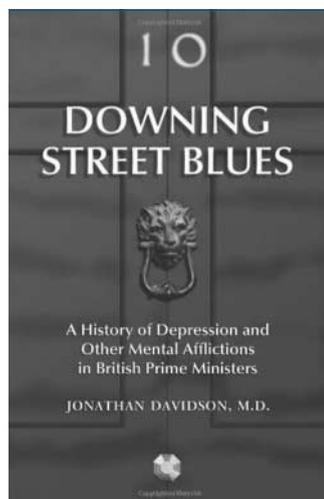


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



**Downing Street Blues:  
A History of Depression  
and Other Mental  
Afflictions in British  
Prime Ministers**

By Jonathan Davidson.  
McFarland. 2011.  
US\$45.00 (pb). 228pp.  
ISBN: 9780786448463

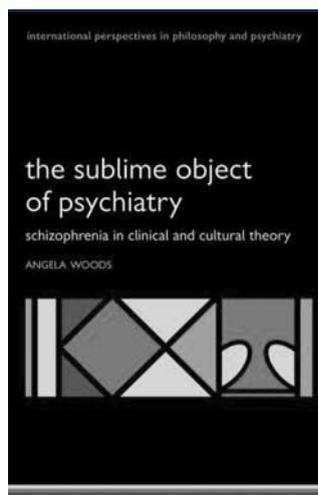
Starting with Walpole in 1721, *Downing Street Blues* finishes with Blair in 2007. It is directed at specialist and general readers and its plain language, remarkably free of jargon, means it should have wide appeal. It is also appropriate that its author, Jonathan Davidson, trained as a psychiatrist in the UK before moving to the USA. Also that he, with two colleagues at Duke University, was the author of a widely respected study of psychiatric disorders and their effects on all US presidents up to Richard Nixon. Among British prime ministers, 72% had psychiatric problems at some time in their lives.

Davidson asserts he had access to more extensive biographical detail on which he based his assessment in the UK. The most fascinating of the prime ministers written about is Gladstone and, understandably for the Grand Old Man of British politics, it is also the longest entry. Gladstone experienced 15 depressive episodes and while there was mania, the author writes, 'it is unlikely that he succumbed to the greater extremes of bipolar disorder, but milder manic (i.e. hypomanic) forms of illness are distinctly possible, and his temperament is quite in keeping with this notion'. Self-flagellation and his religious zeal to 'save' women led to numerous encounters with prostitutes. In 1851, he set up 12 meetings with one particular woman in a 3-week period and spent two 'strange, questionable hours with her after which he flogged himself'. In 1852–1853 he had 120 encounters. When a man tried to blackmail him, he 'brazenly marched the man to a police station'. His extraordinary relationship with the 'courtesan' Mrs Thystlethwaite which lasted from 1864 till 1870 meant he 'pushed the concept of platonic love to the extreme' and they explored spiritualism together.

There are many other captivating pictures of politicians working through their mental illness and in some cases being strengthened in their role as prime minister. This book is important in convincing the general public that mental illness is not something to be ashamed of or hushed up. Rather, it is common and affects people in all walks of life, and can be managed and even controlled.

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doi: 10.1192/bjp.bp.111.094920



**The Sublime Object  
of Psychiatry:  
Schizophrenia in Clinical  
and Cultural Theory**

By Angela Woods.  
Oxford University Press. 2011.  
£34.99 (pb). 272pp.  
ISBN: 9780199583959

Woods is very clear at the outset of this book what her aims are: 'a study of schizophrenia in theoretical texts . . . of how the concept of "schizophrenia" is represented in specific disciplines, and of how, at the meta-discursive level, these representations reveal some of the complex relations between the disciplines' (p.2). For this purpose, the term 'sublime' refers to 'something that exceeds or exists beyond our capacity for comprehension and representation' (p.8), and 'because it threatens to overwhelm our sense of self, the sublime initially inspires in its subjects feelings of awe and terror, but these . . . are then superseded by the sense of delight that comes from mastering the perceived threat' (p.8).

The first section of this book deals with clinical theories deriving from Kraepelin and Freud. Woods correctly sums up the position with regard to our understanding of the pathophysiology and treatment of schizophrenia, namely that there is much yet to learn and that no cure exists at present. But, she understates the progress in knowledge since Kraepelin's day. For one, treatments are by any definition better, even if there are troubling side-effects and incomplete benefit. The main issue is that while correctly summing up, although correct in her summing up, Woods tends towards exaggeration. For instance, she says that within psychiatry schizophrenia is 'framed as an opaque and bizarre disorder of unknown or unknowable aetiology, it exceeds and thus marks disciplinary limits as a form of unreason which can be neither adequately represented nor analytically mastered' (p.63).

