

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The weakness of a textbook like this is that parts of it will rapidly fall out of date, but this is not my main criticism here.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.

Andrew Brittlebank Department of Psychiatry, Fairnington Centre, Corbridge Road, Hexham NE46 1QJ, UK.
E-mail: andrew.brittlebank@nmht.nhs.uk

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.

Julian C. Hughes Consultant in Old Age Psychiatry and Honorary Clinical Senior Lecturer, North Tyneside General Hospital and the Institute for Ageing and Health, University of Newcastle, Rake Lane, North Shields NE29 8NH, UK. E-mail: julian.hughes@northumbria-healthcare.nhs.uk

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

