

## **Book Reviews**

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Edited by Sidney Crown and Alan Lee

**Self-Esteem: Paradoxes and Innovations in Clinical Theory and Practice.** By RICHARD L. BEDNAR. London: Eurospan Group. 1993. £35.95 (hb) £22.50 (pb).

The authors of this book are much preoccupied with a 'pivotal paradox' (their term). The paradox to which they attach so much importance, comes from the observation that many apparently highly successful people are lacking in self-esteem. My difficulty with this book arises out of my problem in accepting this 'pivotal paradox'. Indeed, I do not accept that it is a paradox at all. It may well be their lack of self-esteem that drives such people to be successful. Any attempt, therefore, to raise their self-esteem would be therapeutically ill-advised. A further problem is that the authors have an idea of self-esteem as a constant, rather than a feeling which may oscillate from one extreme to another. Winston Churchill, a high achiever if ever there were one, lost all self-esteem when his 'black dog' was upon him. At other times he gave the appearance of overflowing with self-esteem.

A further important concept for the authors is that of avoidance. They emphasise that people with low self-esteem cope by avoidance, and they see avoidance as entirely negative: "The act of avoidance virtually precludes the possibility of new learning. Avoidance does not provide a basis for learning new or more adaptive response patterns . . . nor does it provide any hope for personal growth and development . . ." (p. 119). The possibility that avoidance, in some circumstances, may be "a more adaptive response pattern" itself, is not considered.

I acknowledge that I am uncomfortable with statements that do not include, explicitly or implicitly, 'both/and' and 'more/less'. This book has helped me, however, to be clearer about the certainty/uncertainty paradigm in therapy. The therapies may be classified according to the certainty/uncertainty they hold in relation, firstly, to their theoretical constructs, and, secondly, to the interventions which follow. Thus, psychoanalysis may be described as certain-uncertain (theory-practice), and behaviour therapy as certain-certain. Psychopharmacological approaches would be uncertain-certain, as would ECT.

The essence of this book is in the certain-certain camp, and since my own approach is in the uncertain-uncertain camp, it would be wise to ignore this review.

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**Beyond Mid-Life Crisis. A Psychodynamic Approach to Ageing.** By PETER HILDEBRAND. London: Sheldon Press. 1995. 114 pp. £12.99 (pb).

One of the continuing challenges of old age psychiatry is the need to integrate a biological understanding of the disorders of later life, in which organic processes often play a central role, with the personal context of the patient. It was with hopeful anticipation that I began reading this book, wanting to find a clinically relevant psychodynamic perspective on the challenges of growing old which would be intelligible to the non-specialist. To a large extent this expectation was fulfilled.

As the author points out in his introduction, psychotherapists have not until recently (with a few notable exceptions) been noted for their therapeutic enthusiasm for work with older clients. His stated intention is to redress the balance somewhat, indicating the ways in which the psychodynamic perspective can contribute to our theoretical and therapeutic understanding of ageing and its problems. At the beginning of the book he elaborates a developmental model of ageing identifying the psychological tasks appropriate for each stage of life. This helpfully locates the topic within a broader context of post-adolescent adjustment, emphasising the inappropriateness of a 'static' view of adult life beyond the period usually associated with the major stages of personal development.

Subsequent chapters concentrate on specific areas of life such as work, marriage, sexuality and intellectual performance. For each of these Hildebrand identifies the particular challenges and adjustments associated with ageing. This is an approach which has been adopted in other introductory texts covering the psychology of ageing: the difference here is the effective

use of case material to illustrate the points being developed.

This is an engaging, readable book whose appeal will certainly extend to all psychiatrists and other mental health professionals concerned with middle-aged and older patients, as well as interested lay readers.

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**Ailing Leaders in Power. 1914–1994.** By HUGH L'ETANG. London: Royal Society of Medicine. 1995. 147 pp. £15.00.

