Adam
Written and directed by Max Mayer, Fox Searchlight Pictures, 2009

Hollywood has chosen autism, more than virtually any other psychiatric disorder, as its cinematic subject. The quintessential Rainman (1988) engaged public awareness of autism, winning plaudits from disability awareness advocates. Regrettably, the majority of Rainman’s successors have been misguided, inaccurate and detrimental to those for whom autism is more than just a cinematic spectacle. Autism-spectrum disorders are variously depicted as self-induced, evil, dangerously volatile, worthless, supernatural, instilled with genius or miraculously curable. A disproportionate 45% of Hollywood’s characters with autism are ‘composite savants’. Most are hopelessly dependent and the majority are children.

Its rejection of such misrepresentations makes Adam a bold, refreshing film.

The film concerns the blossoming relationship between an attractive, independent, intelligent thirty-something with Asperger syndrome, and the neurologically typical gregarious Beth. Beth is intrigued by Adam’s behaviour and sets about educating herself about the syndrome.

A well-researched, sincere script combined with a polished, convincing performance from Hugh Dancy, commendably portrays the autistic triad without inaccuracy or hyperbole. Adam’s interests are restricted to astrophysics and historical facts. He finds social interaction difficult, being unable to keep eye contact, or read body language: ‘I can see you are upset, but I don’t know what to do about it’. He depends on rigorous routines. In addition, his literalness makes the nuances of everyday speech challenging: ‘That was a joke, Adam’. The film accessibly introduces current medical theory. Adam’s interests are restricted to astrophysics and historical facts. He finds social interaction difficult, being unable to keep eye contact, or read body language: ‘I can see you are upset, but I don’t know what to do about it’. He depends on rigorous routines. In addition, his literalness makes the nuances of everyday speech challenging: ‘That was a joke, Adam’. The film accessibly introduces current medical theory. Adam challenges popular thinking about autism. Beth is attracted to Adam despite his complex social difficulties. Where one character suggests Adam is not ‘prime relationship material’, another asserts that, among many other things, ‘people with Asperger’s get married’. Unlike other Hollywood portrayals in which autistic traits present an absolute barrier to Adam’s idiosyncrasies provide an employment advantage (as an electronic engineer).

Although Adam’s eccentricities are occasionally manipulated to suit the ‘Rom-Com’ formula, this is not at the expense of Asperger syndrome itself. The film is forthright about the challenges Adam faces. It is romantic, not romanticised; informative, but not didactic. In its accurate portrayal of autism, Adam is every bit as unique as its eponymous character.

Understanding Repeated Self-Injury: A Multidisciplinary Approach
Digby Tantam & Nick Huband

People who repeatedly self-harm evoke strong emotions. They are often very unpopular with NHS staff and are frequently seen as time-wasters. Tantam & Huband take this emotional baggage as their point of departure for a book that is rich in experience and common sense. It should be essential reading for junior medical staff. Even though the book deals primarily with that subset of people who repeatedly self-harm, there are lessons here for all staff who deal with people who self-harm whether once or repeatedly.

With self-harm getting such a negative press, it is perhaps unlikely that most will even pick up a book that tackles the area head on. The authors have spotted this. Their solution is to provide a series of 14 boxed key messages. My favourites are ‘the strength of other people’s reactions to self-injury should not be underestimated’ and ‘it is not always possible to pin down in words the clear function or meaning of self-injury’, so ‘immediate challenges for professional carers include assessing risk, deciding about safety and offering short-term coping strategies’. So relevant are they that the key messages from this book should probably be printed on a sheet of A5, laminated and stuck to the desks in GP practices, accident & emergency departments, and mental health teams.

The rest of the book provides the context through which to understand the key messages. That really sets the style of the work which mixes the experiential with the practical and a smattering of evidence. It’s a case of horses for courses. Some medical books take an evidence-based approach to their subject matter; others draw on experience and expert opinion. Self-harm gives rise to difficult emotions and experiences: a book which provides the reader with support and therapeutic interventions when confronted with this sensitive issue is to be welcomed.

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Cognitive Behavioral Therapy for Anxiety Disorders – Mastering Clinical Challenges
Gillian Butler, Melanie Fennell & Ann Hackmann

A look at National Institute for Health and Clinical Excellence (NICE) guidance for treatment of anxiety disorders reveals a revolution: first-line treatment for anxiety disorders is cognitive–behavioural therapy (CBT) and some other psychological interventions. Cognitive–behavioural therapy of severe anxiety disorders has reached a high degree of