

diagnosis, aetiology and treatment in a multimodal way. Treatment resistance is included. Single authors usually avoid straying from their disciplinary base (psychopharmacology or psychological therapy) and so leave the tricky business of integration to the generalist reader. The strength of this book is that the author has done the work of integration. Another strength that will appeal particularly to candidates about to write the essay paper for Part II of the MRCPsych examination is the developmental approach that the author takes. Despite its title, the book is not restricted to an adult perspective and so, for example, the relationship between childhood separation disorder and later life problems is explored.

The weakness of a textbook like this is that parts of it will rapidly fall out of date, but this is not my main criticism here. I welcome many aspects of this book – the integration, the developmental viewpoint and the guide to treatment resistance – but an opportunity to go further and to take a critical stance has been missed. The book fairly reflects the debates that exist between believers, but the critical voice is missing: the voice that questions why there is so much evidence for some forms of treatment and not others, and that challenges the assumptions underlying the diagnostic systems that constrain our thinking.

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The Philosophy of Psychiatry: A Companion

Edited by Jennifer Radden. New York: Oxford University Press. 2004. 447 pp. £45.00 (hb). ISBN 019514953X

This book, called a companion, could be renamed a feast. People may not have the time to sit through every course, but they ought at least to sample the atmosphere. Indeed, anyone who does not wish to attend the feast should, perhaps, be regarded as having a disorder! To challenge this suggestion, to argue that a failure to wish to consume philosophy of psychiatry cannot be regarded as a 'disorder', is already to be supping the same fare.

I should be amazed to find a psychiatrist who could not discover something stimulating in this volume. In an authoritative way it marks out a territory that must be of concern to psychiatrists: conceptual issues concerning the mind and the brain, personal identity, dangerousness, competence, criminal responsibility, the clash between biomedical and social constructionist models of mental illness, the notion of character, the nature of thought insertion, and so on.

Nevertheless, it is possible to develop hiccups during a feast. Some parts may be too tough or a little spicy for some. This is unavoidable, because the philosophy of psychiatry is so broad. Thus, there is a variety of topics, including (for instance) descriptive psychopathology, psychotherapy, child development and nosology; and a variety of styles, from some quite difficult philosophical analysis (e.g. concerning dissociative phenomena and a nonunitary view of the self) to more accessible talk of the space of reasons and the realm of law in connection with reductionism in science.

What really makes the feast for me is when the philosophy is crucially relevant to practice. Here are three examples. First, in the next week I shall be involved in a decision to compulsorily detain someone living in residential care who is bizarre and smelly. Reading about the definition of mental disorder was exactly to the point. Second, in our discussions with families and other professionals, an appreciation of the centrality of values to psychiatric practice helps to underpin the importance of giving time to these careful negotiations. And

third, as we interact with our patients – especially with the pressures of time and value for money bearing down on us – to be reminded of the tradition of *Verstehen*, of the need for empathic understanding, is inspiring. At its best, philosophy can provide a motivation for good practice, where the quality of our interactions should count for as much as mundane outcome measures.

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A Matter of Security: The Application of Attachment Theory to Forensic Psychiatry and Psychotherapy

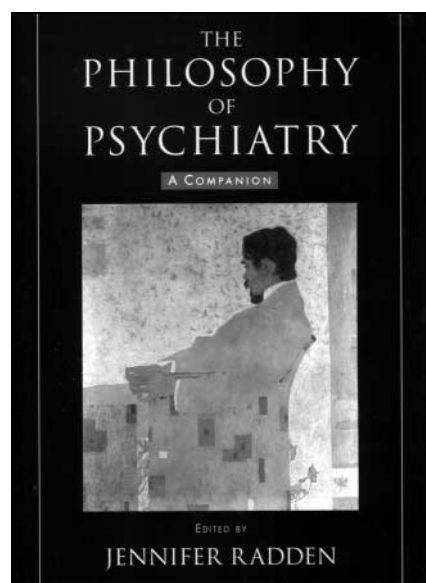
Edited by Friedemann Pfäfflin & Gwen Adshead. London: Jessica Kingsley. 2003. 272 pp. £19.95 (pb). ISBN 1843101777

We live in an age preoccupied by 'risk' and its assessment and management, and by its partner, 'security' – both global and personal. How refreshing to review a book which addresses some of the psychological roots, in terms of attachment theory, of our sense of internal and mental securities (and insecurities) and that of our patients and institutions, and specifically one consequence of failed security – social and interpersonal violence.

