

Gun violence and mental illness

Edited by Liza H. Gold and Robert I. Simon.
American Psychiatric Association Publishing, 2016.
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As a holder of a shotgun certificate and a firearm certificate, and as an elected member of the Council of the British Association for Shooting and Conservation, this multi-author volume was naturally of great interest to me. It is written by 27 contributors: one reads the same facts several times throughout the chapters, but the messages deserve reiteration. Even given the virtual absence of gun control in the USA compared with the UK, which has some of the strictest legal controls in the world, the facts – such as that 400 000 Americans died through firearm injuries between 2001 and 2013 – continue to astonish. Indeed, there are more firearms than people in the USA, where there is a constitutional right to bear arms.

The book is divided into two parts: first defining the problems, and then moving forward. Each chapter begins with a short list of common layperson misperceptions about the issues, followed by evidence-based refutation. It is repeatedly rehearsed that there is no clear association between mass shootings – which represent only 1% of firearm-related homicides – and mental illness, and that prohibiting those with mental illness from owning firearms, as demanded by the National Rifle Association, is not going to have much influence on homicide rates. This is in marked contrast to the case of suicide: about three-quarters of firearm-related deaths are from suicide, not homicide.

One substantial omission is the almost complete lack of any discussion of personality disorder in relation to those who have, or who might, shoot themselves or other people. Alcohol and substance misuse do not figure largely either, despite their obvious relevance to safety with guns. Nevertheless, the chapters on defining the problem are fact rich and include much useful information, particularly about suicide in general.

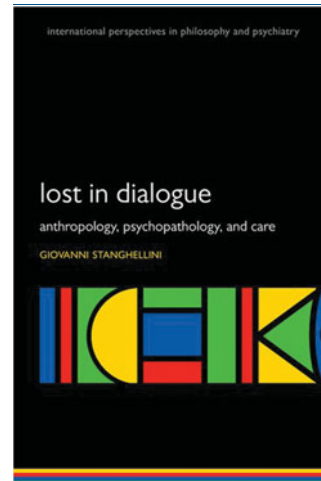
Moving forward has clearly presented more of a challenge. It is clear that the pervasive and ubiquitous availability of firearms can only be chipped away at by attempts to prohibit those who have been involuntarily committed, convicted of violent felony, etc. A national, instant, criminal background check database has been instituted, but its implementation is variable across states. Virtually no prohibitions have been made on the basis of mental illness. Gun violence restriction orders, similar to domestic violence restraining orders, are more targeted. The authors recommend simple removal of firearms from those at risk. Even so, for every attempt to restrict there is a challenge. Astonishingly, some states have enacted 'physician gagging laws' which prevent doctors from asking patients if they have a firearm, even if the doctor is concerned about their mental state and the risks of suicide or homicide. You could not make this up.

Overall, this book may be of interest to forensic psychiatrists in the UK. It is worth pointing out that the Royal College has no

specific policy, nor educational objectives, regarding patients with firearms. This is despite the fact that there are 750 000 shotgun or firearms certificate holders in the UK. The General Medical Council similarly has nothing specific to offer. One can only recommend that UK psychiatrists do not overlook the possibility that relevant patients may have access to firearms.

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Lost in Dialogue: Anthropology, Psychopathology, and Care

By Giovanni Stanghellini
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£34.99 (pb). 228 pp.
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In this complex and intriguing book, Stanghellini explores what it means to be a person and how this influences the subjective experience of abnormal mental phenomena. He then moves beyond the theoretical, to discuss the practical implications for the clinical encounter between patient and therapist. In truth, the complexity of his thesis is as much to do with the use of new terms to describe genuinely innovative concepts, but sometimes the terms merely rename well-established concepts.

Stanghellini makes the case for a distinction between selfhood and personhood. In this account, selfhood is lived in a first person perspective 'as an embodied, self-present, single, temporally persistent, and demarcated being, who is the subject of his perceptions, feelings, thoughts, volitions, and actions'. However, personhood is conceived as pre-reflective self-awareness that is 'structured as an embodied and situated experience inextricably entangled with an experience of a *basic otherness* [italics in the original]'. This is where one of Stanghellini's neologisms is introduced: *alterity*. This term seems to stand for our encounter as human beings with everything that is not self, that is other, including material objects and other subjects of experience. In many respects, it is a restatement of Martin Buber's notion that we become human through our transactions with other living beings.

Stanghellini uses the terms 'affect' and 'mood' in surprising ways. He says, for example, that 'Affects are focused and intentional, and possess directedness'. Also, that 'affects are felt as motivated; they are more determinate than moods and more articulated'. Traditionally, affect is regarded as a broad term that encompasses mood, feeling, attitude, preferences and evaluations. In psychiatry, its use is restricted to the expression of emotion as judged by the external manifestations that are associated with specific feelings such as laughter, smiling and crying. Mood is simply the more prolonged, prevailing state or disposition. So, when Stanghellini says that 'moods ... are unfocused and non-intentional' and that they