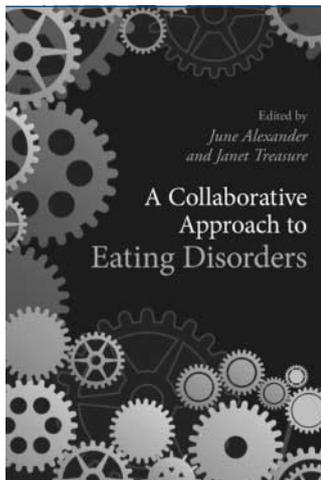


Together, these two publications provide a sound basis for the understanding of ASD, the first for its academic prowess and the second for its chapters on clinical aspects and anecdotes. However, they are voluminous and useful mainly for reference. The definitive clinical handbook on ASD with sufficient coverage of the disorder in adults is yet to be written. Organising services for adults with ASD at a time of austerity and 'efficiency savings' is another matter.

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A Collaborative Approach to Eating Disorders

Edited by June Alexander
& Janet Treasure
Routledge. 2011.
£25.99 (pb). 344 pp.
ISBN: 9780415581462

This new book on eating disorders, which is targeted primarily at general practitioners (GPs), is a collaboration between June Alexander, an ex-eating disorders sufferer and activist, and Janet Treasure, a world-renowned researcher in the field. They have brought together an impressive array of clinicians and researchers from around the globe to contribute chapters.

Divided into four sections – understanding risk and resilience for eating disorders, treatment, clinical presentations and changing the culture – the book includes many biographical accounts, bringing to life the experiences and insights of people with eating disorders and their families.

Part one has three particularly well-written chapters. One elucidates the latest research on genetics, another on neurobiology, synthesises the complex aetiological factors and the interactions between them, and the third, entitled 'Emotions and empathic understanding', competently describes new evidence on the range of deficits in emotional processing in anorexia and the salience of these deficits in treatment and recovery.

Part two, which focuses on treatment, has several chapters that describe how to engage, empower and teach the family practical skills to fight the illness. Many adult patients cite the importance of a supportive partner as the main contributing factor to their recovery and this section includes a chapter outlining a new cognitive-behavioural therapy-based protocol, which helps couples to respond to the challenges of anorexia more effectively as a team. Eating disorder clinicians are noticing rising comorbidity and complexity of clinical presentations, with a significant number of patients presenting with self-harm and emotional dysregulation. One chapter describes and provides a clear rationale for an innovative, combined dialectical behaviour therapy and family-based treatment for adolescents to address this

issue. The chapter on relapse prevention brilliantly elucidates the multitude of functions an eating disorder plays in a person's life and the huge anxiety and challenge of managing life without the protection of the illness.

Part three, which presents brief chapters on the clinical presentations of subgroups, has a very useful chapter describing how to diagnose an eating disorder in a child. This will be invaluable for GPs to feel confident in understanding the clinical presentation in this age group. This chapter also includes an excellent and succinct outline of an in-patient treatment plan for food phobia in childhood.

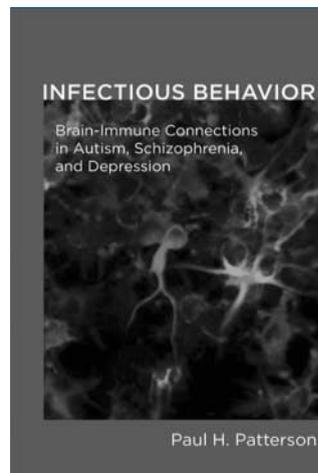
Part four is a brief, impassioned plea for better public understanding of eating disorders as the very serious brain disorders they are, and better, faster access to empirically supported treatment for patients.

The book also includes a great list of resources for people with eating disorders and their carers. My only criticism is that a few chapters were too brief to be really useful and a couple required further editing.

I would recommend this book to all clinicians who want to know what's new in the science and treatment of eating disorders in an easy-to-read and jargon-free format.

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Infectious Behavior: Brain-immune Connections in Autism, Schizophrenia, and Depression

By Paul H. Patterson.
MIT Press. 2011. £17.95 (hb).
176 pp.
ISBN: 9780262016452

In Bristol in the 1920s, W. L. Templeton attempted to treat patients with chronic schizophrenia by infecting them with malaria. This became known as pyrotherapy. Fast forward a century and there is renewed interest in the involvement of infection and the immune response in major mental illness. A number of encouraging trials on the antibiotic minocycline in treating schizophrenia symptoms have recently been done and further studies are underway. One suggested mechanism of action is minocycline's purported anti-inflammatory effect. The involvement of an immune response in schizophrenia, autism and depression is the core hypothesis in this book by Paul Patterson, a developmental neurobiologist at Caltech.

Drawing on epidemiology, animal models of mental illness and, fascinatingly, the 'crosstalk' between the immune system and the brain, the book develops on the theme of the fetal environment and maternal infection at this time, the resulting effect on gene expression (the increasingly popular field of

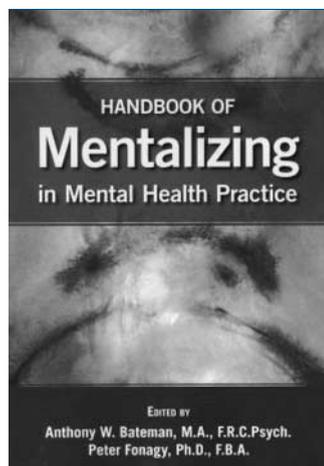
epigenetics) and subsequent development of mental illness. A clear parallel can be drawn with the so-called ‘Barker hypothesis’ in explaining the relationship between birth weight and a number of diseases, including heart disease and breast cancer.

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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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.

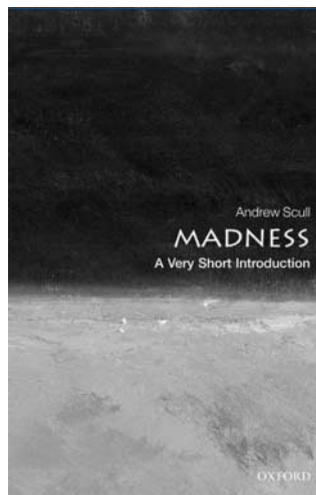
Clear descriptions, with vivid vignettes, of the various ways mentalisation can break down proved useful throughout. Of these, my favourite was thinking of psychic equivalence as being like the state children are in when they believe there really is a tiger under the bed – mirroring the experience of 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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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’.