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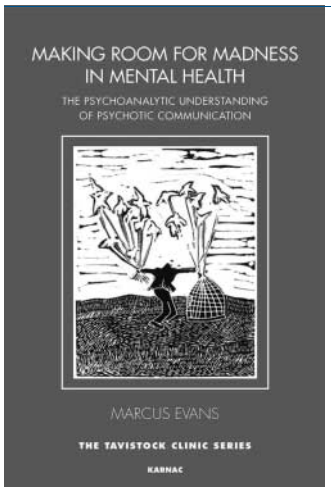
Book reviews

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay



Making Room for Madness in Mental Health: The Psychoanalytic Understanding of Psychotic Communication

By Marcus Evans.
Karnac Books. 2016.
£24.74 (pb). 210 pp.
ISBN 9781782203292

This is a book that makes a compelling case for the role of psychoanalytic ideas in raising the IQ of psychiatric practice. Marcus Evans was one of the founding members of the Fitzjohn's unit for patients with severe and enduring mental conditions at the Tavistock and Portman NHS Foundation Trust, as well as associate clinical director of the Fitzjohn's adolescent and adult departments between 2011 and 2015, and latterly a consultant adult psychotherapist in the Trust's Portman Clinic.

Who is the person behind the symptoms and the diagnosis? Can the necessary objectivity of clinical practice cut the psychiatrist off from the pain of contact with a person suffering from mental disturbance? Some psychiatric symptoms do communicate meaning but at the same time may be a dissembled version of ordinary communication designed to discourage understanding. Psychoanalytic thought provides a model for thinking about how patients develop psychic retreats designed to defend themselves from the demands of development and insight on the one hand, and fears of fragmentation on the other. Patients may have to undergo the psychological work of mourning to come to terms with the fact that they have 'lost their minds'.

The psychiatrist may need to work out which part of the patient is talking, and with what aim. Is it the healthy part of the patient, in touch with psychic reality and the need for help, or the 'psychotic' part, which employs denial and rationalisation to justify its arguments? Or is it the perverse part, which wishes to interfere with the establishment of a truthful picture, or an infantile part that wishes to maintain a position of dependence? There are telling chapters entitled 'Tuning into the psychotic wavelength', 'Deliberate self-harm: the murderous voice inside', and 'Pinned against the ropes: psychoanalytic understanding of patients with anti-social personality disorder'.

The book includes a series of clinical illustrations of patients, each with a particular kind of disturbance. I was struck by Evans' analyses of in-patient scenarios. He shows how psychoanalytic approaches do not keep insanity out of view, but tries to offer madness a habitat and human understanding. Naturally this does not exclude other treatments, such as medication. He believes that psychotherapy and psychiatry are dependent on one another in the treatment of patients with severe disorders.

For my part, this book provoked me to remember some of the patients I have dealt with in the past, and how much more I could have made of my work with them. I would highly recommend it.

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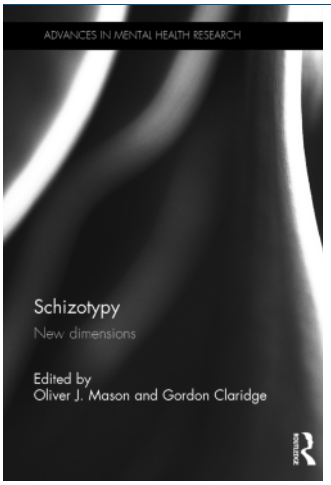

Schizotypy: New Dimensions

Edited by Oliver J. Mason & Gordon Claridge.
Routledge. 2015.
£95 (hb). 254 pp.
ISBN 9780415722032

Professor Claridge's last book on schizotypy was published in 1997, just as I was writing up my doctoral thesis, and it became a trusted companion for a good few months. This timely 'kind of sequel' does not disappoint.

Claridge & Mason have assembled 20 contributors from three continents, many of them eminent schizotypy researchers, to deliver an up-to-date critique of the topic. In the introduction they directly address the contentious issue of wheter schizotypy is a mild form of psychotic illness, qualitatively different from non-schizotypy (the quasi-dimensional model), or the extreme of a continuum of personality traits normally distributed in the general population (the fully dimensional model). The former is often called the 'medical model', and maybe I have just been lucky but all the psychiatrists I have worked with have been very happy to embrace fully dimensional models. Claridge & Mason do not dwell on this controversy – all parties are interested in psychotic-like phenomena after all. They deliver a well-balanced review of the field, arranged around the themes of measurement, biological basis, environmental factors and outcomes.

