**Attachment Theory**

**Attachment From Infancy to Adulthood: The Major Longitudinal Studies**


**Reviewer rating:** Excellent

**Review by** Magdalena Janus, PhD

**Hamilton, Ontario**

When a new scientific text lands on one’s desk, a book whose contributors are authorities on the subject, one expects a certain level of enjoyment from reading it. However, to find such a book a delight to read is indeed rare. Nevertheless, this new text on attachment is a delight.

This is no ordinary review of longitudinal studies on attachment, some of which lasted long enough for children who contributed data while babies to have babies of their own. The way the 11 chapters, each by a leading authority on an aspect of attachment theory, are laid out is probably the secret to the ease with which the book is read. Each chapter starts with a biographical, highly individual account of how the authors found themselves interested and involved in the study of attachment. This provides insight into the minds and lives of these prominent researchers and a realistic perspective on the shaping of careers. The authors then continue to describe their lives’ work in the field of attachment in an accessible, almost storytelling manner.

The book opens with a chapter by Robert Hinde that illuminates the role of ethology in the development of John Bowlby’s ideas. It is a beautifully told, fascinating piece of history comparable to an account of how Darwin’s theory came together and yet likely unfamiliar to most of the current generation of attachment researchers. This is followed by Inge Bretherton’s account of how the development of the construct of the internal working model is played out in attachment theory and research.

The following 4 chapters deal with child development within and without family contexts. The chapter by L Alan Sroufe, Byron Egeland, Elizabeth Carlson, and W Andrew Collins tells how the longitudinal Minnesota Study of Risk and Adaptation From Birth to Adulthood contributed to the understanding of how events of later childhood and adolescence modify the impact of early attachment on later outcomes. This chapter ends with 2 elegant case stories that go a long way in demystifying the protective and risk factors early attachments may impose on long-term outcomes. Jay Belsky describes attachment research from an ecologic perspective, including nonmaternal care, and concludes by promoting a modern evolutionary view of attachment as a psychological mechanism sensitive to the caregiving conditions and with consequences for reproductive choices. Karin and Klaus E Grossmann with Heinz Kindler summarize 20 years of research on mother–infant bonds and their impact on later relationships in 2 longitudinal German studies. This is perhaps the only non-North American account in such depth that shows many similarities and also subtle differences.

The 5 preceding chapters pay more attention to the intergenerational transmission and representations of attachment. Howard and Miriam Steele focus on understanding emotional development in relationships with both parents according to the intertwining foundation of attachment and psychoanalytic theory. Avi Sagi-Schwartz and Ora Aviezer explore how a disturbance of a simple environmental system can affect aspects of relationships and attachments among children who grow up in kibbutzim with multiple care providers. Joan Stevenson-Hinde argues convincingly that parental influence is stronger than that of the child in shaping the parent–infant bond. Judith Crowell and Everett Waters describe the relevance of attachment constructs to couple or marital functioning, particularly in transition to parenthood. Perhaps fittingly, the longest chapter in the book, a detailed and fascinating account of the longitudinal findings from Mary Ainsworth’s original Berkeley sample, is written by Mary Main, Erik Hesse, and Nancy Kaplan.

In a closing chapter, Mary Dozier, Melissa Manni, and Oliver Lindhiem touch on some of the controversial issues, including the perception of the guildlike quality of the group of researchers studying attachment. They also argue that, with the wealth of data available on normative samples, it is time to use the attachment perspective to inform research as well as practice with atypical populations: foster children and maltreated or neglected children. Dozier and others suggest that attachment theory has a lot to contribute to intervention frameworks where parental care has been disrupted.

There are several places where this book is of particular interest to a psychiatric audience. Many of the contributing authors have clinical backgrounds. Several of the authors make historical references to the meeting of psychoanalytic theory with developmental, ethological, and evolutionary
theories and the way in which this meeting opens the door to a whole new field of inquiry. More importantly, however, their writings offer windows into developmental processes, which, once disrupted, can have long-term consequences. This book, while focusing mostly on normative aspects of attachment theory, points out the possible causal links both for continuity and discontinuity in attachment and its sequela. Thus, as a highly readable, highly informative, and reasonably priced text, I strongly recommend it to researchers and clinicians but perhaps most particularly to those whose clinical practices involve children and families.

Women’s Health

Menopause: A Mental Health Practitioner’s Guide

Reviewer rating: Excellent
Review by Laura Lucia Calhoun, MD
Winnipeg, Manitoba

This new book, edited by one of Canada’s experts in reproductive psychiatry, contains everything you ever wanted to know about menopause, perimenopause, and postmenopause from a psychological and psychiatric viewpoint. This handy, condensed reference guide includes information about both the normal and abnormal physiology of women in this age group. This book reviews studies of mood disorders in midlife as well as whether female hormones are causal, or merely correlational, to mood disorders.

