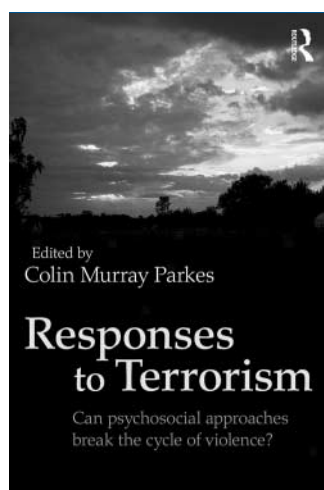


ultimate language origin directs us to the more evidently comparable terms. That, together with the GRID being a fairly lengthy and sophisticated procedure, would appear to limit its practical use. Nevertheless, its initial conclusions promise fascinating data for the future. What, I wonder, of societies where moral imperatives take the place of an affective psychology, such as the Chewong who famously have a lexicon of only seven 'emotions'? How concise, how anchored, are these seven? We now have a tool for looking at these questions from a more systematised point of view.

Roland Littlewood Professorial Research Fellow, University College London, Gower Street, London WC1E 6BT, UK. Email: r.littlewood@ucl.ac.uk

doi: 10.1192/bjp.bp.114.144634



**Responses to Terrorism:
Can Psychosocial
Approaches Break
the Cycle of Violence?**

Edited by Colin Murray Parkes.
Routledge. 2014.
£29.99 (pb). 280 pp.
ISBN: 9780415706247

Terrorism remains a scourge that haunts us all, all the more so in modern, otherwise less violent times with the advent of easy travel and globalisation – a spectre that can reach across the globe and indiscriminately strike from any quarter at any time. Understanding the mind and motivation of the terrorist is particularly prescient, especially if this can enable policy and strategies to forestall the descent into violence or shape interventions that help rehabilitate the offender. This book, using Bowlby's attachment theory as its framework, highlights the commonalities between individual attachment behaviour within families and those of the terrorist towards an ideology (often religious) and a terrorist organisation. In three sections, the book describes a psychology of terrorism and group identity, how responses to terror can feed a cycle of violence, and finally, how the principles of therapy employing attachment theory as its paradigm can be used to break the cycle of violence in schools, universities and in the media. Using the Troubles in Northern Ireland and the Rwandan genocide as exemplars, the book covers a broad canvas embracing history, psychology and sociology to support its analysis. Its validity is enhanced enormously by the contribution of politician and psychotherapist Lord John Alderdice, whose intimate involvement in the Northern Ireland peace process gave him a grandstand view of the dynamics at work, both in perpetuating the Troubles and those that ultimately led to a peaceful resolution.

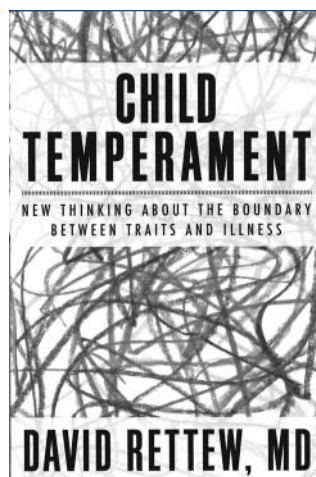
Any explanatory paradigm is useful in making sense of disparate variables. Unfortunately, this is a field rich in opinion but low in empirical science. Moreover, a 'one size fits all' explanation would be naive given a subject matter and individuals of such diversity. Few terrorists volunteer themselves as experimental subjects and second-guessing their motives is likely

to mislead. Definitions too can be problematic: one man's terrorist is another's freedom fighter; witness the millions of people who support suicide bombers. What little we know suggests that terrorism is best viewed in terms of political and group dynamics and processes rather than individual ones, and that fundamental psychological principles – such as our subconscious fear of death and our desire for meaning and personal significance – are important.

Terrorism is not going to go away, indeed with increasing economic instability and inequality across the world and a rapidly growing and more mobile world population it will probably get worse. Understanding the levers that turn ideas into lethal action has never been more important, and if this book triggers more empirical research and helps to integrate thinking across disciplines, it will have made a significant contribution.

