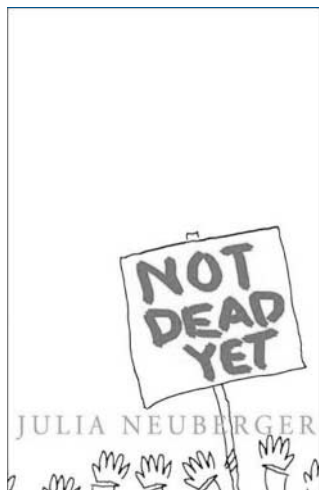


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Not Dead Yet:
a Manifesto for Old Age**

By Julia Neuberger.
Harper Collins. 2008.
£18.99 (hb). 358pp.
ISBN 9780007226467

This ambitious and inspiring book describes itself as a ‘manifesto for old age’. It sets out to challenge the myriad conscious and unconscious ageist assumptions that the public in general, and more particularly policy makers and health professionals, hold about old age. Its ‘call to arms’ includes demands for the right to continue working into old age, adequate pensions and benefits without the need to beg for them, open access to learning, appropriate and wide choices for housing and healthcare, and for the right to die well.

The first chapter instructs the reader not to ‘make assumptions about [the author’s] age’. The tendency to define successful ageing purely in terms of absence of illness or disability is discussed critically in the context of the demonstrable capacity of many old people to experience high levels of well-being despite multiple illnesses. Similarly, the chapter on work challenges the assumption that older people can and should only be recipients of support paid for by their younger successors. The argument is cogently made that the potential for many older people to continue to be work-active (within the paid or voluntary sectors) needs to be expanded. The need for initiatives by government and financial institutions to enhance pension-related products is also emphasised, as is the underlying theme that it is older people themselves whose work and contributions should pay most or all of what they later draw as pensioners.

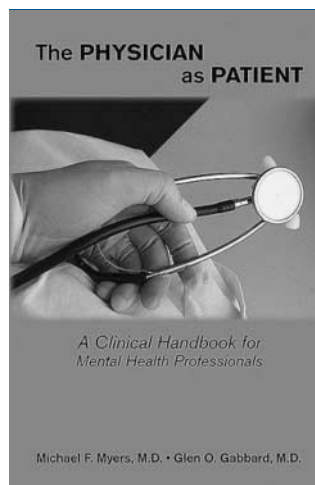
It is perhaps disappointing that so little of the book addresses mental health issues directly. The debate about National Institute for Health and Clinical Excellence guidelines and access to cholinesterase inhibitors is discussed in detail and the need to support carers well argued, but the notion that dementia can (like chronic physical illness) be associated with high levels of well-being is not mentioned at all. The very short section on depression in old age focuses mainly on suicide (important, but rare). The increasing evidence base for cognitive-behavioural therapy, problem solving and antidepressants for older people is not discussed apart from an unsubstantiated claim that ‘at best they get antidepressants’.

One of the book’s greatest strengths (and at the same time its weakness) is the wide range of scholarly and journalistic material that is sometimes uncritically invoked. Julia Neuberger is clearly a highly intelligent and voracious reader. Its other great strength is

its passion and willingness to provoke about a topic that, while unfashionable, will inevitably interest each of us more and more as the years roll by.

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**The Physician as Patient:
A Clinical Handbook
for Mental Health
Professionals**

By Michael F. Myers
& Glen O. Gabbard.
American Psychiatric Publishing.
2008. US\$46.00 (pb). 252pp.
ISBN 9781585623129

As physicians’ psychological or behavioural difficulties are a taboo subject this book is to be welcomed. When it comes to these types of personal health needs, physicians arguably are a disadvantaged group, as often they are very reluctant to seek help from a colleague. This book discusses these issues both in terms of engagement and confidentiality.

The Physician as Patient is a well-written, comprehensive account that addresses all the relevant issues ranging from diagnosis to treatment. It is well-referenced and uses a burgeoning body of research that is emerging in this area. The authors are very experienced clinicians and have drawn on their considerable clinical practice in North America. The text is made more accessible by the inclusion of numerous clinical vignettes and a summary of key points at the end of each chapter. The chapters cover such topics as physician characteristics, treatment of physicians with addictions, physicians who attempt to take their own life, the aftermath of physician suicide and suicide prevention.

