

characteristics that lie a step closer to DNA than the clinically observable symptoms and signs, the 'exophenotypes', by which disorders are defined. Irv continued to elaborate the endophenotype concept over ensuing years and it provoked thousands of papers by others, a sort of Higgs boson for biological psychiatry. Unlike the Higgs particle, the existence of endophenotypes has yet to be proved experimentally for any of the major disorders.

Irv was born in Cleveland, Ohio, to Hungarian-Romanian Jewish emigre parents, Bernard, an insurance agent, and Virginia (nee Weitzner). He was a science enthusiast from an early age and began a physics degree while serving as an officer in the US navy, later switching to psychology. He completed his PhD at the University of Minnesota on the genetics of personality but initially had great difficulty in getting his findings published because of the prevailing orthodoxy in US academia in the late 1950s that behaviour was entirely due to nurture and nothing to do with nature.

After his postdoctoral fellowship in London, Irv returned in 1966 to the biology-friendly department of psychology in Minneapolis and set up one of the first behaviour genetics training programmes in the US. He thereafter held chairs in Washington University in St Louis (1980–85), where I first came under his mentorship as a visiting MRC fellow, and at the

University of Virginia (1986–2001), where he set up a clinical psychology doctorate, before returning to Minnesota, where he remained for the rest of his career.

He won many plaudits and prizes worldwide but retained particular affection for and gratitude to the UK, where his recent awards included honorary fellowship of the Royal College of Psychiatrists and King's College London.

Irv is survived by his wife, Carol (nee Applen), whom he married in 1970, and their sons, Adam and David, and grandchildren, Josh, Ava and Fiona.

Irving Isadore Gottesman, clinical psychologist and geneticist, born 29 December 1930; died 29 June 2016

Peter McGuffin

This article has been reproduced with kind permission from theguardian.com

doi: 10.1192/pb.bp.116.055582



© 2017 The Author. This is an open-access article published by the Royal College of Psychiatrists and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Reviews

The Other Side of Silence: A Psychiatrist's Memoir of Depression

By Linda Gask

Summersdale 2015, £9.99, pb, 272 pp.

ISBN: 9781849537544

Linda Gask is an eminent academic psychiatrist with an outstanding international reputation. I state this upfront because it is none too obvious from this book – owing to her self-effacing style – and in my opinion, it is very relevant. I should also declare an interest as Linda and I were in the same year at Edinburgh University's medical school and I have heard small snippets of this story from her over the ensuing years.

In this excellent book Linda Gask shows what may be achieved despite living with a recurrent depressive illness; hope emerges even from her darkest moments and this work should encourage many. It is striking for its frankness and honesty – no small achievement given that she clearly must have known it would be read not only by colleagues, but by patients past and present, some of whom would have known little about her. She even mentions her failure to pass the MRCPsych exam at the first attempt and describes her – surprising to some! – experience of how sensitive and supportive a very senior academic colleague was at this time.

The book chronicles her life and career and the impact of her illness, including thoughtful reflections on its roots (in her early life). She teaches us about depression through the mirror of her own illness and that of her patients, and brings this to life through the use of clinical vignettes. She emphasises the importance of both biological and psychosocial factors in the origins of this illness and her description of treatments is both

fair and accurate. Her accounts of her interactions with patients are particularly helpful and should be of value to any doctor, whether trainee or senior. I especially valued her comments on those whose failure to improve is ascribed to personality disorder, which is, alas, an all too common tactic of many psychiatrists.

This is an exceptional book and should be read by many, both doctors and patients. The high-profile endorsements on the cover are entirely deserved. Some years ago Linda wrote another excellent book entitled *A Short Introduction to Psychiatry*. I gave it to many medical students to read. I will give this to many more.

Tom Brown, retired psychiatrist, UK; email: t.m.brown@blueyonder.co.uk

doi: 10.1192/pb.bp.115.053108



© 2017 The Author. This is an open-access article published by the Royal College of Psychiatrists and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Mentalisation-Based Group Therapy (MBT-G): A Theoretical, Clinical, and Research Manual

By Sigmund Karterud

Oxford University Press, 2015, £24.99, pb, 240 pp.

ISBN: 9780198753742

This book presents a challenge for a reviewer because it is both a theoretical text and a technical manual. The technique in question is mentalisation-based group therapy (MBT-G) and

one of this book's functions is to assist supervisors of MBT-G in rating therapists on quality of technique and adherence to the MBT-G guidelines. So, at first sight, you might not be drawn to this publication unless you are a group therapist – and trained in MBT-G.