Martin Deahl consultant psychiatrist, South Staffordshire and Shropshire Partnership Trust, Redwoods Centre, Bicton Heath, Shrewsbury SY3 8DN, UK. Email: Martin.Deahl@sssf.nhs.uk

doi: 10.1192/bjp.bp.114.150458



**Child Temperament:
New Thinking About
the Boundary between
Traits and Illness**

By David Rettew.
WW Norton. 2013.
£25.00 (hb). 288 pp.
ISBN: 9780393707304

A book on child temperament is appealing to me as a child psychiatrist, as I often have to consider whether children referred to me are displaying behaviours that are to do with their temperament (personality in older youth and young adults) or whether their constellation of behaviours reaches a threshold for a psychiatric illness/disorder. Frequently, clinicians may feel more confident in treating those that cross this oft-arbitrary division of temperament to psychiatric diagnosis as we then can apply the evidence-based treatment so beloved in our current empiricist, yet increasingly resource-constrained health service. In reading this book I have become more convinced that an approach of dichotomised temperament and psychiatric illness is overly simplistic. Considering child behaviours in a more holistic dimension including their temperament offers an opportunity for understanding the child better and affords the advantage of more individualised treatment approaches that take account of their temperament types.

Written by a child psychiatrist and associate professor of paediatrics and psychiatry, this book carefully considers the often neglected arena of child temperament and its relations to child psychopathology. It is clear and readable, with a good balance of scientific research, clinical case examples, anecdotes and practical applications. It is composed of two parts.

Part I discusses temperament and what is known about its links with psychiatric illness. First, there is a whistle-stop tour

of the historical theories of temperament, such as the Greek physician Galen's (ca. 131–200) personality types (choleric, melancholic, phlegmatic and sanguine) based on the balance or imbalance of the humours, blood, bile and phlegm, through to the Freudian and then the behaviourist account of personality development. Rettew highlights the seminal work of Stella Chess and Alexander Thomas, both child psychiatrists in the 1950s, whose studies of middle-class and disadvantaged children in New York suggested that children's behavioural tendencies were influenced not only by the environment but also by innate biological factors.

With the historical perspective set, the book proceeds with a synthesis of the research since Chess and Thomas, including definitions, major temperament frameworks/dimensions, temperament types, and assessment and measurements tools. The gender differences in temperament and factors such as birth order and cultural perspectives of temperament are reviewed and some myths are debunked. Considerable effort is taken by the author to review and explain the complexity of the neurobiology of temperament, and to emphasise that genetic and environmental factors affect not only temperament but also each other.

The book then progresses to the interesting issue of which temperament traits are related to which psychiatric disorders. Even more stimulating is the exposition of the numerous possible mechanisms of association between temperament and psychiatric disorder (e.g. attention-deficit hyperactivity disorder and activity), including the continuum theory where psychopathology is seen as an extreme end of the temperament spectrum, or the risk model

where certain temperament traits are risk factors for psychiatric illness.

The second part of the book offers a practical guide to how the new knowledge of temperament can be used by clinicians, parents and teachers to the benefit of the children in their charge. The author presents a compelling case for augmenting current clinical assessment and management with a temperament framework, including the benefits of having an understanding of parents' personality as this offers guidance on how best to formulate management strategies for the differing temperament profiles of their children. The last chapter looks at the thorny issue of psychoactive medications, from how they might alter temperament when used in treating psychiatric illness, to whether it is ethical to use selective serotonin reuptake inhibitors to treat the constitutionally shy.

In my opinion the author succeeds in his dual goal of providing a 'readable summary of the current science of temperament' and a 'scientifically informed guide to applying temperament based perspective in real life settings'. Although there is a lot to digest in this book, I will indeed be using it as a basis to ascertain which of the temperament-based screens/tools to apply routinely in clinical practice.

Lisa Burke Consultant Child and Adolescent Psychiatrist, South London and Maudsley NHS Foundation Trust, Croydon CAMHS, Christopher Wren House, 113 High Street, Croydon CR0 1QG, UK. Email: lisa.burke@slam.nhs.uk

doi: 10.1192/bjp.bp.114.144683