The strength of the book is that it is clinically down to earth both in discussing the challenges of engaging physicians in their own treatment and in describing a range of clinical approaches tailored to the needs of the individual. Thoughtful contributions deepen one’s understanding of the variety of difficulties, including those of professional boundary violations.

There are many interesting nuggets, such as the authors’ claim that the most common personality characteristics of physicians reside in the more obsessional compulsive area which includes perfectionism and excessive devotion to work. This is well-known by physicians themselves, but is perhaps in contrast to the view held by some governments that doctors do not work hard enough.

The authors quote interesting work on the difference between male and female physicians, for example that suicide rates are three times higher in female physicians than in their male counterparts. One study has found that female physicians spend 50% more time than their male counterparts in dealing with new patient consultation and have 1.6 times the odds of reporting

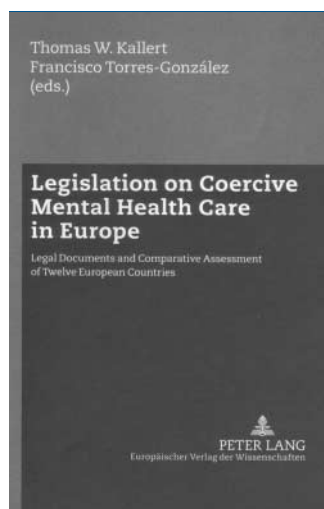
burnout. However, male physicians were 3 times more likely to be in the higher claims group for malpractice. This might suggest that female physicians interact more effectively with their patients but at greater emotional cost, which is likely to be of increasing significance with the feminisation of the workforce.

The morbidity rates in the profession quoted in the book are alarming: 'On average death by suicide is about 70% more likely among male physicians in the United States than among other professionals and 250–400% higher among female physicians'. On a less sombre note is the interesting finding from a study that investigated couple relationships, which found that physicians who sought marital counselling on average talked to their spouses 30.5 minutes per day whereas those who neither considered nor sought marital counselling averaged 57.3 minutes per day, a novel way perhaps of ascertaining the possible health of a relationship. This possibly reflects some of the challenges and difficulties in being able to achieve a work/life balance.

The Physician as Patient is a very good and helpful book and I recommend it to anybody who is involved in treating physicians, is interested in physicians' health or to educators responsible for preparing future generations of doctors to cope with the challenges of their life as members of the medical profession.

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Legislation on Coercive Mental Health Care in Europe: Legal Documents and Comparative Assessment of Twelve European Countries

Edited by Thomas W. Kallert & Francisco Torres-Gonzales.
Peter Lang, 2006. 408pp.
£44.80 (hb).
ISBN 9783631554463

The government's tortuous attempts to reform the Mental Health Act in England and Wales, and the recent introduction of new legislation in Scotland, has meant that mental health legislation has been hotly debated in recent years, at least in the UK. This book, with its unashamedly European perspective, adds a different dimension to that debate. It describes a study, funded by the European Union, that compares mental health legislation in 12 of the member states, in an era that has seen the introduction of community care and more specialised treatments, but also increasing rates of compulsory admissions.

Most of the book is devoted to individual chapters describing the legislation in the different states, written by many different authors whose first language is not English. There are some extensive quotes from legal judgments which can be a little hard-going. Nevertheless, the chapters provide a useful introduction for the travelling clinician. It was interesting to read that

as a consequence of devolved powers, the 16 different *Länder* in Germany all have their own mental health law – we can be grateful, perhaps, that we only have three in the UK.

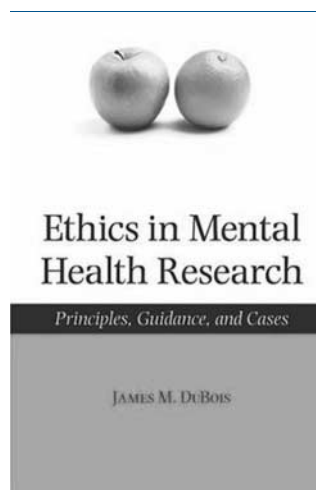
Many psychiatrists have been concerned about the British government's proposals to extend compulsory powers to detain more people with mental health problems in England and Wales. Many have advocated for various exclusions in the definition of mental disorder, including one for political and cultural beliefs. In the former German Democratic Republic, we learn that during 'high-ranking international political events', the political authorities would 'advise' hospitals to admit people who might behave in a socially disturbing way, or restrict the freedom of those already admitted.

