

Book Reviews

The Mind and its Discontents (2nd edition)

GRANT GILLETT

Oxford, Oxford University Press, 2009

xvi + 432 pp., (pb) £34.95

Philosophy of psychiatry is on the rise. The last decade has seen an explosion in philosophical interest in psychiatric disorder, supported by flourishing research in adjacent disciplines, particularly clinical and cognitive psychology, neuroscience, and, of course, psychiatry itself. The publication of the first edition of *The Mind and its Discontents* in 1999 helped spark this explosion. The publication of this second edition is a welcome addition to OUP's blossoming International Perspectives in Philosophy and Psychiatry Series.

Gillett is a neurosurgeon as well as a philosopher, and *The Mind and its Discontents* wields this double-edged sword. The book is multi-disciplinary, broad ranging, and ambitious in its aim of integrating scientific knowledge and humanistic insight to understand the nature of psychiatry. To this end, Gillett draws on analytic philosophy of mind, philosophy of science, metaphysics, epistemology, post-modern theory, neuroscience, biological, medical, and social science, psychiatry, law, literature, and biography.

The book has four foundational, abstract, chapters that address core topics in philosophy of psychiatry: the relation between mental and physical causation and explanation; the concept of mental illness, the reality of psychiatric classification, and the medicalization of symptoms; the role of values and interpersonal relationships in psychiatric diagnosis and treatment; and the nature of the unconscious and its role in recovery. These abstract chapters are then followed by eight more, each of which focuses on one particular kind of psychiatric problem: psychotic disorders; mood disorders; attention deficit hyperactivity disorder; autism; psychopathy; multiple personality disorder; anorexia; and hysteria. The book concludes with a refreshingly honest discussion of how clinicians too can suffer from mental distress and dysfunction in ways that affect the care they deliver to patients. And finally, the book offers a series of philosophical appendices on topics in analytic philosophy of mind, philosophy of science, metaphysics, epistemology, and post-modern theory.

Psychiatry is fundamentally a clinical practice: patients suffer from distress and dysfunction, and clinicians try to help them improve and recover, or, at least, manage their symptoms better so that their quality of life improves. The strength of Gillett's book is its insistence that this clinical focus be retained if we are to understand the nature of psychiatry and the disorders it treats. Gillett is at his best when he theorizes about the particular kinds of distress and dysfunction that are described in individual psychiatric case histories and patient reports. His overarching theme is that we understand disorder better and help people more by taking seriously the patient's own understanding of their symptoms, and situating this understanding within a wider social and cultural context. Psychotherapy can help because it is a form of interpersonal engagement and care that

encourages patients to develop a better narrative understanding of their lives. Gillett acknowledges that there is a biological dimension to disorder, but nonetheless laments the impersonal attitude that medicalization and pharmacological treatment of symptoms promotes. He writes with empathy and insight, and the chapters focusing on particular kinds of psychiatric problems are full of verve. They can also profitably be read on their own: the book is helpfully structured to allow the reader to dip in and out.

Nonetheless, there are serious problems with the book. Firstly, the new edition does not draw on the considerable advances in clinical and cognitive psychology, neuroscience, and psychiatry that the last decade has witnessed. This is a genuine lacuna in what is billed as an updated edition, and the chapters focusing on particular kinds of psychiatric problems are significantly less pertinent to a contemporary reader as a result. This is especially true in regard to the chapters on psychotic disorder and autism, where the last decade has produced a developed philosophical and scientific literature that Gillett largely overlooks.