“Boris Yeltsin’s health is as fragile as the political stability of Russia”. This factual statement allows two interpretations vis-à-vis cause and effect. The first is that Yeltsin’s fragile health is the cause of Russia’s political instability, an interpretation which can be left to the physician to explore; and the second is that Russia’s political instability caused Yeltsin’s ill health, an interpretation which falls within the province of the political historian. It stands to reason that both physician and historian must have more than a passing knowledge of the other’s subject.

We are fortunate in England to have two eminent scholars who fill the bill of physician/historian, and changing the emphasis, historian/physician. The Rev Dr Vivian Green, a professional historian of Lincoln College, Oxford, is an example of the latter and our present author, an example of the former. Needless to say, they complement one another and much is to be gained by the study of the work of both (see Green, 1993).

L’Etang’s compelling book makes frightening reading. He concentrates, but not exclusively, on the physical shortcomings of political leaders here and in America who were in office from 1914–1994. Sir Henry Campbell-Bannerman, for example, became Prime Minister at the age of 69. He had hypertension and cardiac asthma and literally died in office in Downing Street in 1908. Henry Asquith, justifiably nicknamed ‘squiff’, made a drunken exhibition of himself in private and in public. Lloyd George, Prime Minister (1911–1922), who suffered a variety of psychosomatic ailments, handed over to Bonar Law who had laryngeal cancer. James Ramsay MacDonald, Prime Minister in the Labour Government (1929–1931) and the National Government (1931–1935) exhibited unmistakable evidence of pre-senile dementia (I well remember, circa 1931, his bumbling, repetitive, incomprehensible speeches which were to be heard in the newsreels in the cinema). Neville Chamberlain, the political simpleton of all time, suffered visibly from gout. He was forced out of office by Churchill in 1940 and died shortly afterwards of inoperable carcinoma of

the rectum complicated by suprarenal failure. To continue this miserable catalogue: was Edward Heath’s ham-fisted handling of the miners’ strike of 1974 due to his hypothyroidism; and was Anthony Eden’s insane Suez adventure the result of ill-health occasioned by his biliary obstruction?

Of the American Presidents, L’Etang cites Roosevelt who at the Yalta conference was ‘vague and loose and ineffective’ due to the worsening of his heart or lung function. Of Eisenhower it is alleged that from 1945–1961 there was concealment of his illness in the highly selective bulletins which were issued. And, as to Reagan, the Alzheimer’s disease, freely admitted now may well have been in evidence during his presidency.

Sadly, it is to Winston Churchill that L’Etang directs his prime attention. It takes a great deal of courage to indulge in iconoclasm, particularly when the icon is as much loved and revered as Churchill undoubtedly is. But L’Etang does not hesitate: he details the multitudinous ailments from which he suffered. Indeed, the perceptions of close colleagues, not necessarily physicians, suggest that Churchill showed evidence of brain failure as early as 1942. During his second premiership (1951–1955) he was so physically and mentally incapacitated that he had become an administrative embarrassment.

The whole world is today in a terrible state of chaos. Trouble flares on every Continent, as witnessed by the genocidal slaughter in Bosnia and Rwanda. Some at least of the blame must be laid at the palsied feet of clay of our political leaders. L’Etang has no easy solutions to the grave problem of how they should be selected, or how long they should be allowed to serve. His ultimate sentence, however, offers this advice, which on reflection might do as a starter. “Politics”, he writes, “may be the art of the possible, but experience suggests that it should be made impossible for Presidents and Premiers to remain in office after the age of sixty-five”.

#### References

GREEN, V. H. H. (1993) *The Madness of Kings: Personal Trauma and the Fate of Nations*. London: Alan Sutton Publishing.

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**Doubts and Certainties in the Practice of Psychotherapy.** By JOSEPHINE KLEIN. London: H. Karnac Ltd. 1995. 304 pp. £21.95 (pb).

This wide-ranging series of essays integrates a coherent personal vision of psychoanalytic values, theory and practice. Although Klein plots a course through a familiar terrain of accumulated controversy, overall the route feels distinct and refreshing.

Her orientation is explicitly based on preference for what works rather than what follows logically from