The final two chapters are of more general interest, making comparisons between the legislatures. They note a paradigm shift where, although public safety remains an important issue, there is increasing concern for the safe and adequate treatment of people with mental illness. Most countries require a court to authorise detention, and it is perhaps unfortunate that proposals for tribunals to authorise detention of patients in England and Wales within the first few weeks of their admission were dropped by the UK government.

I would have welcomed an index and, more importantly, some discussion about the differential impact of mental health legislation in different cultural groups. In spite of this, the international psychiatrist will find this a useful companion.

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Ethics in Mental Health Research: Principles, Guidance and Cases

By James M. DuBois.
Oxford University Press, 2008.
£23.99 (hb). 256pp.
ISBN 9780195179934

This is an excellent book, useful for anyone who is interested in research ethics or would like to learn more about how to do research in an ethical way. Much of the material can be generalised to all clinical research, as well as being useful to those interested specifically in mental health research. The book is, however, based upon, and refers almost exclusively to, regulatory procedures, guidance and practice in the US.

The first three chapters describe and justify DuBois' approach and the remaining seven explore central issues, amply illustrated with case studies centred on mental health. The first part should be read in its entirety before dipping into the second part, if the book can't be read from cover to cover.

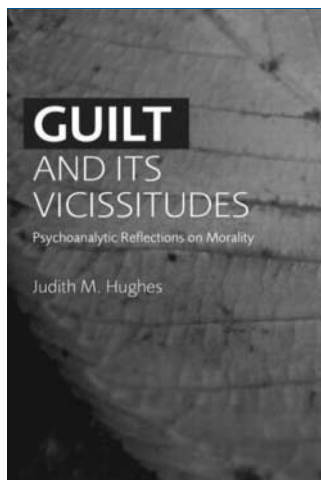
DuBois adopts a modified version of the 'four principles' approach: 'the four principles humanised' (for instance, beneficence becomes 'respect for persons as finite and in need of goods' (p. 32)). To these he adds a fifth principle of 'relationality'. This principle, he says, 'reminds us that in order to flourish, actions must respect the relationships that an individual is in or should be in' (p. 34). This permits (and encourages) respect for cultural and other differences. Fortunately, DuBois is not vague as a result – when discussing his numerous case studies, he reaches firm conclusions and is unafraid to state that pursuing one option over another would be wrong, even in some quite controversial areas. His views are clearly reasoned and justified, a model of how to write for a non-philosophical audience without losing philosophical rigour.

Coverage is comprehensive. The variety of the case studies allows the author to skilfully weave most of the important issues into the second part of the book. The referencing is thorough and DuBois supports his philosophical views with evidence (unsurprising, given that he adopts the 'stakeholders, facts, norms and options' analysis approach to cases).

This is a book all new clinical researchers should buy (not just those working in mental health).

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Guilt and its Vicissitudes: Psychoanalytic Reflections on Morality

By Judith M. Hughes.
Routledge. 2008.
US \$35.95 (pb). 160pp.
ISBN 9780415435987

This book offers a description of Freud's account of moral development and later Kleinian reflections on guilt. The author describes Freud's writings on the super-ego and its function as an internal censor, and how he considered guilt as a universal phenomenon arising, perhaps, from universal taboos. For Freud, ambivalence was 'a source of conscience'; and the author describes how ambivalence has its roots in group psychology, and the conflicted feelings that the infant has for the mother. She concludes that the super-ego, in Freud's account, has 'hate at its core', and that learning to tolerate the conflict of love and hate in each one of us is the medium of psychological growth and maturation.

The book is extremely well-written by a professor of history and psychiatry. It has a wealth of examples and excerpts of material which add a clinical and personal quality to the text.

There is no doubt that the writer is a superior academic writing thoughtfully and with assurance about their subject: guilt from a psychoanalytic perspective.

