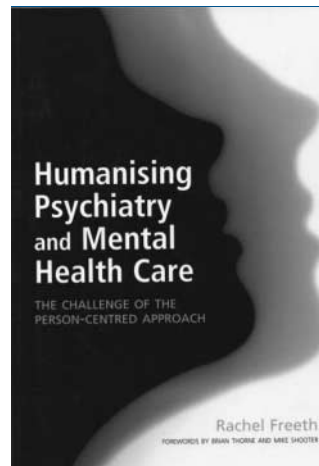


Essential Philosophy of Psychiatry

By Tim Thornton.
Oxford University Press.
2007. £19.95 (pb).
ISBN 9780199228713



Humanizing Psychiatry and Mental Health Care: The Challenge of the Person-Centred Approach

By Rachel Freeth, Radcliffe.
2007. 200pp. £24.95 (pb).
ISBN 9781857756197

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 a risk-averse health service focused on efficiency and concerned with actively managing people who 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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