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particularly the claim that Jaspers’ celebrated dichotomy between ‘understanding’ and ‘explanation’ should be superseded by a more inclusive concept of ‘intentional causality’.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

criteria. Spitzer might well have cited Freuh et al., 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 Rosen 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 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).

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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A much needed contribution to the expanding literature on the philosophical issues raised by clinical psychiatry, this book provides a clarification and thorough discussion of the philosophical assumptions that already permeate many aspects of psychiatry, for instance the scope of the principles of professional ethics, the rationale for the classification of mental disorders and the divergent approaches to reductionism.

The volume is very clearly structured and easy to use and has well-defined sections, a glossary of philosophical terms and suggestions for further reading. It is divided in three parts: values, meanings and facts, each of which can be read independently, thereby allowing both professionals and students to select an area of interest when the need for clarification arises. The obvious connections between these parts are also explored by Thornton, not just in the introduction and the conclusion, but in the course of his historically informed and engaging discussion.

It would be a mistake, though, to conceive of Essential Philosophy of Psychiatry as a textbook which presents a neutral stance to the methodological approaches one can adopt. The work is truly original and controversial. It offers a fairly complete account of the current trends in the subject, but then argues convincingly for the importance of preserving essential judgements in psychiatry as sensitive to complex factors that characterise the context of the clinical setting. I share Thornton’s concerns with the attempts to reduce psychiatry to something else. Psychiatrists are not mere brain mechanics, intent on addressing a dysfunction by restoring chemical balance. Neither can they be seen as mathematicians applying algorithms to guarantee minimum levels of care to users and stay clear of legal action.

But the fact that psychiatrists deal with persons who are capable of beliefs, desires, intentions and emotions, and who can suffer as a consequence of having such intentional states, does not speak against the contributions that disciplines such as cognitive neuropsychology can make to the understanding of the mind. The study of the cognitive mechanisms by which, say, beliefs are formed and revised is not in competition with, but is necessary for, an understanding of the experience and the behaviour of the person who forms and revises those beliefs.

The significance of a spiritual dimension to psychiatric practice has come to be recognised by most authorities in the mental healthcare arena. Spirituality means the investment of meaning into the presentation and management of psychiatric disorder through an understanding of the patient as a whole person with individual and societal values and beliefs and a world view. Failure on the part of the clinician to capture this almost certainly threatens the effectiveness of evidence-based interventions to relieve symptoms and can disable people from achieving recovery, well-being and citizenship.

This book explores one vehicle through which spiritual care can be brought to life – person centredness – and distinguishes this from patient centredness. The latter encourages consumers to become more active and powerful in the planning and review of care through deploying the Department of Health’s current mantra of the right to actively exercise a choice. The former, originally described and practiced by Carl Rogers, encourages clinicians to adopt a non-directive approach aimed at helping the client mobilise their own strengths to drive a process of constructive personality change and self-actualisation, the therapist adopting a stance of unconditional positive regard in order to empower them to do so.

Spirituality, patient centredness and person centredness are clearly linked, but it may specifically be the last that poses the most colossal implications for psychiatry. The right to actively exercise a choice may lack the capacity for self-determination or who may unwittingly be encouraged (through mental health legislation, for instance) to subjugate responsibility for their actions to statutory and other health and social care services.

Rachel Freeth, a consultant in general adult psychiatry in Gloucestershire and fully qualified person-centred counsellor, sets out the issues clearly and compellingly and there are powerful forewords by Brian Thorne and Mike Shooter. It is clear that all three are coming at this from a position of passion and the book is immediately engaging to any reader interested in mental healthcare, particularly relevant to reflective, empathic clinicians and absolutely necessary for medical and other clinical managers interested in creating a more emotionally intelligent clinical culture within today’s National Health Service.