The 2 chapters in the middle of this volume—“Effects of Reproductive Hormones and Selective Estrogen Receptor Modulators on the CNS During Menopause,” and “Mood Disorders, Midlife, and Reproductive Aging”—are the most informative chapters and form the core knowledge of the book. Considering the detailed information they present, these 2 chapters alone are worth the price of the book.

Although there is no evidence of an increase in the incidence of major depression during perimenopause, there are many women who present with depressive symptoms at this life transition. This seeming contradiction is discussed in detail, and several lines of potential reasoning are explored.

Less common illnesses, including psychosis in women at midlife and the medical aspects of perimenopause and menopause, are also examined. One less favourable aspect of this book is that each chapter has its own review (background information) of the broader theme. This becomes tedious and superfluous after the first few chapters, if the book is read as a whole. Practitioners who dip in to one chapter as a review, however, will find the background information helpful.

Clinicians will find this latest addition to women’s mental health literature a positive one with great, current information in a concise, soft-cover, reasonably priced package.

Psychosomatic Medicine

Textbook of Psychosomatic Medicine

Reviewer rating: Excellent
Review by C Alex Adsett, MD, FRCPC
Hamilton, Ontario

The term psychosomatic medicine dates back to at least the 1920s and 1930s, with early viewpoints emphasizing psychogenic medical disorders. In 1977, George Engel’s seminal paper refocused the conceptual basis of the field through the biopsychosocial model, an interactional holistic way of looking at illness (1). In the past 2 to 3 decades, solid basic as well as clinical research and evidence-based clinical treatment have evolved rapidly. Psychosomatic medicine is currently a thriving field. It gained official US recognition as a psychiatric subspecialty in 2003, and the American Board of Psychiatry and Neurology is developing the competencies required for this field, accreditation of fellowship programs, and a certification exam in psychosomatic medicine. In Canada, we are slower to introduce change, but under the leadership of the recently formed Canadian Academy of Psychosomatic Medicine, there is an effort to gain subspecialty recognition by the Royal College of Physicians and Surgeons.
Psychiatrists working at the interface between medicine and psychiatry must bring to the medical setting wide expertise in medicine, neurobiology, general psychiatry, psychopharmacology, and psychotherapy, as well as an awareness of psychosocial resources. Most consultation-liaison psychiatrists need these skills to work in a general hospital with a multidisciplinary team including a psychiatric nurse and often a social worker.

This superb textbook presents the current knowledge base of psychosomatic medicine. It has become, and will continue into the near future to be, the definitive scholarly reference and clinical guide in this field. The editor, James Levenson, is a professor of Psychiatry, Medicine, and Surgery at Virginia Commonwealth University and an international leader in psychosomatic medicine and consultation-liaison psychiatry. He has achieved a monumental task in bringing together many outstanding psychiatrists from the United States as well as several from Canada and the United Kingdom to serve on an editorial board and (or) to contribute a chapter. Levenson contributes to 9 chapters. Every chapter has been reviewed by at least one member of the editorial board; many have also been externally reviewed. The chapters dealing with medical specialties have been reviewed by one or more nonpsychiatric medical experts. The book is of remarkably high quality and consistency throughout. This is not to say that the book avoids controversy; at times it presents diverse opinions.

The textbook is divided into 4 parts. Part 1 consists of 5 chapters addressing general principles in evaluation and management. One chapter discusses psychiatric assessment and the process of consultation with a medical patient. Other chapters review psychological and neuropsychological evaluation as well as relevant legal and ethical issues. Part 1 concludes with an extensive presentation of psychological responses to illness, including research on personality types, coping styles and defence mechanisms, and emotional responses.

Part 2 includes 13 chapters focused on psychiatric symptoms and disorders. These chapters discuss mood and anxiety disorders, sleep disorders, sexual disorders, substance abuse disorders, eating disorders, and aggression. The chapters on delirium, dementia, and somatization are exceptional.

Part 3 addresses psychiatric problems and their relation to each of the medical specialties. The chapter on neurology and neurosurgery, for example, discusses several categories of clinical problems, including cognitive impairment, neurologic disease accompanied by psychiatric or emotional disturbance, psychiatric symptoms unexplained by neurologic disease, and postneurosurgery mental complications. The chapter on infectious diseases, which notes that psychiatric symptoms may be part of the presentation of many infectious processes and that psychological factors may significantly affect the risk for and course of infectious diseases, is another example. This chapter discusses bacterial, viral, fungal, and parasitic diseases and provides psychiatric side effects of antimicrobial drugs and their interactions with psychotropic medications.

