Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies. A Neurorelational Framework for Interdisciplinary Practice

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This book aims to explore what mental disorders can teach us ‘about human nature and the human condition’. This ambitious plan, coupled with the fact that the book was written ‘over two weeks’, means it certainly moves with pace.

Each chapter starts with a description of a mental disorder, which is then used as a way into different territory, often philosophy. Although the intended audience is not made explicit, Burton assumes little prior knowledge of mental disorder, and the text has the feel of a primer pitched at those interested in psychiatry, but not necessarily practising psychiatrists.

As Burton has not defined his audience, he seems to take on responsibility for the reader. For example, when he raises existential questions in a chapter on suicide, he feels the need to advise a potential reader who may be ‘struggling with mental disorder and contemplating suicide that . . . the bare experience of life is intrinsically valuable’.

A similar responsibility is implied when discussing how bipolar disorder is overrepresented in artists. Burton is careful not to romanticise mental illness and counteracts, almost as a disclaimer, ‘All mental disorders are drab and intensely painful, and most people who suffer from one would never wish it on anyone, least of all themself’.

This bleak statement perhaps overcompensates, and betrays the sensitive position that the author is in. This tension is fascinating, but on occasion the text swings between different levels of discussion, from educational, to philosophical argument, to didactic advice. I note that the author’s previous publications were either ‘straight’ psychiatry textbooks or self-help books, and these very different registers are sometimes discernible in this book that aims between the two genres.

As a clinician, I found the chapter on depression particularly interesting. Burton points out that the cognitive distortions seen in people with depression are not far removed from the concept of ‘depressive realism’ – that people with depression see the world more accurately. These people may have ‘the healthy suspicion that life has no meaning.’ The author acknowledges that this line of argument might be anathema to psychiatrists dealing with the realities of managing depression. However, he eloquently floats the hypothesis that depression (at least in milder forms) can be adaptive, by signalling that ‘something is seriously wrong that needs working through’. Awareness of this meaninglessness could, he claims, help people to challenge their priorities.

The book does not provide easy solutions; the chapters usually finish with open ends and extended quotations. While this opens up the debate and implies that there are no concrete answers, this format may be the pragmatic result of a complex book written at speed. Its effect is often to give a fresh perspective on a familiar disorder.

This is not a book for the generalist. It is a specialist text on ‘existential feelings’, written in the tradition of Husserl, Biswanger and Merleau-Ponty. The author’s aim is to ‘offer a phenomenological analysis of existential feeling and show how this can be fruitfully applied to psychiatry and refined in the process’ (p. 9). The analysis is conducted in a treacherous territory. It is difficult enough to attempt to distinguish between the concepts of ‘feelings’, ‘emotions’, ‘mood’ and ‘affect’, given how often these terms are conflated and misunderstood. But to add ‘existential feelings’ as opposed to physical/physiological feelings into this mix is to complicate matters further. This is the central problem with this book – its currency is imprecise language whereas the analytic work required for a book’s success demands rigour and exactitude.

The psychological literature on emotions is well developed, from the James–Lange through to the Cannon–Bard theory and finally to the modern cognitive appraisal theories initially described by Schachter. For William James and Carl Lange, the physiological changes that occur as a result of autonomic response to a given situation are the actual experienced emotions. Thus, we finally to the modern cognitive appraisal theories initially described by Schachter. For William James and Carl Lange, the physiological changes that occur as a result of autonomic response to a given situation are the actual experienced emotions. Thus, we
physiological changes as understood by James are synonymous with ‘existential feelings’. I doubt that this is the case. Ratcliffe does not fully take on board the well-established criticisms of James’ theory, many of which are derived from empirical findings.

Ratcliffe also argues that Capgras and Cotard syndromes are best understood in the light of his elucidation of existential feelings. For Ratcliffe, Capgras syndrome ‘arises due to changed existential feeling, involving the diminution or absence of possibilities for interpersonal relatedness’ (p. 143) and this is similarly true for Cotard syndrome as it is for depersonalisation. In his examination of these abnormal experiences, Ratcliffe concludes that both Capgras and Cotard syndromes cannot be regarded as delusions, meaning false beliefs, in an ordinary sense. In other words, individuals who exhibit these phenomena are not taking a propositional attitude when they assert that they are dead or that impostors have replaced their relatives. Although many philosophers share this view, it merely shows how complex delusions are to be reasoned about. The final word on the nature of delusions is yet to be written. But it is the neglect of the robust and consistent findings of impaired face processing and other cognitive neuropsychological abnormalities in Capgras syndrome in particular that undermines Ratcliffe’s account.

Ratcliffe’s approach is interesting and novel, an example of interdisciplinary scholarship. There are original insights and illuminating descriptions of what anomalous or morbid existential feeling may be like. This is really Ratcliffe’s main contribution, an insistence on a phenomenology of existential feelings and a re-emphasis of the importance of this approach for clinical psychopathology.