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Most books on premenstrual syndromes published in the past 5 years have been self-help books, a testament to the importance women place on their need to manage these symptoms. Anne Figart, a sociologist writing in 2005, noted that publicizing and legitimising premenstrual syndrome (PMS) over the years has had a positive effect in increasing women's sense of control over their symptoms. However, she and others writing from a feminist perspective, also argue that the label PMS allows women to make excuses for their behaviour and permits doctors and scientists to exert control over them which might lead to bias and discrimination. In parallel with this debate, the scientific world has seen enormous advances in understanding the aetiology of PMS and premenstrual dysphoric disorder (PMDD), and the evidence base for treatment has grown.

A central theme of this book is the pulling together of a variety of perceptions of the nature of the disorders and their management from scientists, gynaecologists, psychiatrists and complementary medicine practitioners from the UK, Europe and the USA. The only missing voices in this text are those of women with PMS or PMDD whose attitudes to, and beliefs about, the available treatments are important.

Practice differs in several respects between disciplines and countries, sometimes following the evidence base but elsewhere departing from it. Even in the UK, some of drugs with the strongest evidence base are not licensed for treating PMS or PMDD, whereas some of those without demonstrated efficacy are licensed. The book begins with a historical overview followed by a chapter examining the debate around these diagnoses and outlining the diagnostic criteria used in clinical settings and research. Elias Eriksson then reviews the role of serotonergic dysfunction in the pathophysiology of PMS. The other chapters on pathophysiology (ovarian steroids and endocrine studies, and γ-aminobutyric acid with reference to neuroimaging studies) are found later in the book, with genetics the subject of the penultimate chapter. It would seem more logical to group the aetiology together and follow them with those relating to epidemiology, then assessment and treatment.

There are updates for psychiatrists who have forgotten the physiology of the menstrual cycle and gynaecologists who lack knowledge of neurotransmitters. Three chapters focus on epidemiology, comorbidity with other psychiatric conditions, and clinical presentation and course. Others discuss hormonal therapies, psychotropics (antidepressants with a paragraph on anxiolytics), ovarian cycle suppression and complementary therapies. Clinical assessment, evaluation and management are addressed. Nowhere else will you find such an up-to-date collection of scientific thought and evidence and I would recommend it as an essential reference for anyone working with women of reproductive potential.

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R. D. Laing opened one of his less enduring works with the warning: ‘Few books today are forgivable’. Well, here’s one to celebrate. If you practice psychotherapy and you read it, your patients stand to benefit. And, as an impressive synthesis of research and practice, it joins a handful of books that truly belong to this century rather than the previous one. Wallin has recognised that the techniques relationally minded therapists have been discovering may be out of step with some traditional clinical teaching, but can be usefully reconciled with findings from cognitive science and neuroscience as well as developmental psychology. Implications include the way therapeutic approaches are tailored throughout to an individual patient’s attachment history and responses, the importance of non-verbal communications and how awareness of feelings in the body is fostered in therapy.

In the model Wallin develops, patients are helped to overcome the ways they have become, as a consequence of insecure early attachments, either embedded in or dissociated from their experience. They do this by developing the capacities to reflect, to mentalise and to be mindful. The therapist models and teaches these capacities within a therapeutic process whose aim is to bring about a lasting and liberating adjustment in patients’ relationship to their experience. Minute attention is paid to the particulars of what is happening and how it is being understood, rather than relying on more abstract forms of interpretation. To work effectively, providing optimal conditions within a therapeutic relationship, therapists need the personal capacity to offer not only secure attachment but a very receptive and accepting attentiveness towards their patients. Well-chosen examples are provided of these in practice.

Like many good books, Attachment in Psychotherapy provides a snapshot of work in evolution. Its bland title belies its actual range. Its current organisation, which reveals progressive levels
of subtlety of the author’s model, rather than a sequence of therapeutic operations, may not be final. Perhaps two apparent omissions will be addressed in the next version. One is the role that eye movement desensitisation and reprocessing (EMDR) is finding, in other hands, in potentiating the sort of therapeutic operations that Wallin recommends. The other is the potential of therapeutic groups to afford an arena in which feelings not only emerge through what he terms evocations and enactments, but can also be understood and modulated within a rich but stable set of relationships. For now, we can be grateful that this book has arrived. It is much more than forgivable. It seems indispensable.

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