

Book reviews

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Rationality and Compulsion: Applying Action Theory to Psychiatry. By L. Nordenfelt. (Pp. 224; £29.95; ISBN 978-0-19-921485-3 pb.) Oxford University Press: Oxford, UK. 2007.

This book is by a Swedish professor of philosophy who has affiliations with the well-known British psychiatrist and philosopher Professor Fulford of the University of Warwick. It is about the perennial question of what constitutes the essence of a psychiatric disorder, either at the level of descriptive psychopathological entities such as delusion, or nosological entities such as psychopathy or drug addiction.

The first part of the title – rationality and compulsion – refers to his central thesis, which is that irrationality is an insufficient criterion of the essence of a psychiatric disorder which he is seeking, chiefly because all sorts of people behave irrationally during their lives and are not otherwise psychiatrically disordered, whereas in all the psychiatric disorders that he considers – delusion, kleptomania, pyromania, drug addiction, ‘rigid personality’ and psychopathy – the subject is under a compulsion to act as he or she does.

The second part of the title – applying action theory to psychiatry – is the set of philosophical arguments which he uses to arrive at the above central thesis.

To my mind, his conclusion is largely correct, although I would phrase it differently, but his argumentation in arriving at it is largely incorrect. I shall concentrate on these two points in the rest of this review.

There is a theme running through French and German psychopathology and represented by some of its greatest exponents – Henri Ey, Blankenburg, Tellenbach, Kraus – to the effect that what makes a set of beliefs or actions or an emotional state morbid, and hence a ‘psychiatric disorder’ as opposed to some understandable reaction, is the lack of freedom – ‘*pathologie de la liberté*’ (Ey), ‘not being able to behave differently’ (Blankenburg) – that any such mental state engenders. The Anglo-American tradition, which is codified in the DSMs, is rather to take the pragmatic view of looking for harm to self or others in such categorizations. This latter approach leads into all sorts of paradoxes, as Fulford, in

particular, has pointed out. I am all for the continental approach on this issue, one, I might add, which most British psychiatrists will probably never have heard of. It was not mentioned once to me in all my years of training. Nordenfelt’s thesis here is more or less spot on for the conditions he covers, although the term ‘compulsion’ is not general enough. I prefer the term ‘constraint’, because some psychiatric disorders have nothing to do with being compelled to act in this or that way, for example, many deluded people do not act on their delusions anyway, and the mood of someone in a depressive illness or anxiety neurosis is no less morbid for their having the mood that they have and cannot help rather than some overwhelming urge to burn their house down. They are constrained in how they can feel, as yet others are constrained in how they can think or perceive. Moreover, the notion of constraint can be carried over into a neuropsychological analysis of disease: for example, a lesion in Broca’s area constrains your communication skills; it does not compel you to silence.

On the second issue, of what constitutes action and why actions occur, I am not in agreement with the author at all. Even though his arguments on all this take up most of the book, and he only deals with psychiatry in the last chapter, I do not think that psychiatrists would be much interested in the philosophy of action even if it were correct.

Altogether, however, it is a readable book, and as a spur to thinking about nosology and why, for example, a depressive illness is an illness and not understandable misery, it is definitely worth reading for the last chapter alone.

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Fearing Others: The Nature and Treatment of Social Phobia. By A. Stravynski. (Pp. 432; \$48.00 pb, \$115.00 hb; ISBN 9780521671088 pb, 9780521854870 hb.) Cambridge University Press: New York. 2007.

Ariel Stravynski Ph.D., a longstanding contributor to the literature on the understanding and treatment of social phobia, provides a synthesis of his thinking on the subject in *Fearing Others: The Nature and Treatment of Social Phobia*. Dr Stravynski, a Professor in the Department of Psychology at the University of

Montreal, argues that 40 years after the seminal description of the clinical syndrome by Marks & Gelder (1966), it is time for the field to take stock of our progress by scrutinizing the extent to which we understand the nature and treatment of social phobia.

The book, unlike many available multi-authored edited tomes, is uniquely reflective of Dr Stravynski's views about social anxiety. While one may not see eye to eye with him on each and every issue, it is inarguable that he knows the literature well, and that his synthesis of this literature leads the reader to consider new vantage points. For example, he posits that it is unreasonable to expect that therapies directed at anxiety reduction alone will lead to 'adaptive social functioning. This seems unwarranted ... Acting powerlessly and defensively is a long-standing habit, at this stage likely to be functionally independent and only loosely related to levels of anxiety (pp. 356–357).' He argues persuasively for a more interpersonal approach to treatment – which, not surprisingly, he has championed in his own research. This suggestion, backed by a very credible review of the preclinical and clinical literatures pertaining to such topics as dominance behaviours and social roles, provides much-needed leverage for the development and testing of new interpersonally directed therapies. In other instances, the writing retreads familiar terrain in unsatisfying ways. In reflecting, for example, upon the oft-noted overlap between social phobia and avoidant personality disorder on Axes I and II, respectively, he states that, 'Subversively, social phobia straddles both; it is simultaneously an anxiety and a personality disorder (p. 138).' While superficially inarguable, this line of reasoning offers little in the way of new directions for research or practice.

Some parts of the book are much stronger (e.g. chapter 7: Social Phobia as a Consequence of

Cognitive Biases) than others (e.g. chapter 6: Social Phobia as a Consequence of Brain Defects). Especially informative was chapter 9: Social Phobia as a Consequence of Individual History, where the author brings together a diverse literature on possible precursors of social phobia that range from temperament to parental loss. Especially disappointing was the mere 1½ pages devoted to the review of psychopharmacological treatments (pp. 331–332).

The book is encyclopedic, through mid-2006, in its amalgamation of the social phobia literature. This will make it an especially attractive reference resource for those individuals devoted to – or just becoming familiar with – this topic area. Overall, the writing is excellent, downright prosaic at times. I was taken, for example, by the author's description of the poverty of interpersonal life led by persons with social phobia, who 'strive to lead a blameless life. For this, they adopt stringent standards of propriety and scruple; attempting, but not necessarily succeeding, to be beyond reproach (p. 9).' These are the writings of a skilled clinician-scientist who understands not only the literature he reads (and writes) but also the inner lives of the patients he treats. The book is full of similarly insightful and engaging clinical pearls that make it mandatory reading for students, clinicians and researchers who share the author's passion for this subject.

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Reference

- Marks I, Gelder MG** (1966). Different ages of onset in varieties of phobias. *American Journal of Psychiatry* **123**, 218–221.