his excellent handbook, essential reading for all those studying and working in this field, is destined to become a seminal work on the subject, a comprehensive instructions manual which, moreover, invites reflection upon our theoretical foundations and serves as a conceptualization of how the work of clinical psychologists should be carried out.

Psychological Advice (PA) is put forward as a paradigm for substituting the traditional approach that involves the classification of mental disorders – as imposed by the World Health Organization and the American Psychiatric Association – based on the supposed existence of psychopathological entities equivalent to somatic illnesses. It is true that the classification of “mental disorders” has for some time now been called into question, with dissenting voices from the proponents of antipsychiatry and the theoretical models of Social Labelling and Behaviour Modification, as well as from numerous researchers in clinical and experimental psychology, who have expressed their disagreement with the reification of clinical terms and denominations as natural pathological entities, despite their patent lack of construct validity (Lemos Giráldez, 2008). It has also been stressed how the prevailing categorial model is at odds with the concept of continuity, and sets up frontiers between “normal” and “pathological” (Pérez Alvarez & González Pardo, 2007).

Psychological Advice represents a radical paradigm shift, a critical analysis of the psychopathological model, aimed at taking the pathology out of psychological problems and trying to understand their essence, their genesis and their meaning – as mere experiences of a transactional nature whose origin can be explained through the analysis of biography and context; such analysis can also, indeed, provide the key to finding solutions (López Méndez & Costa Cabanillas, 2012).

From this perspective, behaviours considered as abnormal are no different in their development and maintenance, either quantitatively or qualitatively, from any other behaviours experienced in a person’s biographical history; in the prevailing pathological model, on the other hand, certain behaviours lose their independent meaning and are interpreted as signs or symptoms of illnesses, generally constructed on the basis of tautological arguments. Anxiety in certain social situations as a symptom of “social anxiety disorder or social phobia”, defiant behaviour as a symptom of “oppositional defiant disorder”, or distracted and restless behaviour as a symptom of “Attention deficit hyperactivity disorder” are a few examples of such reification of problematic behaviours as disorders, whereby the psychopathological becomes functionally equivalent to the anatomo-pathological and the psychophysiologic.

It is of course true that all behaviour, be it problematic or not, has physiological correlates, as the inevitable result of neurological activation, and it is likewise possible to identify genetic concomitants; however, the behaviour can never be understood without exploring the relevant biographical-contextual transactions, in which physiological variables – to which a person’s biography may be more or less sensitive or vulnerable – are integrated with contextual variables. In this regard, changes observed in, say, neurotransmitters, cerebral blood flow or the parameters provided by neuroimaging techniques should not be understood as the true cause of normal behaviour or of problematic experience because, as these and other authors stress, “there is no place in the brain where neurophysiology is mysteriously converted into psychology” (Pérez Alvarez, 2011a, 2011b).

Psychological Advice uses as a hermeneutic tool Functional Analysis of Behaviour (FAB), whose objective is not to establish a diagnosis, but rather to understand the transactions between the person and the context and to analyze their functions and meanings and how these have
triggered or maintained the problem, with a view to designing the most appropriate intervention for each case, even though the phenomenology may appear quite similar. This type of functional analysis, if the problematic experience is to be understood, requires that the person and the professional consultant work closely together; for this, it is necessary to set down some basic principles for a process of empowerment or self-management of the problem, which would include: a good working partnership, acceptance and validation of one’s personal biography and support, promotion of responsible commitment to decisions and actions for change, and redesign of the person’s context and reinforcement of his or her resources. As the book’s authors explain, “PA interventions set out to share power and control between consultants and their clients, to empower clients so that they can advance towards values and goals that are important for them in their lives, to influence their responsible choices, decisions and actions, to help them develop and put into practice their ability to cope with the problem and to access the personal and contextual resources and protective factors available, and to make the changes required for solving the problem” (p. 94). The empowerment or self-management model has also taken on particular importance in relation to recovery from severe psychological problems, considering recovery from the perspective of the consumer, rather than from traditional clinical approaches (Andresen, Oades, & Caputi, 2011).

The book’s content is divided into five parts. Part I sets life problems in counterpoint to the traditional concept of disorders and their categorization, with the aim of depathologizing problematic life experiences. Part II sets out the basic principles of the process of empowerment or self-management of the problem, in contrast to the traditional passive role and loss of control for solving the problem, characteristic of the disorder-based or mental illness model. Part III lays out in depth and in detail the essential steps of FAB, while Part IV is devoted to a presentation of the instrumental techniques for solving psychological problems: active exposure and acceptance, management of the behaviour’s consequences, management of one’s own actions, control of verbal rules and verbal behaviour, and management of one’s physiological activity. Part V summarizes PA as a shared project for change and problem-solving, specifying the skills required of the consultant and describing the entire systematic and structured process as a series of stages and tasks in which the motivational interview constitutes an essential part of the therapeutic process.

In sum, the authors present a brilliant critical analysis of the psychopathological orthodoxy, proposing a radical paradigm shift with respect to the nature of psychological problems and how they are to be resolved.

REFERENCES