

## **Book Reviews**

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Editor: Sidney Crown

**Melanie Klein: Key Figures in Counselling and Psychotherapy.** By JULIA SEGAL. London: Sage. 1992. 143 pp. £8.95.

Being the daughter-in-law of a distinguished Kleinian analyst, Julia Segal is well placed to gain insight into the ideas and controversies associated with Melanie Klein's work. Being untrained in psychoanalysis herself, she writes for the non-cognoscenti. There has been a slow but inexorable development over the years – what Hinshelwood described as a body of knowledge carefully kept by a group of people with an “aloof sense of insecurity and a worry about what others who came to possess the knowledge might do with it”, is now becoming widely disseminated by the ‘third generation’.

Klein's contribution is essential to an understanding of object-relations psychology and underpins much of the modern psychoanalytic work coming out of the USA, where once it was close to an ‘un-American activity’.

Segal writes well and provides a satisfying confrontation with crucial issues in her chapter ‘Criticisms and Rebuttals’. Curiously, reference to the internationally renowned work of Dr Donald Meltzer in expounding and developing Kleinian ideas is conspicuous by its absence!

STEPHEN WILSON, *Consultant Psychotherapist, Warneford Hospital, and Clinical Lecturer, Oxford University*

**An A–Z of Counselling Theory and Practice.** By WILLIAM STEWART. London: Chapman & Hall. 1992. 394 pp. £17.95.

Reviewing an ‘A–Z’ is not an easy task. Reading it through is extremely tedious and working out whether or not the compilation is comprehensive demands extensive knowledge of the subject. So my approach was to sample various pages to see what was there and then look for what I would expect. Well, I found a great deal I did not expect. The author seems to have included all schools of thought which have borne any influence on counselling theory and practice. It is interesting to note, however, that while Freud and many post-Freudians have personal entries, key figures in counselling such as

Carl Rogers, George Kelly and, on a more contemporary note, John Heron do not. The theories and approaches of these three do have entries – but finding them was not easy. For Rogers I looked up client-centred therapy but he was not there. I looked this up in the index and was directed to non-directive therapy. I looked this up in the main A–Z to find only a small description and was referred to person-centred therapy where – at last – I found two-and-a-half pages of description. I had similar problems locating Heron – he was listed under ‘six-category intervention’. But Blake and Boulton did not get a mention.

Overall the coverage seems good but more attention could have been paid to cross-referencing. There is an excellent bibliography full of instant reading lists for lecturers in counselling. I am sure this will be of value to students of all professions as they develop their counselling skills and knowledge. Certainly my students have made use of it while it has been on my desk. However, I am not sure of the wider value of such books. If it is down to a choice, I feel most students would opt for a ‘how to do it’ rather than an ‘A–Z’.

NIGEL BEAIL, *Consultant Clinical Psychologist/Lecturer, The Keresforth Centre, Barnsley*

**AIDS Among Drug Users in Europe: Second Review.** Copenhagen: WHO Regional Office For Europe.

Thirty-one European countries were reported to have 71 510 patients with acquired immune deficiency syndrome (AIDS) up to March 1992; 33.7% of the patients were injecting drugs. By the same date 40% of paediatric cases with AIDS in Europe were related to drug misuse in mothers. This booklet provides a broad outline of trends and responses.

There are national divergencies in patterns of drug misuse. Heroin is of course the main concern, but amphetamines (sometimes injected) are popular in Scandinavia and the UK. The frequency of injection practices also varies, and contributes to the considerable differences of human immunodeficiency virus (HIV)-seropositivity among tested drug users. The range of seroprevalence within certain countries mimics that found in the UK: southern Italy has a rate of 6% in

drug takers compared with up to 50% in the north of Italy (compare England with Scotland); Berlin has a seroprevalence rate that is nearly five times higher than in Hamburg (compare Edinburgh and Glasgow).

Preventative means involve outreach and educational programmes (including agendas for prostitutes of both sexes and prison inmates), methadone treatment, the provision of injecting equipment, and training for health care professionals. Education of drug users and professional training are the most widely accepted measures. It is clear that in Europe both the extent of HIV infection among drug misusers and the reactions to it vary markedly. The document gives a useful overview of the diversities.