Lillas and Turnbull first establish that the significant advance in our knowledge of human development and psychopathology comes at a price, namely the increased fragmentation and separate languages of highly specialised professionals, each of whom works with one part of the person. The whole is lost, and the treatment of one part of the whole is less effective, unless its connection to the whole and to the multi-determined nature of the problem becomes evident.

Lillas and Turnbull’s excellent new book proposes a neuro-relational framework for understanding and treating young children and their families in a comprehensive and integrated manner. They propose that each problem is assessed from the perspectives of the four systems of brain functions (regulation, sensory, relevance and executive) as well as the developmental factors both in the individual and in the parent–child relationship. Why is the relationship and relationship-based therapies given such a primary place? As the authors note, ‘Relationships are the dominant influence for the developing brain’ (p. 39). Why must all four brain systems be considered? Because the brain is a highly organised organ that functions holistically. Given the complex richness of the authors’ framework, the value of a multi-disciplinary practice is apparent.

The authors go into great detail in demonstrating developmental features of each brain system along with problems that emerge within each system and their interrelatedness with problems from other systems. Most importantly, a range of interventions that address each system’s problems and their overlap is provided in great detail. Lillas and Turnbull clearly value the excellent assessment and treatment strategies provided by the organisation Zero to Three. They easily give credit to individuals and programmes that provide a full range of interventions consistent with their framework.

I believe that the neurorelational framework truly does reflect both the dynamic, non-linear nature of the functioning of the brain and holistic needs of the unique child and family.

This is truly an important work for making more comprehensive what we know, how we communicate what we know, and how we best influence the unique development of each child and family in our care. Were this book to be ‘perfect’, it would describe the theory of infant intersubjectivity presented by Trevarthen, as well as making greater mention of attachment researchers such as Sroufe and the developmental psychopathology concepts of Cicchetti.

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What is ‘normal’ moodiness in teenagers and why is adolescence such a high-risk period for depressive disorders? This book both explores normal teenage emotional development and suggests why some adolescents may be more vulnerable to depression than others, and also more vulnerable than children and adults. Placing the emergence of depressive disorders within a developmental

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Adolescent Emotional Development and the Emergence of Depressive Disorders

Edited by Nicholas B. Allen & Lisa B. Sheeber

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context puts an important and under-researched perspective on the understanding of depression.

The editors have structured this book by selecting a number of vulnerability factors and presenting a chapter on normal development in this area, followed by a chapter on the developmental affective pathology. Areas covered include brain development, puberty, cognition, moral emotions, shame, temperament, familial processes, and peers and romantic relationships. The complex interplay between risk and protective factors within a developmental biopsychosocial perspective is highlighted throughout this book, for example in relation to the increased risk for depression in teenage girls. Differences in brain maturation between boys and girls are explored and early pubertal maturation in girls appears to be a particular vulnerability factor. This is discussed in relation to hormonal influences and the ‘affiliative need’ of girls, whereby girls are more likely to experience disappointment and ‘co-ruminate’ with their peers.

The developmental framework used by the authors has not been previously adequately explored and therefore this book is essential reading for anyone interested in understanding depression and the potential mechanisms involved across the lifespan, as well as gaining an insight into normal emotional development. The presentation of the evidence base is thorough but left me wondering about other potential vulnerability factors that were not covered. For example, although the effects of culture are mentioned, a chapter with a fuller exploration of developmental cultural issues in depression would have been fascinating. Similarly, I wondered about a developmental perspective on socioeconomic status and how this may differentially influence depression. This is not a criticism of the book but a reflection on how this impressive volume of work provokes further thought and questions. The authors have succeeded in their aim to produce a text that synthesises diverse research areas generating new perspectives on depression for future investigation.

According to Michelle Lafrance, psychology, psychiatry and psychotherapy are ‘notorious for holding a myopic view of people’s distress’, as they only look to neurochemical and cognitive models to explain depression. She challenges this approach in her book, one of a series entitled ‘Women and Psychology’. The book is based on in-depth interviews with women who have experienced depression and recovered. Lafrance interviewed 19 women from an eastern Canadian city, focusing on their recovery from depression, and undertook similar interviews with 14 women from a semi-rural area who attended a ‘Nurturing Ourselves’ workshop which focused on the ways in which they attended to their health and well-being in everyday life.

In the first chapter, Lafrance reviews the lives and experiences of women which, she argues, are the main drivers for depression: violence and abuse, poverty, care-giving and difficult relationships. I would argue that most mental health professionals are aware of the realities of the lives of many women with depression in relation to the issues she discusses.

The second chapter explores the analysis of her data in relation to recovery and in the third she addresses the self-care women undertook in order to remain well, which is often a struggle in the face of competing demands and societal views. In addition to discussing the themes emerging from these interviews, Lafrance also reviews and interweaves the background literature and main feminist and sociological theories relating to depression in women. The book draws to a close with a concluding chapter and there are appendices outlining Lafrance’s methods.

