

spend much time worrying about the proper limits of medical power. It is easy to ignore ideas expressed in a manner that is obscure even by the standards of French intellectuals. In any case, the experience of working in the National Health Service soon reduces one's ability to empathise with a man who worries about doctors taking over the world.

Although psychiatrists may not worry about medical power, medical responsibility is a different matter, and they have been learning a lot about it in recent years. In this context, dangerous severe personality disorder (DSPD) is 'Foucault's revenge'. Doctors have been attaching stigmatising labels to difficult people for years and they will now be forced to treat them (with discipline and punishment for doctor and patient alike, if things go wrong).

Critics of the DSPD initiative emphasise the problem of 'medicalisation'. They fear that psychiatric concepts are being extended into areas of life where other models, whether moral or criminological, are more appropriate. As a contribution to this debate, one must welcome a publication from the Church of England's Board for Social Responsibility. Is this the Church's big fightback, a crusade to reclaim moral territory from the medical infidel? The title, with its reference to human worth, promises a critique of reductionism. We look forward to an alternative to the scientific view of human problems as technical difficulties to be solved by experts.

These expectations are dampened by the realisation that the first two contributors are psychiatrists, a disappointment offset by the fact that there is little psychiatry in their papers. Professor Nigel Eastman summarises the ethical objections to the proposed new Mental Health Act and Dr Bob Johnson reminds us that many violent offenders had terrible childhoods. Next the Governor of Grendon Prison summarises that institution's approach to therapy, and Jonathan Sedgewick (then Head of the DSPD programme at the Home Office) sets out proposals for the shape of services for people with DSPD. It is only in the fifth and final paper that one comes to 'a theologian's questions', addressed by Professor Nicolas Sagovsky, a specialist in Christian social ethics.

The most surprising thing about the theologian's questions is the extent to which they resemble those asked by the other contributors. They raise concerns

about the precision of risk assessment and about the proper balance between the rights of the individual and of society. Despite the references to God, one is left with the feeling that there is little to distinguish religious and humanistic ideas in this field.

This pamphlet is inexpensive and provides a good introduction to the area for anyone who is new to it. Many psychiatrists will be familiar with the arguments and there are no new ethical insights. I was disappointed by the avoidance of some difficult questions. Contributors point out that, if we detain people on the basis of risk, the nature of probability is that we lock up people who would not have committed an offence together with those who would have. This fact is presented as though it precludes the detention of those whose personality disorder is associated with a high risk of violence. None of the contributors goes on to ask how psychiatry can justify detaining people with mental illness, to whom the same laws of probability apply. Foucault would have asked this question, and it deserves an answer.

I may have been unfair in failing to identify a distinctive religious element in this publication. As I wrote the review, the morning's news was dominated by a fierce row about whether or not a confused 94-year-old woman had made a racist remark that could justify her neglect during a 3-day stay in a casualty department. Medical staff pitched into the fray, as if dignity and confidentiality were going out of fashion. The theologian's paper includes an optimistic call for informed debate and responsibility in political life. The difference is faith.

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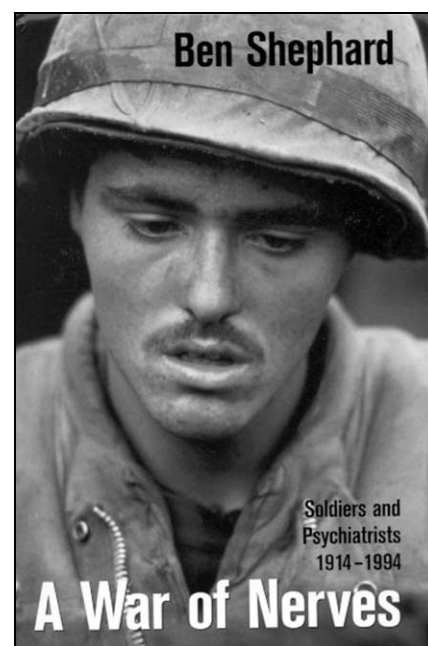
### **A War of Nerves: Soldiers and Psychiatrists**

By Ben Shephard. London: Jonathan Cape.  
2000. 487 pp. £20.00 (hb).  
ISBN 0 224 06033 3

This is a timely publication. Military psychiatry is currently in the spotlight, owing to the recent commencement of

a class action in the High Court alleging that the British military medical services failed in their duty of care to prevent trauma and then adequately treat individuals traumatised by war. Ben Shephard has extensively researched this area and provides a comprehensive account of the development of military psychiatry. One of the themes of this book is how combat-related psychiatric disorder is inextricably linked with political, social and cultural issues. He also illustrates how the history of military psychiatry is closely associated with many of the most fundamental ideas in psychiatry.

