guidelines as laid down, for instance, in the scholarly work of Runyan (1982).

What is Schlesinger's own view of the creative person? She tells us (2002) that he/she is a heroic and mystical figure, branded as mad by the jealous and uncomprehending average person. This is a straightforward reiteration of the ideas of the antipsychiatry movement of the 1960s and 1970s. We are back in the realms of the Laingian figure who is simply too insightful and too existentially aware for our society. Have we not moved on since then?

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Creativity, mental disorder and jazz

I am very happy that Poole (2003) feels that my paper (Wills, 2003) makes a significant contribution to the literature on the relationship between creativity and mental disorder. Nevertheless, I would like to comment on certain points that he makes.

First, the literature on the above topic may be flawed, but it is not small, since an abundance of references extends back at least a hundred years, and it is not inconclusive, since a regular finding is that of the connection between high artistic creativity and mood disorders.

Second, although jazz biographies are written in order to sell books, they tend to be sober, respectful and well-researched, and often are written by academics. Even the most comprehensive psychiatric assessment cannot match the time and effort expended by responsible biographers.

Poole feels that I was uncritical in my acceptance that Thelonious Monk had a dementing process caused by excessive drug usage. My information was taken from the biography by Gourse (1997). She interviewed Dr Everett Dulit, a Monk afficionado who discussed Monk's case with doctors who knew him, and who felt that drug-induced dementia was the likely diagnosis. Similarly, Poole feels that John Coltrane did not necessarily exhibit pathological behaviours, yet first-person accounts in six Coltrane biographies describe these, and in his acclaimed biography Porter (1998) states, 'There is absolute agreement that Coltrane practiced maniacally...'.

Poole's belief that 'Even severe mental disorder is not incompatible with creativity...there is no negative association between the two' needs clarification. It depends on the type, and the stage of development of the mental disorder. For instance, hypomania often facilitates creativity, but severe depression will extinguish it (Akiskal & Akiskal, 1988).

A better understanding of the link between creativity and mental disorder will help great artists to do what they do best – be creative.

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Flashbacks in war veterans

Jones *et al* (2003*b*) appears to have missed the point of my letter (Burges Watson, 2003). They define flashbacks as 'a form of dissociative state' (Jones *et al*, 2003*a*). This is the way the term flashback is used in the DSM–IV; 'dissociative flashback episodes' (American Psychiatric Association, 1994). They appear as an example of one of five ways in which 'the traumatic event is persistently re-experienced'. Only one is necessary for the diagnosis. As such they are not 'a core symptom' of post-traumatic stress disorder. As defined in DSM–IV, flashbacks themselves are no more than 'a recurrence of a memory, feeling or perceptual experience from the past'. This definition may well have been introduced because of the popularity of the term 'flashback' and necessary because its original meaning had been changed by popular usage. Jones *et al* are probably right when they hypothesise that this popularity was encouraged by the use of flashbacks in films and television programmes.

The changing presentation of symptoms associated with the extreme stress of war is indeed interesting. Bizarre dissociative states with physical manifestations, while very common in the First World War, were comparatively rare in the Second World War and very uncommon in Vietnam veterans. Thus, in line with the focus on physical symptoms in earlier wars, it would seem that the presentation of dissociative states has also moved from the physical to the psychological.

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Mental health and social capitals

The correspondence prompted by McKenzie *et al*'s (2002) editorial suggests that social capital can be the property of individuals as well as groups (Pevalin, 2003; Walkup, 2003). However, McKenzie finds this idea problematic and argues that, as the majority of health scientists conceive of social capital as an ecological concept, we should 'consider effects at an individual level as social networks' (McKenzie, 2003: p. 458). This restricted view rejects the potential contribution to psychiatric research of alternative sociological conceptions of social capital that are both rigorously defined and empirically tested.