The textbook concludes with Part 4, “Summaries of Psychiatric Treatment in the Medically Ill.” Four chapters, on psychopharmacology, psychosocial treatments, electroconvulsive therapy, and palliative care comprise this section. This section also notes that the use of psychopharmacology in the medically ill is complex and requires careful consideration of the underlying medical illness, potential alterations to pharmacokinetics, drug interactions, and contraindications. No psychiatrist can remember all the information necessary for safe use of psychotropic drugs in the medically ill. It is important to collaborate closely with medical and pharmacy colleagues.

The authors demonstrate that psychosocial interventions with medically ill individuals differ from standard psychotherapy in several ways. Patients are usually worried about their physical illness, not seeking psychological exploration. The illness context may be complicated by the interaction of disease factors, medical treatment, the patient’s personality traits and response to the illness, and the level of social support.

In the general hospital setting, it may be challenging for the consultation-liaison psychiatrist to assist guiding terminally ill patients physically, psychologically, and spiritually through the process of their disease. This is a role most other psychiatrists rarely fill. The authors of the chapter on palliative care provide an extensive and sensitive discussion of this clinical area, emphasizing the need to respond to the unique individual and family needs.

This is an outstanding, encyclopedic textbook that will serve as the standard for psychosomatic medicine and provide a foundation for the newly recognized subspecialty. The book has many clear and useful diagrams and tables, and is well organized, clearly written, and authored by top international experts. It is extensively referenced, typically including 6 to 8 pages of up-to-date references for each chapter. It is a necessary book for any psychiatrist working at the interface of psychiatry and medicine and a valuable reference for many other health professionals. For a 1000-page scholarly textbook, the price is good value.

References

Personality Disorders

Major Theories of Personality Disorder

Reviewer rating: Good

Review by Herta A Guttman, MD
Montreal, Quebec

This is a comprehensive reference book that tells you everything you want to know about the current study of personality disorders. In an introductory chapter, the editors review the major areas of controversy and indicate that the 7 succeeding chapters, each authored by an expert, will address these issues from the standpoint of a given theory. This includes the historical foundation of each theory, the developmental and etiologic evidence for each theory, the taxonomy of personality disorders according to the theory, and whether the theory successfully articulates what is known about the psychological, biological, and behavioural aspects of personality disorders. Personality disorders are then considered according to cognitive theory, psychoanalytic theory, interpersonal theory, an attachment model, integrative interpersonal theory, personality, and a neurobehavioral dimensional model.

Although the introduction indicates that the therapeutic techniques and strategies derived from each theoretical perspective will be described, this is not always the case. Most of the authors are academic psychologists who seem to be more interested in theory than in practice. Theory is exhaustively presented, often with needless repetition and sometimes with irrelevant case histories.

Regrettably, the editors did not begin by presenting in detail the more important ideas in papers that are at the cutting edge of the debate to which many of the authors repeatedly refer, for example, the 5-factor theory espoused by Costa and Widiger and supported by Livesley. One of this volume’s strengths, however, is that each chapter has a generous bibliography. Interested readers should not have any difficulty finding key references.

Unfortunately, and surprisingly, the book has been poorly copy edited. The book is highly repetitious and many words are actually missing from the text. With more rigorous editing, it could have been much shorter, more succinct, and more easily read.

I recommend this volume as a reference for students or for practising psychotherapists who require or request an in-depth exploration of a particular theory of personality disorders. I do not recommend reading it in its entirety.

Psychobiology of Personality


Reviewer rating: Good

Review by John Livesley, MD
Vancouver, British Columbia

This volume provides an excellent review of current thinking and research on the biological basis of personality. Since the first edition of the book, which was published in 1991, the field has advanced significantly, both conceptually and methodologically. The new edition reviews these developments and places them in the context of previous work. This edition is a major revision of the first; more than one-half of the citations are to works published since the first edition went to press. The result is more than an update; it is a major reworking of the topic.

Zuckerman focuses on the trait structure of personality. While there are other components to personality—knowledge systems and information processing structures used to understand the self and the world are crucial—traits form an important framework around which other personality systems are organized. Moreover, the heritability of traits makes them an obvious starting point for developing an understanding of the biological substrates of personality.

Zuckerman also adopts what is usually called a top-down approach to understanding trait structure. A top-down approach first identifies a few higher-order constructs (in this case, 4 broad trait dimensions) and proceeds to decompose these constructs into their constituent traits and to explore their neurophysiologic, biochemical, and genetic correlates. Although I prefer a bottom-up approach in which
higher-order structures are derived empirically from more specific traits, Zuckerman’s approach offers a useful way to explicate the underlying biology of traits.