As much of the recovery agenda in psychiatry focuses on severe mental illness, this book is a welcome gathering together of the detailed experiences of women who have suffered from depression, and the current theories and literature. Trainees will find it a good introduction to feminist and sociological theory in relation to women and depression and a welcome complementary text to all those biomedical ones. In addition to thinking about recovery, it will also provide an example of a qualitative research method, namely discourse analysis.

As a trainee psychiatrist 20 years ago, I recall hearing a senior colleague recount being given lysergic acid diethylamide (LSD) in the 1950s as an experiment at work and being taken to the old Glasgow Airport to watch the planes taking off and landing. Although everything was vivid and meaningful at the time for him I did not get the impression that he gained anything of lasting
value for his work as a psychotherapist from this experience in the three decades to follow.

British psychiatry's dalliance with LSD in the treatment of neurosis and alcoholism from 1953 onwards through to the mid-1960s when it fell out of favour pre-dates the widespread use of antidepressants as a treatment for neurotic conditions. It also pre-dates the opprobrium that was to attach to LSD-25 or 'acid' in the cultural conflicts between the establishment and the hippie generation. This conflict led to LSD's class A status in the Misuse of Drugs legislation that followed in 1971. The psychiatric story is only one aspect of this 'popular' history which is an excellent piece of high-quality journalism, ranging across the interests of the military and security services in Albert Hofmann's 'problem child' as either a weapon to disable the enemy or a 'truth drug' for interrogation, to much detail on the counter-cultural psychedelic movement from the 1960s up to the present.

The story presented by Roberts fits very well with Mike Jay's comment that the history of mind-altering drugs often follows a three-stage Frankensteiner narrative: in the first stage the drug is discovered and celebrated; in the second it escapes from the laboratory, taking on a life of its own, and is perceived as a menace to the prevailing order; finally, in the last stage the powers that be try their best to capture and control the 'monster'. There is no doubt from the account here that the high priests of the counter-culture who advocated that all should try LSD at least once in their life wanted to overturn the fundamental values of our materialistic culture. Timothy Leary is refused entry to the UK at various points in this story and the memoranda of the customs official refusing him entry are enlightening. Also of interest is that the LSD revolutionaries wanted to go further than even Ronnie Laing would countenance and Laing refused to associate himself with distributing free LSD to a large number of young people simultaneously as a social experiment in the UK. (Laing is also mentioned as conducting LSD psychotherapy with Sean Connery who was feeling insecure after the success of Goldfinger in 1964.)

Roberts's work is a very useful addition to the literature as it complements Jay Stevens' earlier account from the USA, Storming Heaven,2 and also represents original research in the oral history tradition using the medium of the internet.

Albion Dreaming is not a work by a medical historian and it generously points the way to the need for more detailed scholarship on this topic, such as is starting to emerge - for example, Dr Erika Dyck's work on Canadian psychiatrists' use of LSD in the 1950s and 1960s. Similar work for the UK would be of interest.

The story remains highly topical at a time when the classification of drugs of misuse in the Misuse of Drugs act has become a political football – witness cannabis recently moving from class B to C and then back again. The disregard for expert testimony on the relative safety of LSD was as strong in the high-profile court cases of the 1960s as it is today for LSD's ranking as 14th out of 20 in the league table of drug harmfulness produced by the expert panel of Blakemore, Nutt and others. Still, LSD remains a class A drug. Interestingly, the use of LSD has been declining in recent years perhaps because of the range of other psychedelics available.

My main quibble with Roberts's book is that he underplays the risk of psychiatric harm which he is right in saying has often been overlooked by the media. As a corrective, I would refer readers to the review by Abraham & Aldridge3 but otherwise commend this book as an engaging work of cultural history.


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and hospital managers, as what really shines through is how shift patterns, nurse staffing levels and the way agency staff are used can make or break the implementation of psychological ways of working in an in-patient setting. This is a nettle that needs to be grasped and which we ignore at our peril.

_Cognitive Therapy for Severe Mental Illness: An Illustrated Guide_ is a completely different type of book. Written by ‘experts in the field’ and from a medical model perspective, it has a profoundly North American flavour. It meets its aim of providing a ‘how to’ guide for working with people with a diagnosis of severe depression, bipolar disorder and schizophrenia. However, clinicians who practise CBT outside of the framework of the medical model will need to work around those sections that are most influenced by that perspective, or look elsewhere. The case studies used are either fictitious or composites and in the DVD which accompanies the book the ‘patients’ (no service users here) are played by the authors’ colleagues. Just as randomised controlled trials are often criticised for not providing any sense of success rates in the real world that Clarke & Wilson write about, so there is a lost opportunity here for the authors to demonstrate segments of their work with real people. Worth a look for those who see CBT as ‘quasi-neuroleptic’.

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