl.ac.uk

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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