Chapter 1 is a key chapter that examines temperament and trait structure in detail. To identify a consensus set of basic dimensions, he examines different models for representing traits. On the basis of a comparative analysis of 2-, 3-, 5-, and 7-factor models, Zuckerman concludes that 4 major factors are common to most systems: neuroticism and anxiety, extraversion and sociability, impulsive sensation seeking compared with constraint, and aggression and hostility compared with agreeableness. Many personality theorists would agree that 4 or 5 major factors underlie personality variation. There is, however, likely to be some dispute about Zuckerman’s characterization of some factors. Most contentious is the conceptualization of the factors labelled impulsive sensation seeking and aggressiveness. Perhaps, ironically, the continued dispute about trait structure demonstrates the importance of a psychobiological approach. Despite numerous studies spanning many decades, the higher-order structure of personality has not been resolved. It seems that factor analytic and psychometric studies alone are not likely to resolve this problem and that a clearer understanding of personality structure may depend on the ability to tie phenotypic traits to underlying biologic structures and mechanisms.

Chapter 2 offers an excellent and comprehensive overview of current psychobiologic methods in personality research. These range from behavioural and molecular genetics through central and peripheral psychophysiologic techniques to imaging and psychopharmacology. This chapter forms the basis of the following 4 chapters, each of which offers an in-depth analysis of one of the 4 basic traits as explicated by the various psychobiological methods.

The final chapter seeks to integrate findings across different disciplines to provide a richer conceptual understanding of personality traits and their origins. This is the least successful chapter because our understanding of the phenotypic and biological structures of personality is too fragmentary and incomplete to achieve an effective integration. Nevertheless, Zuckerman’s theoretical musings and speculations are interesting. He adopts an approach that compares human traits with behavioural analogues in other species. This prompts consideration of the evolutionary origins of personality traits. Zuckerman examines the notion that traits originated from mechanisms that evolved because they facilitated survival and reproduction in the ancestral environment. Some traits probably emerged because one or both extremes of these traits conferred an adaptive advantage. It is also possible that some traits are simply the byproducts of other adaptations and that others merely reflect noise in the system.

Although this is a valuable and informative work, it will largely appeal to the specialist—someone with a serious interest in normal and disordered personality. The text is dense and contains little information that clinicians can use in everyday practice. However, there are signs that this is likely to change. Thus far, psychiatry has paid scant attention to research on normal personality when formulating ideas about the nature and origins of disordered personality, but a rapprochement between the study of normal and disordered personality is occurring. Individual differences in personality disorder are increasingly recognized to represent extremes of normal personality variation. Evidence is also mounting that there are important etiologic relations between some of the basic dimensions of personality that Zuckerman examines and various Axis I syndromes, especially mood, anxiety, and substance abuse disorders. These developments are likely to force a reappraisal of older ideas about the relation between personality and psychopathology, and current conceptions of personality disorder.

**Psychanalyse et thérapie psychodynamique**

**En finir avec l’inconscient, pour un renouveau de la psychanalyse**

Pierre Clément. Montréal (QC), Liber, 2004, 239 p. 26,00 SCAN

**Évaluation finale : bon**

Revue par Wilfrid Reid, psychiatre et psychanalyste, Montréal, Québec

Pierre Clément introduit d’emblée la thèse qu’il défendra dans cet ouvrage. Il propose d’« examiner l’appareil psychique sous l’angle de la conscience de soi » (p. 9); selon lui, ce modèle peut avantagerusement remplacer la notion d’inconscient et offrir ainsi un renouveau de la psychanalyse. Cette thèse est d’autant plus audacieuse que la notion d’inconscient est le concept fondamental, voire la pierre d’assise de la psychanalyse. Freud introduit la notion d’inconscient pour rendre compte du caractère lacunaire de la conscience. Nous obtenons une compréhension davantage approfondie des phénomènes psychiques si nous intercalons des formations psychiques inconscientes entre les divers éléments psychiques conscients apparemment sans lien entre eux. Clément propose plutôt d’« opposer le jeu de deux consciences. Il
n’est pas nécessaire d’introduire un inconscient » (p. 213). En parallèle à l’instance courante de la conscience, l’auteur décrit cette instance de la conscience de soi qui, possédant ses lois propres, comporte trois modalités. D’abord « une conscience affective » où le sentiment d’exister est issu d’« un simple éprouvé affectif ». Puis une « conscience en miroir », dite conscience du moi, issue de l’image de soi perçue dans le regard de l’autre. Enfin, une « conscience symbolique », dite conscience du soi, qui se constitue en parallèle à un modèle, le modèle parental où « père désire mère », à partir duquel l’individu construit une conscience de lui-même s’exprimant dans l’énoncé : « homme désire femme ».

