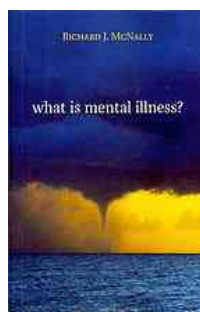


Book Review



McNally, Richard J.

What is Mental Illness?

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Sociologists interested in mental health and diagnosis should pay attention to this book. Among other things, it serves as an impressive preface to the upcoming DSM-V. Readers will not find a definitive answer to the question the title poses. To the question 'What is mental illness?' McNally answers, 'It depends.' Mental illness is many different things. It is a social construction, an outcome of genetics, an evolutionary artifact, and a kind of personal misery. McNally suggests that the most useful definition of mental disorder depends upon our aims. For example, classifying depression strictly by genetic determinates is a helpful way of thinking about mental illness. Arguing that depression is a social construction is also helpful. However, neither may be useful for a therapist trying to aid a person in distress.

McNally's position may appear noncommittal, but it is a commitment to sobriety and nuance. Though he provides no new evidence or theory, his position is controversial and necessary challenge to the sociology of mental disorder. In the book, McNally, a Harvard psychiatrist and member of the DSM task-force on post-traumatic stress disorder (PTSD), explores the 'boundary between mental disorder and mental distress' through a review of the relevant literature. McNally's review includes chapters on genetic and evolutionary conceptualizations of mental illness, and these chapters are a good critical introduction to those literatures. McNally, though sympathetic to sociological perspectives, also puts sociology through its paces in the chapters 'Are We Pathologizing Everyday Life?' and 'Does Society Create (Some) Mental Disorders?' In these two chapters, he discusses disorders such as depression, erectile dysfunction, bulimia, dissociative amnesia, multiple personality disorder, schizophrenia, and PTSD. Furthermore, in the chapter 'Do Mental Disorders Differ by Kind or Degree?' McNally offers a thoughtful discussion that can help sociologists clarify their definition of mental disorder. We found this chapter particularly valuable for its argument on the need to distinguish between operational concepts — which could mean also sociological usages — and diagnostic entities. As McNally argues, psychologists and psychiatrists often muddle the two. Sociologists should prevent this confusion from colouring our own work when we use, say, 'depression' or 'schizophrenia' in our regressions or in our arguments that mental disorders are socially constructed rather than naturally occurring entities.

McNally's discussion of depression represents one way he matters for sociology. McNally discusses the upward trend in the diagnosis of depression by engaging the work of sociologist Allan Horwitz and his co-author Jerome Wakefield. Horwitz and Wakefield (2007) argue that normal sadness is increasingly diagnosed as depression, a pathology. McNally accepts this position but argues it resolves little by itself. He challenges the idea that there is a clear boundary between normal and abnormal distress. For example, the actual events or experiences that cause an individual's depression may not be easily identified, which makes it difficult to determine if a person's distress is an adaptive or maladaptive response. Furthermore, McNally is wary to deny treatment to distressed individuals who may be suffering severely but whose depression response is 'expectable, reasonable, and warranted' (p. 54). According to McNally, Horwitz and Wakefield's arguments mean that a clinician should deny treatment to someone severely depressed who is 'an impoverished, unemployed, single mother living in high crime neighborhood' (p. 52). However, according to McNally, Horwitz and Wakefield's argument instructs that treatment should be given to a severely depressed woman 'with a loving, supportive husband, wonderful children, close friends, and a lucrative, satisfying career' (p. 53). McNally admits that Horwitz and Wakefield's aim 'is to conduct a conceptual analysis, informed by data, to help us distinguish genuine mood disorder from nondisordered sadness' (p. 54). McNally wonders, '[I]f their analysis provides only conceptual clarification, can it offer much guidance for clinical practitioners?' (p. 54).

McNally's concerns here raise an important issue for sociologists who study mental disorder. To what extent should our sociology be guided by clinical usefulness? How should an individual's meaning and experience of distress figure into our analysis of the social and historical forces that guide diagnosis? McNally makes it imperative that we clarify the relationship between our aims and concepts.

McNally's arguments are directly relevant to sociologists who study mental disorder and medical diagnosis, psychiatric or otherwise. The book is written for a wide academic audience and is suited for graduate and upper-level undergraduate courses. His ecumenism regarding the scientific conceptualization of mental disorder will certainly challenge. However, he also offers an ethical claim that answers the question 'What is mental illness?'

McNally argues, 'The boundary between mental distress and mental illness will never be neat and clean' (p. 212). However, McNally does not believe that we are stuck with interminably incommensurable conceptualizations of depression, schizophrenia, posttraumatic stress disorder, and other psychological conditions. He believes that '[a] set of loosely correlated features tends to characterize mental disorders without any single feature being necessary and sufficient to make a condition a mental disorder' (p. 212-3). Though, throughout the book, bubbling up for brief instances, especially in the final chapters, most forcefully in his last words, McNally argues for a more definitive judgment on the classification mental disorder. While it is right for definitions of mental disorder to be governed by particular aims, a single directive is the ultimate arbiter of our classificatory schemes. That directive is to reduce human suffering.

REFERENCES

Horwitz, A. and Wakefield, J. (2007) *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. Oxford University Press.