To take just one example, Martin Davies and Max Coltheart have proposed an influential ‘two-factor’ model of delusions (see e.g. their ‘Introduction: Pathologies of belief’, *Mind & Language* 15 (2000): 1-46). The first factor consists in an aberrant experience that is the ground for the delusional belief. The second factor consists in the various belief formation and retention processes that explain the acquisition and maintenance of the delusion, in face of strong counter-evidence. Gillett makes the interesting suggestion, in keeping with his overarching theme, that delusions are connected both to ‘being among others’ and ‘neurocognitive function’ (p. 128). Consideration of the two-factor model and the supporting science would potentially allow him to put flesh on the bones of this claim. For, on the one hand, there is increasing understanding of the neurocognitive dysfunction contributing to delusion: there are now models of aberrant experience and cognitive bias (for a review of some of this literature, see e.g. P. C. Fletcher & C. D. Frith ‘Perceiving is believing: A Bayesian approach to explaining the positive symptoms of schizophrenia’, *Nature Reviews Neuroscience* 10 (2008): 48-58). But, on the other, the nature of this understanding is suggestive of abnormal interpersonal attitudes. For instance, delusional patients are unusually bad at self-monitoring and prone to attribute causal responsibility for events to other agents; and, further, much of the counter-evidence they fail adequately to weigh is of course testimonial. The experiential and cognitive dysfunction known to be associated with delusions is thus suggestively connected to abnormal ways of ‘being among others’: deluded patients seem to view others as powerful but untrustworthy. A more focused engagement with recent philosophical and scientific literature would have allowed Gillett to better explore this connection.

Secondly, the book also struggles to clearly and persuasively connect Gillett’s overarching theme to the more abstract philosophical chapters with which it begins. Gillett seems to suggest that we need a philosophical grasp of the nature of knowledge, reality, and the mind, in order ‘to understand psychiatry and the phenomena associated with mental disorders’ (p. 2). On one natural way of reading this claim, it is astonishingly ambitious, as if the nature of psychiatry and disorder will elude us unless and until we have a grand philosophical theory. But again, consider just one of the core philosophical topics Gillett discusses: the relation between the mental and the physical. Suppose, contra Gillett, that mental causation just *is* physical causation. His overarching theme could yet be correct: it might still be of theoretical and clinical value to engage with the

patient's own understanding of their symptoms. Now suppose that mental and physical causation are wholly distinct. His overarching theme could yet be misguided: the patient's own understanding could distract us from clearly seeing the real and underlying physical (or indeed mental) causes. The connection between Gillett's grand philosophical theory and the nature of psychiatry is not made evident. If this really is the book's aim, it falls short of meeting it.

An alternative way of making sense of what Gillett is trying to do is to see him as painting a philosophical picture of the nature of knowledge, reality, and the mind, that invites or evokes a particular view of psychiatry and disorder. Perhaps, Gillett is not offering a philosophical argument, but, rather, simply using philosophy suggestively. The measure of success is then whether or not readers find the philosophical picture that is painted helpful. For my own part, I did not. The issues Gillett discusses are core topics in analytic philosophy, and the literature surrounding them is vast and specialized. Gillett's brush is too broad to paint a clear picture of what a particular theory in philosophy does or does not suggest.

Philosophy of psychiatry is a new and developing field, and the question of how it can best proceed and what it has the potential to achieve is wide open. Gillett's book has the virtue of placing that question squarely before us, while keeping the clinical focus of psychiatry directly in view. That is a central and important achievement. But to move forward, we now need more clarity and precision in philosophical argument, and more up-to-date engagement with adjacent disciplines, like clinical and cognitive psychology, neuroscience, and, of course, psychiatry itself. *The Mind and its Discontents* prepares the canvas. Let's see what picture the next decade paints.

HANNA PICKARD

University of Oxford

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Moody Minds Distempered

JENNIFER RADDEN, 2009

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Moody Minds Distempered brings together Jennifer Radden's papers on melancholia and depression. As the works were previously published in diverse journals and collections, some of which are hard to access, bringing them together serves a useful purpose. Radden's work straddles the history of ideas and analytic philosophy, and addresses several related problems. How and why have the categories of melancholy and depression shifted over time? How can boundaries be drawn between pathological and normal mental states? What are the conceptual underpinnings of current psychiatric theorising and practice? How do the symptoms of mental illness relate to the self?

Moody Minds Distempered includes a number of excellent papers. This review will focus on the highlights. 'Is this Dame Melancholy? Equating Today's Depression and Past