This volume, which is divided into theoretical, clinical, institutional and research sections, gathers together a body of original work on attachment applied to forensic psychiatry and psychotherapy, along with some previously published work.

Attachment theory originated in, and has since been developed from, the work of John Bowlby. It offers the possibility of (limited) quantification of mental representations that hitherto remained only qualitative, and can provide a bridge between the understanding provided by cognitive science and psychoanalysis.

The first (and longest) chapter, by Peter Fonagy, sets out densely but clearly the theoretical basis of developmental failure of emotional containment, of mothering and mirroring. The consequences include



disorders of attachment, which in this view lead to relative failures of the capacity for mental reflection, affect discernment and regulation, to confusions of the psychic and somatic, and to later possible interpersonal, social violence. Psychiatrists may be more familiar with the resultant diagnostic categories than with the details of intrapsychic developmental processes; the common denominator is 'borderline personality disorder', which has been Fonagy's focus of study. Two further theoretical chapters address largely technical matters within attachment research.

Preliminary research data presented by Fonagy (on adult and young offenders), by Adshead & Bluglass (on factitious illness by proxy), by Ross & Pfäfflin (on male prisoners and control groups, including, intriguingly, fundamentalist Christians) and by Lamott *et al* (on female killers and victims of domestic violence) all point to relative disorders of attachment – especially of the unstable and dismissive types. Lamott *et al* propose a new category, 'fragmented attachment representation' (FRAG), for the intensely disorganised narratives of some individuals – presumably as a result of their complex traumatic pasts.

The chapters on attachment representations and institutions – secure hospitals (Adshead as a psychotherapist, and Aiyebusi from a nursing perspective) and prisons (Parker & Morris) – should be of interest to all of us who work in these toxic environments. They offer helpful ways of conceptualising individual and organisational problems, and of creative responses within institutions which are, after all,

crucibles of pathology as well as society's attempt at providing 'security' and, hopefully, repair.

However, treatment *per se* is only thinly represented in this volume. I would not count this as an omission if attachment studies were seen as derivative from – as merely a part of an adjunct to – more complete psychodynamic theories, but there seems to be some ambivalence or lack of clarity about this running through the book. Attachment theory is elevated in some places to another 'analytic theory', and in the main clinical contribution to the book – the chapter by Paul Renn – this is made manifest. This chapter is very well informed and clearly competent from an attachment theory perspective, but seemed to me to raise the perennially important issue of how to integrate exciting theoretical and methodological advances into clinical work without skewing the essential, open-minded and personal nature of the therapeutic relationship. This application of attachment theory focuses on, and seeks out, childhood 'trauma' – separation, loss and abuse – from the first meeting and, predictably, finds it. It is heavily agenda-driven and there must be a danger that it may be experienced as intrusive and coercive, not to say bleak – even if tolerated by compliance. It reminded me of those 'recovered memory' therapists of the 1990s, who were said to offer their clients the prospect of new memories, and invariably delivered. I am not sure what to think of the fact that this intervention was offered as 'short-term counselling in a probation setting', and was therefore obligatory.

The significance of the findings of attachment research, and their potential for persuasion in the political and policy arena, seem to me immense. Fonagy, at the end of his chapter, articulates well the personal and societal consequences of our changing social structures, and failure to support families and parenting function sufficiently for adequate childhood emotional development. In the terms of this book:

'the failure of the coherent representation of self–other relationships, and the complications within self organisation that become manifest as a consequence, occur increasingly frequently. . . because society has relinquished some of its caretaking functions, demolished its institutions for supporting emotional development and shifted its priorities from the mental to the material. We collectively pay a heavy price for favouring matter (physical well-being) over mind (the coherence of subjectivity)'.

Meanwhile, those with or without personality disorders increasingly seek the solace of counselling; antisocial behaviour (and antisocial behaviour orders) are on the increase; crime (and the 'fight against crime') and, for example, domestic violence, intensify; and prisons are the most predictable of (rapid) growth industries. Is it too much to hope that a book such as this might cause a few policy makers to pause? I highly recommend this volume for clinicians, managers and policy makers alike.

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