However, I encourage people who are not psychotherapists or trained in MBT to consider this manual as a useful introduction to the concept of mentalising. Mentalisation is an old concept in psychology and refers to our human ability to understand ourselves as agents who make choices and form intentions. This ability includes an understanding and perception of *other* people as having minds that form intentions, which are real and distinct from our own.

All psychiatrists need a valid and reliable model of mind with which to work clinically, and the concept of mentalisation fits the bill. Mentalising capacities are crucial to our social existence, across the lifespan; failure to mentalise successfully is a feature of all mental disorders. The healthy mind is constantly mentalising, with odd lapses in reasoning and dialogue that are neither too severe nor too frequent. When the mind is disordered – through any cause – mentalising fails and immature modes of thinking dominate, often with catastrophic results in terms of social identity and function. The restoration of mentalising then becomes a crucial aspect of all psychiatric treatment.

There are several books on mentalising and mentalisation-based therapy by Karterud's collaborators in the UK (Peter Fonagy and Anthony Bateman) and the USA (Jon Allen). I found this particular book of interest because it approaches mentalising from a philosophical perspective: that of hermeneutics and how we interpret the world. Karterud suggests that the way we interact with and interpret others comes before our experience of our own minds; that the social self is primary in developmental terms. Such a relational approach to mind is a vital complement to models of mind that are either atomistic or mechanical. We have no evidence that the mind works like a machine, but there is growing evidence that the mind is organic and dynamic, responding, developing and evolving in response to the environment – which, for human beings, is the experience of other minds.

MBT is recommended by the National Institute for Health and Care Excellence for the treatment of borderline personality disorder and treatment trials of MBT for antisocial personality disorder are ongoing. But understanding mentalising is a broader objective which all psychiatrists need to achieve. This work is obviously essential reading for trained MBT-G therapists, but it is a useful introduction to mentalising in its own right.

Gwen Adshead, Consultant Forensic Psychiatrist; email: gwen.adshead@southernhealth.nhs.uk

doi: 10.1192/pb.bp.115.053116



© 2017 The Author. This is an open-access article published by the Royal College of Psychiatrists and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

The Narcissist Next Door. Understanding the Monster in Your Family, in Your Office, in Your Bed – in Your World

By Jeffrey Kluger

Riverhead Books, 2015, \$16.00, pb, 288 pp.

ISBN: 9781594633911

I find myself split in my thinking about this book. On the one hand, I can see its appeal as an airport read; requiring little effort to get through, and full of celebrity and political commentary as well as easily digestible chunks of scientific evidence.

At that level, it's enjoyable. Especially so when it allowed me to neatly project all my ugly narcissism into reports about Kanye West and Sarah Palin. Perhaps a first for them to be mentioned in the *Bulletin*, no doubt adding to their narcissistic satisfaction, should they or their agents be subscribers.

At another level – and this is where I'm split – it is an exercise in quite contemptuous character assassination. Kluger's portrayal of his example subjects is cold and sneering at times. Furthermore, he often seems to conflate the concepts of narcissism and psychopathy, leading to a sense that the more narcissistic of us are one step away from becoming serial killers or workplace tyrants.

There are only brief mentions of how the presentation of narcissism might be related to inner vulnerability, and this left me wondering if Kluger might have been looking at the mirror crack'd. Even as I write this I wonder if I too am succumbing to the narcissistic appeal to feel superior to what we read – this is hard to contain when I am a UK reader and the author mentions former prime minister 'Malcolm Browne' (referring to Gordon) and the football team 'Aston Vista'. Such mistakes feel sloppy, arousing my narcissistic contempt; perhaps a response to feeling as though the author does not care enough about the UK to check facts properly.

Coming from a psychoanalytic tradition, where this subject has been a preoccupation of clinicians since Freud's 1914 *On Narcissism: An Introduction*, Kluger's view on the dilemma of the narcissist saddened me. We are all narcissists to some degree; it's what allows us to get out of bed in the morning and feel like we are good people who might be loved. The pathological narcissist is someone who has found their early experiences to be lacking and who has lost their trust in acceptance by others. To manage this insufferable situation, they create an outer self that is contemptuous of need and full of itself, and project away their dependent, vulnerable selves onto others. Sometimes, they are contemptuous and dismissive of needy people. Sometimes, if society is lucky, and the person more creative, they will look after others who are vulnerable – to repair the damage they feel inside themselves.

Jon Patrick, Consultant Medical Psychotherapist, Royal Edinburgh Hospital, Edinburgh, UK; email: jonpatrick1@nhs.net

doi: 10.1192/pb.bp.115.053124



© 2017 The Author. This is an open-access article published by the Royal College of Psychiatrists and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.