One such approach is taken by Lin *et al* (2001) who adopt neo-Marxist notions of capital. Here, social capital is 'investment in social relations by individuals through which they gain access to embedded resources to enhance expected returns of

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instrumental or expressive actions' (Lin *et al*, 2001: p. 17). Embedded resources may be collective assets, such as civic associations or social groups, or individual resources such as social support. Individuals have unequal access to social capital because of the strength of interpersonal ties or location within the social structure.

Inequality in access to social capital is hypothesised to produce unequal mental health gains. For example, the inability of a single mother to obtain childcare from her friends and family may increase her risk of depression (Brown *et al*, 1995). Similarly, gaining employment through informal social contacts, as more than a third of the workforce does (Flap, 1999), may provide a positive life change and assist recovery from depression or other mental illnesses. Echoing Pevalin's (2003) views about Bourdieu's work, this approach to social capital is also dynamic and allows us to examine how access to social capital may influence the onset of and recovery from mental illness.

It is clear that there is a family of social capital theories, each measuring slightly different constructs. We do not feel that it is helpful to deny the contribution of one in favour of others. To do so would be to take an unnecessarily limited view and handicap psychiatric research in the process.

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Pevaline, D. (2003) More to social capital than Putnam (letter). *British Journal of Psychiatry*, **182**, 172–173.

Walkup, J. (2003) Concepts of social capital (letter). *British Journal of Psychiatry*, **182**, 458.

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Author's reply: The wealth of a country is more than the sum of the wealth of the individuals in it. When times get hard, the wealth of a person may be important but general societal infrastructure, housing, clean water, and the health and social safety net are particularly important. All these factors are linked to the wealth of the country, the distribution of wealth and the investment in a social safety net. It is clear that the health impact of the wealth of the individual is constrained by the wealth of the country – unless they are super rich or super poor. It is also clear that individual wealth is a very different animal from the wealth of a country. They are governed by different rules and indeed they have different names – an individual cannot have a gross domestic product.

Social capital is similar. There are good arguments for considering it at an ecological or an individual level. Just like the wealth of a country or an individual, the concepts of ecological and individual social capital are very different, and using the same name is confusing.

Mr Webber, Professor Huxley and I agree that social capital is the embedded resources of a society such as civic institutions. This is social capital at an ecological level. We would agree that different individuals in the same geographical area may have differential access to this social capital by way of their places in society or social relations. The sum total of social capital that they have access to is limited not only by their ability to get it, but also by the total amount that is available in that area. In addition, differential ability to get social capital is partly a function of the individual but is significantly constrained by the structure of the society that the individual lives in.

The challenge to those who consider social capital at an individual level is to answer the question: what is the added value of conceptualising and renaming social networks as social capital (McKenzie, 2003)? They also have to consider whether they are measuring what social capital is or measuring how it is acquired.

It is confusing to define social capital both as the amount of resources potentially available to anyone in society and as an individual's ability to access such resources. Moreover, linking ecological and individual variables is fraught with difficulty – classically, the ecological and atomistic fallacies.

Although I argue that another term should be used for individual social capital, I think that these arguments take energy away from what should be the focus of the endeavour which is to improve our ability to describe our social worlds.

I have used the term social capitals previously to describe different types of ecological social capital in an area (McKenzie *et al*, 2002). Using the plural underlines the fact that there are different dimensions of social capital in an area and that the linear scales that some use, so as to label an area high or low in social capital, do not reflect the complex nature of social capital. Areas are better considered dimensionally along the lines of their different social capitals, such as bonding, bridging, vertical, cognitive, structural or social efficacy or cohesion. Such a taxonomy of social capitals could be expanded to include varieties of individual social capital as long as the caveats above have been taken into account.

I do not suggest that the variables that some researchers call individual social capital not be measured. I have, however, suggested that they should be accurately described and named. Perhaps the way forward is to clearly state what is being measured in studies and why, rather than making a further leap to say that proxy measurements reflect social capital which is, of course, a theory that is still in development.

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