Dans sa démarche, l’auteur nous convie à un parcours théorique très vaste; il nous présente la pensée de plusieurs philosophes, dont Saint-Thomas d’Aquin, Descartes, Leibniz, Kant, Spinoza, Locke, Hume ainsi que la pensée de plusieurs auteurs analytiques, dont Hartmann, Kohut, Fairbairn et, de manière plus extensive, la pensée de Winnicott et de Lacan. Ce faisant, Clément fait preuve d’une grande érudition et d’un talent certain dans l’exposé très accessible de notions complexes, dégageant au passage des passerelles avec les neurosciences.

Ce rapprochement entre plusieurs modèles théoriques ne va pas cependant sans embûches, car nous savons qu’un même terme, utilisé dans deux univers conceptuels différents, renvoie souvent à des significations différentes. À titre d’exemple, la notion constamment reprise du soi dans « le modèle de la conscience de soi » désigne pour l’auteur un constat, « cela est moi », de l’ordre du conscient, cela va de soi pour Clément qui réécue la notion d’inconscient. Or, Winnicott se réfère à un contenu sémantique plus dense, c’est-à-dire à la différenciation progressive et toujours remise en jeu entre le fait et le fantasme. De plus — et là nous sommes au cœur de la thèse de Clément — ce dernier s’interroge quant à la nature inconsciente ou non du processus de formation du soi selon Winnicott (p. 62) et ce, assez curieusement, après avoir reconnu préalablement le caractère inconscient de ce processus pour Winnicott (p. 19). Ponctuellement d’ailleurs, Winnicott (1) le précisera : « Cette façon de concevoir les choses sous-entend le concept de monde intérieur, le concept de fantasme localisé dans la représentation inconsciente que l’individu a de lui-même » (mots soulignés par W.R.).

Enfin, un dernier commentaire sur le rapprochement entre divers modèles théoriques. L’auteur établit un pont entre un comportement agressif et l’activité cérébrale (p. 102). Or, à proprement parler, c’est la signification du comportement, non le comportement lui-même qui constitue l’objet de la psychanalyse. Par exemple, dans une cure analytique, si un patient passe spontanément du fauteuil au divan, cela peut tantôt signifier un agir, une mesure défensive par rapport à l’intensification du transfert dans le face à face; tantôt cela peut signifier, au contraire, une voie de dégagement, un processus maturatif par rapport à la nécessité de s’appuyer sur la perception de son analyste. Ainsi, le parallèle de l’auteur entre le comportement agressif et l’activité cérébrale concerne davantage le comportementalisme que la psychanalyse.

Cela dit, la thèse de l’auteur et sa réfutation pourraient-elles sur une querelle de mots? Invité à renoncer au terme controversé de sexualité infantile, Freud avait répondu que si nous abandonnons le terme, nous allons bientôt abandonner la chose. Hélas, selon nous, il en va ainsi quant à « l’hypothèse de la conscience lacunaire ». Clément donne l’exemple d’une personne présentant des difficultés à s’engager dans un rapport sexuel : « le thérapeute aura tôt fait de repérer une lacune (mot souligné par W.R.), par exemple, le fantasme refoulé d’un désir incestueux… La question demeure de savoir si ces lacunes sont véritables (mots soulignés par W.R.) ou si le thérapeute ne cherche pas à imposer les points de vue de la société et par conséquent à neutraliser le sujet comme personne unique » (p. 123-124).Nous passons alors subrepticement d’une récusation du regard psychanalytique sur le phénomène de la conscience lacunaire à une récusation du phénomène lui-même. D’une récusation du terme, nous passons à une récusation de la chose.

L’espace manque ici pour développer le propos; cependant il nous apparaît très clair qu’un psychanalyste, quelle que soit son orientation théorique, ne peut entériner la thèse de l’auteur. Qu’en est-il des preuves de cet ouvrage? Si nous mettons entre parenthèses l’enjeu tout de même fondamental en psychanalyse du déterminisme inconscient des phénomènes psychiques, dès lors si nous mettons entre parenthèses la thèse de l’auteur, le lecteur y trouvera paradoxalement une exposition claire, concise et rigoureuse des principaux courants de la pensée psychanalytique actuelle et trouvera là son profit à un ouvrage bien rédigé et offert à un prix très abordable.

**Bibliographie**