J. S. MADDEN, *Emeritus Consultant, Countess of Chester Hospital, and Honorary Research Fellow, University of Liverpool*

**Losing and Diffusing – Borderline Transitional Object and Self-Relations.** Edited by R. A. LEWIN and C. SCHULZ. New Jersey: Jason Aronson. 1992. 368 pp. US \$47.50.

The authors of this book present a profile of the borderline condition as a “disorder of the self” in which the subject requires externally dependent relationships to survive. This, however, threatens annihilating loss of identity as a result of the fantasy of fusion. The absence of such a relationship is on the other hand experienced as catastrophic loss with disintegration. There is no middle ground. Relating can only be achieved through a negativistic abrasiveness which both inhabits the object and keeps it at a distance.

Lewis & Schulz emphasise the importance of holding for such patients. Perhaps the most cogent chapters of the book are those on holding, in which they describe the stages of the development of the holding environment in the therapeutic situation. This section alone would be invaluable discussion material for all disciplines involved in the care of patients of whatever nosological category, in-patient or out-patient.

The authors emphasise that types of behaviour which may in fact be self-destructive and provocative may be attempts at preventing some catastrophe which the patient perceives as more destructive to their integrity. They understand that this is a powerful component in ‘negative therapeutic reaction’. They insist on the communicative potential of projective identificatory mechanisms. They also insist on both the dangers and the transformative effects of treating such patients for the therapist.

I have one major reservation about this book. The authors define the borderline conditions as a “disorder of the self”. This disorder seems to be presented as the result of passively experienced environmental insult. They seem to address less adequately the tenacity with

which the patient may wish to cling to sadistic internal objects and recreate sadomasochistic experiences and so to underestimate the subject’s illusion of agency, rather insisting on the importance of environment. This neglect of the subject’s illusion of omnipotent agency underplays the fantasy which provides the focus of interpretation and therefore of change.

Nonetheless, the authors offer a text which is refreshingly free from alienating judgement and in which the reader is invited empathetically into the patient’s dilemma. The style and pace of this book, with the lack of technical discussion, would make this a useful and untaxing text for the general psychiatrist and trainee, and their non-medical colleagues. The chapters on holding, especially, provide a useful guide to the inevitable course of treatment of borderline conditions, the commitment and organisational structures that it demands, and its unavoidably long duration. These are so often dismissed as impracticable, especially in the current National Health Service ‘market’ which provides powerful inducements to collude with the patient’s ‘sealing over’ as a short-term expedient in order to achieve short ‘patient episodes’. But as the authors demonstrate, such ‘expediency’ is expensive.

RICHARD CARVALHO, *Consultant Psychotherapist, St Mary’s Hospital, London*

**The Most Solitary of Afflictions. Madness and Society in Britain, 1700–1900.** By ANDREW SCULL. London: Yale University Press. 1993. 442 pp. £29.95.

At the invitation of Yale University Press, Professor Scull has “re-explored the territory” he first covered in his book, *Museums of Madness* (Penguin Books, 1979). The resultant publication is far from being a re-tread of its predecessor, but is more like an extended-limo version of a humble family saloon. It is elegantly produced on high-quality paper and the jacket, a faithful reproduction of Van Gogh’s *The Hospital at Arles*, is worthy of special mention because of its appropriateness. The book is about twice the length of the original, which gives Scull the opportunity to display his scholarship to the full. His research of both primary and secondary sources is exemplary; the footnotes, to be counted in their hundreds, at times almost conceal the text. To this can be added a long bibliography, a list of articles and of unpublished dissertations, and an excellent index, making the book, all in all, a prime source of reference for years to come.

But the bouquets, in all sincerity, I present to Scull are for his virtuoso performance as an historiographer. It is as an historian that I venture to take him to task. He is by profession a sociologist, and it is through the eyes of such, no doubt coloured by his political convictions, that he interprets, or misinterprets, events. Thus, he uses terms alien to doctors and psychiatrists such as ‘social