

for anyone who wishes to extend their knowledge and develop services for OCD. As well as presenting the science behind OCD, the outcomes of various therapeutic interventions are also examined.

My criticism of the book is that, as a multi-author work, it is in parts highly repetitive. For example, almost every chapter includes a description of the Yale–Brown Obsessive Compulsive Scale. This may be useful for the reader who uses the book as a reference work, but it is tedious for anyone reading it from beginning to end. Another criticism is that whereas a wealth of neuropsychiatric research is presented, cognitive–behavioural therapy (CBT) is rather sparsely covered. There is a relatively short chapter on psychological treatments but the general role of CBT, such as in treatment-refractory OCD, is not fully described.

Despite my reservations I feel this is a useful addition to the literature and would recommend it to all adult and child psychiatrists who may wonder how to treat these patients.

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De-Medicalizing Misery: Psychiatry, Psychology and the Human Condition

Edited by Mark Rapley, Joanna Moncrieff & Jacqui Dillon. Palgrave Macmillan. 2011. £19.99 (pb). 320pp. ISBN: 9780230307919

This multi-author work derives from, apparently, a series of conferences arranged by the Critical Psychiatry Network, the Hearing Voices Network and the School of Psychology at the University of East London. Their roots lie in the anti-psychiatry movement of the 1960s and 1970s, and they nail their colours to the mast. Of the 19 contributors, 6 are (or have been) consultant psychiatrists, the rest being mainly clinical psychologists. The zeitgeist of the collection is an overall critique of the 'positivist psychiatric project of codifying human suffering into disease-like categories', and although the editors' knowledge of psychiatric history seems very limited (seeing recognisably modern psychiatry and psychology as starting in the 1890s), one can only admire the enthusiasm and commitment of the authors.

The 19 chapters summarise various challenges to current mental health practice, often referred to as the 'psy-professions'. Chapters include 'The social context of paranoia', 'Medicalizing masculinity', 'The myth of the antidepressant: an historical analysis', and 'Toxic psychology', and their titles are exemplary of their content. Nor does the content confine itself to just medical aspects (e.g. the myth of mental illness), but also aims its barbs at psychotherapy and psychology (e.g. 'Psychotherapy: illusion with no future?'). The notion of psychiatry as 'imperialism', constant use of phrases such as 'the medical model' (what is the

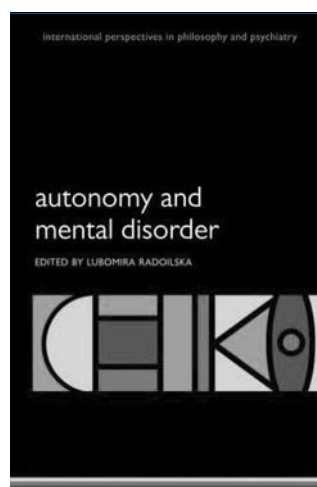
medical model these days?) and references to a 'naively realist worldview', help define the discourse. There is, generally speaking, a consistency of opinion here, and there is a wide range of references, although a number of authors tend to refer to themselves more than anyone else (not a good habit).

The editors sum up the overall thrust of the concerns in their last chapter ('What is to be done?'), reinforcing the notion that 'the modern conception of madness and misery as diseases, illnesses or disorders that can only be understood within a specialist body of knowledge, fails to do justice to the range and meaning of the experiences that these concepts refer to'. Their concern is that such designation abuses individuals and thus somehow lends to 'wreaking violence on the life experience and subjectivity of those we purport to "help"'. Their point that madness and misery are not just a preserve of psychiatrists but 'they belong to us all' is wholly reasonable, and in that sense the battle against stigma remains essential to how we progress with psychiatry in the 21st century. Why, however, we should abandon attempts at understanding better the nature of psychological problems, or the extraordinary insights generated by the diagnostic model that derives from Hippocrates and Sydenham, is another matter. Embracing criticisms of modern psychiatry in this volume, which should make us think, is an exercise that all good psychiatrists should undertake. For example, the over-expansion of the notion of 'depression' is a besetting difficulty for anyone in clinical practice.

Many busy professionals no longer have time to read whole books, but taking any one or two chapters from this sparky collection would be well worthwhile. In that regard I would recommend, Jacqui Dillon's 'The personal is the political' deriving from her grassroots experience, and 'Dualisms and the myth of mental illness' by Philip Thomas and Patrick Bracken as a classic example of philosophy and psychiatry not mixing. That psychiatry should row back from trying to be an all-embracing answer seems obvious, and we should welcome critical messages, but anti-science is not the right way forward.

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Autonomy and Mental Disorder

Edited by Lubomira Radoilska. Oxford University Press. 2012. £39.99 (pb). 328 pp. ISBN: 9780199595426

How autonomy and mental disorder relate – the topic of this book – is a good example of a question likely to provoke two minds: is it a puzzle that, as Wittgenstein would have said, is like a fly buzzing

in a bottle which the philosopher should show out? Or is it a problem that takes us to frontiers of our understanding where we should be coming up with good new ideas (as Karl Popper would have argued)? This collection of philosophical essays edges overall towards recognising a need for new ideas about the relation between autonomy and mental disorder. The question is certainly one of the big issues in psychiatry. It is a major problem for mental health law.

Many of the papers in this book are fairly philosophically technical and psychiatrists are likely to want more psychiatric phenomenology or law. That said, I suspect that *British Journal of Psychiatry* readers will find them no harder going than many other papers in psychiatric research and will certainly find them relevant to practice.

Autonomy has been the big theme in moral and political philosophy since at least the Enlightenment and it is a substantial source of our identities. Ask why freedom of choice and self-determination are good in any liberal democracy and you are likely to elicit puzzlement: they just are. Cambridge philosopher Jane Heal in an interesting Wittgenstein-leaning essay remarks on this and points out that consensus lies not around any idea of what autonomy is (the Enlightenment did not give us this very clearly), but in our practice of valuing non-coercion.

Yet psychiatrists want to know when, and when not, it is legitimate to treat mental disorder coercively, and without an idea of autonomy that can help, other ideas will step in. The main idea in mental health culture currently is risk. But risk attracts its own serious questions. Do we distort probabilities of suicide and violence in the service of risk-based decision-making about treatment without consent? Does risk disable people with mental disorder from achieving equality before the law?

Autonomy has been weakly woven into mental health culture hitherto and one reason has to do with how the concepts of

autonomy and mental disorder have been mapped to each other as opposites, with one unintelligible in terms of the other. In classical liberal thought the value of freedom from interference from others is taken as a fundamental right unless one is a child, a person who harms others or a person with mental disorder. Explicitly, or implicitly, autonomy and having a mental disorder have been conceptualised as mutually exclusive. This is what 'unsound mind' reflects – the basis of our traditional mental health laws. Once unsound of mind, liberty is a fragile right and the impulse to understand such a person's experience weak.

Cracks are starting to show with the unsound mind concept and with the politics of regarding autonomy and mental disorder as mutually exclusive. An emerging idea is what philosophers call the agency concept of autonomy and lawyers and psychiatrists know as decision-making capacity. If we take decision-making capacity seriously, then mental disorder and autonomy are not to be thought of as mutually exclusive and there will be new demands to understand their varying relationships.

Researchers and scholars of autonomy are starting to take an interest in mental disorder rather than treating it as a black box or as a thing to regard with extreme scepticism. That marks a significant intellectual change and this collection of essays, usefully structured by the editor and with a synthetic introduction, makes a very interesting contribution.

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