The author is a historian who has contributed to a number of television series. He gives a comprehensive and authoritative account, which is at the same time an excellent read. Most impressively, as well as getting the military history correct, he writes with what appears to be an excellent understanding of psychiatric and medical issues. The book begins with the origins of shell-shock and the struggle between the ideas of Mott, Meyer and others leading up to the report of the 1922 Committee on Shell-Shock. This subject has been covered in many other works, but few are as balanced and detailed as this. More interesting, perhaps, is that Shephard continues with less-reported periods in the later part of the 20th century, including the Second World War, the Korean War, Vietnam and modern conflicts such as the Falklands. He manages to examine the development of ideas in the



UK and the USA and also gives a German perspective. This volume will be of value to those interested in the development of post-traumatic stress disorder as well as the development of ideas such as therapeutic communities. I thoroughly enjoyed the book and warmly commend it, both as a good read and a useful reference on a topical subject.

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### **The Search for the Secure Base: Attachment Theory and Psychotherapy**

By Jeremy Holmes. Hove: Brunner-Routledge. 2001. 183 pp. £15.99 (pb). ISBN 1 58391 152 9

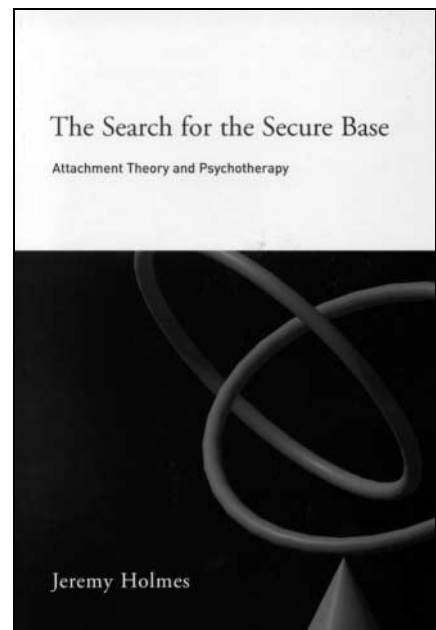
There was a time, some decades ago, when the psychoanalytic establishment derided John Bowlby's attachment theory as insufficiently deep. It was regarded as too concerned with surface interpersonal relationships at the expense of the map or template of intrapsychic relationships between internal objects, and too behavioural in understanding motivation at the expense of the unconscious and drives. Attachment theory, in turn, denigrated psychoanalysis, particularly Kleinian, for its solipsistic avoidance of the impact of the external world and its lack of scientific and biological rigour.

It must be a source of considerable satisfaction to attachment theorists that the

tide has turned. They are being welcomed in from the cold as psychoanalysis reconstructs itself, seemingly in an attempt to reinvigorate its empirical credentials, and as it starts to develop an interest in having a proper dialogue with neuroscience, cognitive theory and developmental psychology. Attachment theory has the potential to provide a rational framework within which integration can take place: integration not only between the types of enquiry concerned but also between modalities of psychotherapy increasingly well versed in mutual respect but still without bridges of theoretical contact. Jeremy Holmes's contribution to this process is considerable and he is coming close to breaking new ground through the clarity he brings to the integrative project. Nowhere is this more in evidence than in his new book.

Sadly, for all attachment theory's accessibility as a framework, there is an unfortunate gravitational pull towards a reduction of the complex to just a handful of core constructs, the four types of attachment: secure, avoidant, ambivalent and incoherent. Furthermore, translation from one modality or school of psychotherapy to another, substituting one set of terms for another, does not always extend understanding itself, and palls at times.

Holmes's book really takes off when it considers psychosocial intergenerational transmission, with particular emphasis on links between handling-style in infancy, the subsequent development of narrative style, which represents the individual's relationship to him- or herself, and adult attachment patterns. Peter Fonagy's work on the development of a child's 'theory of mind' and 'reflexive function' joins forces with



ideas such as autobiographical competence and nodal memories to produce a relational theory with narrative as its core organiser. I particularly liked Holmes's reworking of Winnicott's concept of mirroring. This emerging narrative theory is as pertinent to the domain of cognitive therapy as it is to psychoanalytic psychotherapy, explaining and justifying why the dialogue of therapy is an instrument of change.

There is much else in addition to this, for instance a fascinating chapter on money and psychotherapy, and a description of brief attachment-based therapy, making this thoroughly recommendable.

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