

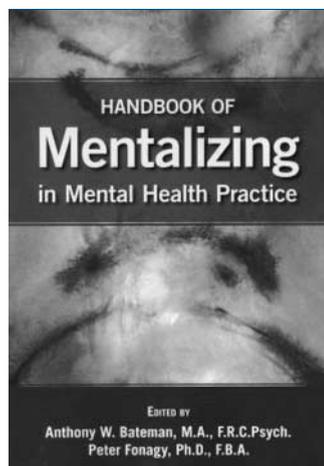
epigenetics) and subsequent development of mental illness. A clear parallel can be drawn with the so-called ‘Barker hypothesis’ in explaining the relationship between birth weight and a number of diseases, including heart disease and breast cancer.

The link between maternal infection in pregnancy and schizophrenia in particular has been investigated for many years but seems to have gone out of fashion with the rise of genetic research and imaging studies. The author makes a convincing argument for the sometimes pathological involvement of immune response in neurodevelopment and, importantly, revisits the epidemiological evidence for the involvement of infection in the aetiology of mental illness. Furthermore, specific gene–environment interactions are explored. Recent findings of there being considerable overlap in the genes involved in a variety of neurological and psychiatric conditions at first glance fits comfortably with the theory proposed, since the timing and type of infection or stressor will result in different phenotypes.

It is a shame that the references are limited and poorly sign-posted and that statements are sometimes made as fact rather than with appropriate caution. No doubt this is to make the book more accessible to the general public for which it was partly intended. Overall, however, the author makes an admirable attempt at a ‘grand unified theory’ to provide a common pathway for a variety of risk factors such as urbanisation, maternal infection, stressful life events and genetic predisposition in the development of mental illness.

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doi: 10.1192/bjp.bp.112.113829



Handbook of Mentalizing in Mental Health Practice

Edited by Anthony Bateman & Peter Fonagy. American Psychiatric Publishing. 2012. US\$69.00 (pb). 617pp. ISBN: 9781585623723

Having just finished this weighty tome, I find myself feeling as though I have just eaten a meal straight out of Myhrvold’s molecular gastronomic bible, *Modernist Cuisine*. It has been fascinating, full of goodies but my head is reeling; as much as anything else because of the sheer depth of it all. Like cookbooks, it may be something to dip into rather than read cover to cover.

Bateman and Fonagy invite you into a world of neurobiology, attachment, clinical vignettes and technical know-how. All of this whets your appetite for the meal to come, which, when it arrives, can feel hard to swallow and does presuppose in the reader a certain level of grounding in this wide array of subjects. My occasional discomfort may be more to do with me as a reader though, coming from a psychoanalytic background and perhaps finding it hard to let go of the ideas from my analytic training.

The authors of most chapters acknowledge this problem and try hard to collaborate with other modalities, including systemic family therapy and cognitive–behavioural therapy to name only two, but I wonder whether I will not be the only psychotherapist who feels this might be diluted too far at times. To temper this, the baby is not thrown out with the bathwater and concepts such as countertransference and Winnicott’s ‘holding environment’ are mentioned often.

With the above in mind, I should acknowledge that I practise mentalisation-based therapy in a forensic setting and have found it to be incredibly helpful in working with patients with a diagnosis of personality disorder. Holding the ‘detective Columbo’ style stance of being curious and not-knowing that the book advocates and that is so valuable clinically lures you into new ways of thinking that are a pleasure. It also allowed me to take in some of the tasty morsels that are available. These include but are not limited to a significant reappraisal of the nosology of psychiatric conditions; timely reminders of the importance of humour, formulation and of how hard it can be on clinicians to work with disturbed patients.

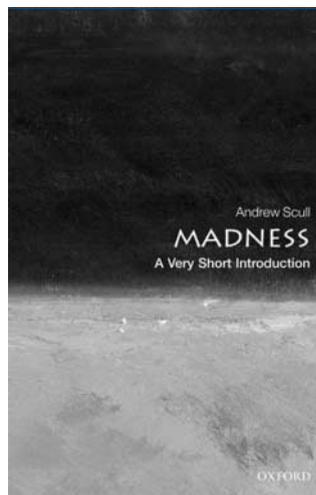
Clear descriptions, with vivid vignettes, of the various ways mentalisation can break down proved useful throughout. Of these, my favourite was thinking of psychic equivalence as being like the state children are in when they believe there really is a tiger under the bed – mirroring the experience of a patient with borderline personality disorder of having thoughts that are felt to be too real.

Like Hugh Fearnley-Whittingstall’s River Cottage books, it can also feel like a sociopolitical document as much as a handbook. Sections on thinking how mentalisation-based therapy could be applied to units, wards, hospitals, prisons and even society at large were thought provoking in the best way possible and could lead clinicians to trying it in their own environs.

To finish, the editors’ and contributors’ emphasis on empirical scientific ideas might certainly have been pleasing to Freud, with his belief in ‘The Project for a Scientific Psychology’, but the book can portray this as a manifesto, which awaits some time for digestion before the reader can fully appreciate it.

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doi: 10.1192/bjp.bp.111.107292



Madness: A Very Short Introduction

By Andrew Scull. Oxford University Press. 2011. £7.99 (pb). 152 pp. ISBN: 9780199608034

Here, in just over 100 pages, Scull accepts the task of providing a stimulating way into the subject of ‘madness’; a ‘commonsense category, reflecting our culture’s . . . recognition that Unreason exists’.

Stating his aim as engaging with ‘historically and culturally variable responses’ to madness, Scull presents telling material from classical antiquity onwards, notably recounting the dreadful suffering endured by people often seen as problematic to Western civilization. Indeed, Scull’s work might be recommended simply for its concise reminder of the administrated violence of the early 20th century, pursued for predetermined ‘good’ ends against the ‘degenerate’ without reference to duties or rights; and of the role that doctors played in this.

However, the central coherence of Scull’s commentary is threatened by an attempt to render madness as a unitary concept, across the vast reach of millennia. This problem is illustrated by an early paragraph on the causation of madness, linking medical explanations of ‘the aetiology of our schizophrenias’ to Socrates’ comment in *Phaedrus* that ‘madness is given to us by a divine gift’. Although Scull may not have had space for it here, in *Phaedrus* madness created by the Gods refers to inspirations that many of us still regard as divine gifts, including love and poetry. The garbled implication that Socrates thought ‘our schizophrenias’ were a gift from the Gods is simply misleading and although Scull goes on to castigate the *Diagnostic and Statistical Manual*

as ‘anti-intellectual’, one may at least reflect that it avoids the conflation of love and schizophrenia.

In fact, the author states his own responses with such relentless strength that they threaten to overwhelm the ‘variable responses’ of history. Psychiatrists are bleakly caricatured as simplistic, money-grubbing dupes and somewhat less predictably the families of people suffering ‘madness’ are also characterised as willing dupes to the drug industry, with their payoff for supporting the benefits of medication apparently in absolution from the guilt formerly heaped on ‘refrigerator mothers’ and the like. There is little hope here and doors to valid commentary are gradually closed on whole groups of deeply interested people, to the point that one is left wondering whether only sociologists, such as Scull, are free enough from false consciousness to guide us through history. Without room for dialogue, Scull’s achievement feels less like ‘a very short introduction’ than a very short conclusion.

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doi: 10.1192/bjp.bp.112.110304