Parasuicide and unemployment

SIR: I am unable to agree with Platt's concluding remarks (*Journal*, October 1986, **149**, 401–405) "we are faced with incontrovertible evidence... that the overall level of parasuicide could be reduced even more if there were a return to fuller employment." As he points out, we are not in any position to decide between the two types of explanation put forward by Hawton & Rose, i.e. the possibility of an indirect causal link between unemployment and parasuicide and the theory that the psychologically vulnerable may be more likely to become and remain unemployed. If the second theory proves to be correct it does not follow that a return to fuller employment would affect the levels of parasuicide.

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Multi-author papers

SIR: An article published some years ago describing the fatal course of an unusual illness was described by a reviewer as an instance of sixteen men on a dead man's chest. Shaw *et al* offer us nineteen men on a drug company chest (*Journal*, October 1986, **149**, 515–517). The distinction of the contributors is elevated by their unusual qualifications, e.g. MSCPsych. I, PLAB Exam, 1979 and DHO. No MRCPsych Pt I (Failed), but surely a Royal College Journal has a view on the use of these other distinctions? Should not the authors be only those who accept full responsibility for design of the study and intellectual content of the paper? On the latter point, can the conclusion "citalopram is an effective and acceptable antidepressant" be justified by the data presented? The numbers involved are not clearly stated, no significant differences in efficacy were found, and the confidence intervals were not stated.

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NOTE: 'MSCPsych' was a typographical error and should read 'MRCPsych'. *DHO* was italicised, which is editorial style to indicate a post held, in this case District Health Officer – Ed.

Attachment Dynamic in Adult Life

SIR: We agree with Heard & Lake (*Journal*, October 1986, **149**, 430–438) that attachment offers a valuable conceptual tool to identify relevant variables related to the characterisation of neuroses and personality disorders. Attachment, extensively investigated in ethological and developmental studies, focuses on explanatory concepts rather than mere descriptive generalisations. It is surprising, therefore, that DSM–III, Axis II, despite using relationships to others as a central feature of many personality disorders, has neglected the richness of attachment in the delineation of social relationships.

We can also agree that most adults establish 'preferred relationships' with others. We do not agree that all preferred relationships are attachment relationships. Clearly, all of this hinges on how attachment is defined. The authors state: "'Preferred relationships' refers to relationships in which individuals regularly expect to find opportunities for companionable and/or supportive interactions... People who are so classed constitute an individual's attachment network... The concept of preferred relationships in the attachment network circumvents difficulties in describing attachment relationships and affectional bonds in adults".

The implications of this model are that preferred relationships are synonymous with attachment relationships, and an individual's attachment network is simply a subset, defined by intensity and intimacy, of the social support or affiliative network. But this approach to attachment relationships assumed that (a) attachment can be characterised using the same criteria as affiliation (e.g. if affiliative relationships provide companionship, attachment relationships provide preferred or more salient companionship), and (b) attachment and affiliation serve the same functions – attachment, again, doing the job more and better. Both of these assumptions are problematic.

In accordance with the implications of Bowlby's (1969) theory, attachment is restricted to dyadic relationships in which proximity to a special other is sought or maintained to provide a sense of security. The principal function of adult attachment is protection from danger (as it is during childhood) although adults recognise other dangers to existence than those recognised by infants and children: specifically, threats to the individual's self-concept and integrity (Hinde, 1982; West *et al*, 1986). Affiliative relationships have a quite different function, serving to promote exploration and expansion of interests from the secure base provided by attachment.

In our view, Heard & Lake have confused similarity in mechanisms for maintaining attachment and affiliative systems with a congruence of the systems. Identifying the mechanisms used to promote and maintain social relationships is obviously important to the understanding of disorders involving these

mechanisms. But differentiating the function and characteristics of particular types of social relationships is equally important for discriminating the variety of disorders. For example, an inability to experience intimacy is experientially and clinically different from an inability to experience security within an intimate relationship. The first we would term a disorder of the affiliative system; the second, of the attachment system. To attempt to 'circumvent' these distinctions hinders rather than aids conceptualisation in this field of research.

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Zinc in Senile Dementia

SIR: I wonder why Ken & Gibb (*Journal*, August 1986, **149**, 221–223) chose patients in their comparison group who were suffering from disorders in which low zinc levels have been reported. Srinivasan (1984) reviews psychiatric disorders in which low zinc levels occur: these include affective disorders, confusional states, and schizophrenia, all of which were included in the comparison group. The study would have been more valuable if a comparison had been made with a healthy, non-psychiatrically ill control group who were matched for age and sex with the dementia group, and it is possible that low zinc levels in dementia could then have been demonstrated.

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49 Chromosome Anomaly

SIR: We describe another patient with 49 XXXXY anomaly (*Journal*, February 1986, **148**, 209–210 and 210–212).

Case report: A male, aged 34, has been an in-patient for the last 22 years. He was born with the cord around his neck and was cyanosed at birth. His developmental milestones were delayed. He had recurrent chest infections as a child. His mother was 34 and his father was 39 years old at his birth, and he is the youngest of three siblings.

On physical examination, he is 5 ft ¾ ins in height and his head circumference is 52½ cm. He has a small face, with palpebral fissures slanted upwards and outwards. He is severely myopic, and has left-sided club foot. He has a narrow chest and does not have any facial or body hair, although he does have a few axillary and pubic hairs. His penis is small and his testes are undescended. He had phymosis at birth, which has been operated on in the past.

He is passive, friendly, and attention-seeking, and has a high-pitched voice. He likes music, discos, and parties and is also interested in swimming. He is fully ambulant and his self-help skills are good. He is able to read and write. His IQ was tested in 1981, when the WAIS score was 60. He had unexplained recurrent falls in 1983, and an EEG showed bilateral cortical dysfunction maximal over temporal regions. He had no more falls after he was started on carbamazepine.

It is interesting that despite 49 XXXXY anomaly and some perinatal damage this patient is functioning at the level of mild-to-moderate mental handicap.

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Post-ictal Syndrome after ECT

SIR: James & Simpson (*Journal*, September 1984, **145**, 337–338) invited comment on the observation of a second spontaneous fit after the second ECT given to a young woman suffering from a psychotic depressive illness associated with refusal to eat or drink.

Recently a similar observation was reported locally. A 24-year-old woman suffering a depressive illness had received a 12th right unilateral treatment. The treating doctor reported that about a minute after a tonic-clonic seizure she displayed further arm and leg movements lasting approximately 30 seconds, and concluded that she had undergone a second epileptic seizure.

By chance the young woman was taking part in a study, and thus a 4-channel EEG recording was