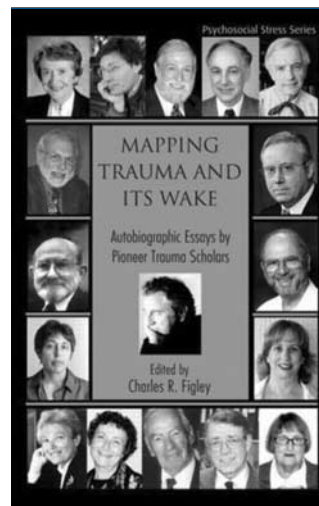
My difficulty is that I came away knowing something of what Freud said about guilt, but not much about the experience of the guilty. Only one single theoretical exegesis (i.e. psychoanalysis) was on offer. But guilt, as one of the moral emotions, has been studied and discussed in great depth since Freud and later analysts were writing; does it not make sense to relate the analytic vision to later or different accounts? How, for example, might the Freudian account of guilt relate to later accounts of the development of moral thinking by Piaget, Kohlberg and Gilligan? How does Freud's account of taboos fit with cross-cultural work about violators of group rules? What is the relationship between conscious guilt and unconscious guilt?

This last issue is important because, as a moral emotion, guilt has elements of internal and external reality. Arguably, guilt arises in relation to an internal discourse which begins, 'I should have not done that' or 'Others will say that I should have not done that'. It is part of the discourse of 'ought' and 'should' that marks an ethical, not a factual, discourse: it is oriented in a social matrix.

Hence, what I missed in this book was any other accounts of guilt to compare Freud's with: I wanted to compare it with contemporary philosophical, theological and psychological accounts. It was difficult not to feel that this was a book written by an analyst (as Yeatman and Sellars might have said), 'for other analysts who will understand'. This may indeed be of some analytic interest (no pun intended; actually, who am I kidding? some pun intended), but I am not sure it helps me, as a busy clinician, to understand the problems of guilt as it is lived out by the guilty.

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Mapping Trauma and its Wake: Autobiographical Essays by Pioneer Trauma Scholars

Edited by Charles R. Figley.
Routledge. 2006. 272pp.
£31.50 (hbk).
ISBN 9780415951401

Using a very simple method, Charles Figley has produced a fascinating book. He has collected autobiographical essays by 17 pioneer trauma scholars (himself included) and, in so doing, has produced a book which very richly describes the evolution of modern psychotraumatology.

Each author was asked to answer four questions about the events that led to their interest in trauma, their greatest achievements in the field, the people who most influenced them and their

hopes for future research. The contributors are past winners of lifetime achievements or pioneer awards from the International Society for Traumatic Stress Studies and many have themselves been presidents of the Society.

Several of the contributors are Jewish whose relatives perished during the Holocaust. Henry Krystal is himself a survivor of Auschwitz. Others found their way into the trauma field by getting involved in treating Second World War or Vietnam veterans. The editor is himself a Vietnam veteran. Some of the non-American contributors (Van der Kolk and Weisaeth) grew up in Europe during the German occupation, yet others appear to have entered the field of trauma by chance.

Many terms now in everyday psychiatric language were coined by these pioneers (e.g. rape trauma syndrome (Burgess), conspiracy of silence and multigenerational transmission of trauma (Danielli), compassion fatigue (Figley), complex post-traumatic stress disorder (PTSD) (Herman), psychic numbing (Lifton) and disorders of extreme stress not otherwise specified (Van der Kolk)). Apart from the development of these concepts so familiar to us now, these individuals have made other huge contributions to the field. Herman and Van der Kolk showed that those with borderline personality disorder were, in over 80% of cases, victims of childhood sexual abuse. It was Horowitz who first developed the Impact of Events Scale. Ochberg first described the Stockholm syndrome although he did not coin the term. Kolb and Van der Kolk have made major contributions to our understanding of the physiology associated with the long-term effects of trauma. It was Lifton who wrote so eloquently about the Nazi

doctors, stating that, in his view, no individual is inherently evil, murderous or genocidal, but under certain conditions virtually anyone is capable of becoming all of these things.

There are a number of common themes running through most of the chapters including the importance of working collaboratively with others, both in research and clinically. The need for mental health professionals in general, and those working in the trauma field in particular, to take an active part in socio-political matters is emphasised. Several of the authors suggest that PTSD is the first psychiatric disorder which can be prevented as the population at risk is often known and, when a trauma has occurred, high-risk cases can be identified early. Although we have some knowledge of possible beneficial early interventions, much more research is needed in this area. Friedman, perhaps simplistically, states that all we have to do is stop war, rape, genocide, child abuse, interpersonal violence and the perpetuation of other human-made traumatic events.

Overall, this book provides a historical account of developments in the field of traumatology during the latter half of the 20th century, which clinicians and researchers would enjoy. It provides a good overview of much of the research in the field and gives pointers to where future research should focus.

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