The chapter on measurement addresses definitions of schizotypy, including different dimensions (e.g. positive, negative, and the notoriously difficult to measure disorganisation). The summary tables of various measurement tools are very useful. The two sections on biology and environment are pleasingly respectful of the multifactorial nature of schizotypy, with each happy to accept and incorporate the important interacting role of the other. Methodological problems are not hidden away but highlighted throughout; the discussion of the difficulties associated with studying childhood trauma in relation to schizotypy is a good example. A minor criticism is that the chapter on inducing psychotic-like experiences does not seem well integrated into the rest of the book and the implications are not clear, but it is nonetheless a fascinating read. Who would not want to know about shamanic sweat lodge ceremonies?

I reached the end of Part II thinking that this is obviously a wonderful book to recommend to schizotypy/schizophrenia researchers, but struggling to see that it would feel especially relevant to clinicians. Then I read Part III, and I changed my mind. I think all clinicians would benefit from reading these excellent chapters. They are concise, well-written overviews of the value of dimensional approaches in clinical practice, the relationship between schizotypy and psychopathology, and the link between schizotypy and creativity. The principles are discussed critically and can be applied to all aspects of psychiatry.

The book ends with characteristically wise advice from Professor Claridge: high-quality longitudinal studies of high schizotypes are desperately needed to address tricky issues of causality and to understand the mechanisms by which schizotypal traits become psychiatric symptoms. He also reminds us that we should seriously consider the overlap between schizophrenia and bipolar spectra.

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Cure: A Journey Into the Science of Mind Over Body

By Jo Marchant.
Canongate. 2016.
£16.99 (hb). 368 pp.
ISBN 9780857868626

In her introduction, science writer Jo Marchant describes being offered a homeopathic remedy by another wise, sensible-seeming woman. Having learnt to bite my tongue after many similar encounters, I found her subsequent line of questioning intriguing. What causes otherwise rational people to believe in water memory? Are we all missing something?

She seeks to answer the question by researching the evidence and, in pragmatic opposition to mind–body dualism, argues that those of us of a more positivist bent underestimate the power of mind over matter. She considers all the evidence, interviewing patients and clinicians effectively.

The chapter about placebos, which includes discussion of the concept of the 'honest placebo', is especially good. Chronic fatigue, pain and polymyalgia are all covered well. She highlights the areas where the science provides evidence and the neuroimaging work especially supports a paradigm shift.

Some research is rather uncritically reported. Marchant states that both antidepressants (except for in major illness) and z-drugs are little better than placebos. Presented without qualification, this planted a seed of doubt in my mind about the standard of her scrutiny. However, this is not a systematic review, and generally the research she presents is backed up well.

Marchant approaches her subject with an open mind but does not venture into the realms of the incredible. Her disdain at the most obvious hokum (such as when she visits a Reiki healer) is clear. Nevertheless she presents the patients' stories with compassion. Her description of one young patient is particularly memorable; having rejected conventional treatment for breast cancer, her 'New German Treatment' for the resultant bone metastases involved chanting 'I'm valuable. I love myself.' Marchant also reminds us that other patients are desperate, having tried conventional medicine and found it not to help.

Accessible to both a lay and scientific audience, I recommend this book for anyone who has kissed a bump better, been offered arnica by a friend or asked to prescribe homeopathic remedies by a patient. Marchant reminds clinicians that we do not have all the answers and we need to help patients in the real world. Moving beyond a reductive mind *v.* body debate, she convinces that to be effective doctors we need to treat both.

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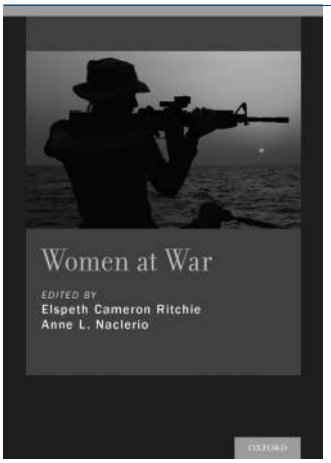

Women at War

Edited by Elspeth Cameron Ritchie & Anne L. Naclerio.
Oxford University Press. 2015.
£55.00 (hb). 392 pp.
ISBN 9780199344536

Women at War covers many aspects of the deployed female and is not psychiatry specific; it covers both the medical and mental health needs of women in the unusual setting of war.

The book is sensibly broken down into five parts. Each part focuses on sub-topics which address issues pertinent to women at war. These topics range from specific medical issues for deployed women and those home from war, to female-specific psychological considerations and the experiences of female veterans. There is also an extensive introduction.

I found part three, 'Women home from war', particularly interesting. It enlightened me on a plethora of issues that I had not previously considered, including the additional anxiety of a deployed or returning parent who is, in most cases, also the primary caregiver.

The role of women in the military is as topical as ever. Discussions are currently taking place regarding the consideration of wider roles for women within the armed forces. These include