Central to her examination of the psychoanalytic understanding of schizophrenia are Freud and Lacan's analyses of Daniel Schreber's *Memoirs of My Nervous Illness*. Woods' point is that these analyses are dependent on text, indeed a particular and singular text, and that, like all literary texts, Schreber's *Memoirs* supports manifold interpretations and is seemingly symbolically inexhaustible. She deems it a sublime text within psychoanalysis.

The second section deals with cultural theory starting off with the antipsychiatry movement, focusing on Szasz, Laing, and the duo of Deleuze and Guattari. These writers serve only as a prelude to Woods' exploration of the works of Louis Sass and Baudrillard. She expends considerable time on Bret Easton Ellis' novel *Glamorama*. There is a growing body of work that equates modernity and/or postmodernity with schizophrenia. It is never clear whether these cultural analyses are using schizophrenia as a metaphor, that is, are taking aspects of the experience of patients who experience schizophrenia and carrying these over to describe features of modern or postmodern society. Sometimes, the arguments veer in the direction of merging the tenor with the vehicle, a form of concretisation of a poetic image. At other times,

the arguments assert that modern or postmodern society causes schizophrenia because of the similarities that have been identified. In all this, what is lost is the distinction to be drawn between objects being similar and being identical. Or, the distinction between a lion in the Serengeti and an image of a lion emblazoned on a football jersey. Discussions about the one and the other may have points of intersection but are distinguishable.

This is a compelling book. It draws widely and is full of novel ideas and interpretations. It definitely shows how varied and disparate are the uses and understandings of the term 'schizophrenia'. It ought to be read, if only to appreciate the cultural history of the term 'schizophrenia'.

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doi: 10.1192/bjp.bp.111.107243



**The Inseparable Nature of Love and Aggression: Clinical and Theoretical Perspectives**

By Otto F. Kernberg.  
American Psychiatric Publishing.  
2012. £39.00 (pb). 380 pp.  
ISBN: 9781585624287

This fascinating book is a collection of papers by the American psychiatrist and psychoanalyst Otto F. Kernberg. He has a long track record in psychotherapy research and has written extensively on psychoanalytic theory (linking it to neurobiology) and contemporary issues facing psychoanalysis and psychoanalytic trainings. All of these areas are covered within this book, which is divided broadly into five sections.

Parts 1 and 2 describe aspects of the work involved in the diagnosis and treatment of the most severe personality disorders, particularly severe narcissistic psychopathology. This is not a description of the research work, which is well-referenced, but more a focus on clinical experience and the development of new psychotherapeutic techniques that have arisen from his research. One of the chapters in this section describes the way in which manualised transference-focused psychotherapy (TFP) principles have been applied to psychoanalytic group psychotherapy in both day hospital and in-patient settings. These initial chapters give very detailed theoretical aspects and clinical examples of this work and, usefully, contrast TFP with mentalisation-based therapy (MBT), the brief evidence-based treatment perhaps more commonly used in the UK for this group of patients.

The first part includes very useful chapters on the assessment and treatment of narcissistic personality disorder, which emphasises the pervasive nature of envy and the impact of this on the patient, treatment and therapist. Kernberg points out that when working with very severe personality disorder, the safety of the therapist is paramount and takes precedence. As he says, the work cannot be

done if the therapist is not safe, and techniques need to be adjusted in line with this. He makes the point that although this might seem 'obvious or trivial', it is often the case that therapists find themselves seduced into a treatment situation with these patients in which their safety is actually at risk. He goes on to describe how one might decide between different psychotherapeutic approaches ranging from supportive treatments and cognitive-behavioural therapy, to individual psychodynamic psychotherapy and psychoanalysis, depending on the psychopathology of the patient. Chapters on countertransference and the use of supervision bring together issues for the therapist and the supervisor in treating this patient group. I was interested to see that the use of videotapes of psychotherapy sessions is, as with MBT, seen to be the gold standard in terms of supervision of psychoanalytic psychotherapy with this patient group. Although limiting his comments to this particular patient group, he says that on the basis of 30 years' clinical and research experience, his findings are that patients readily accept video recording, as long as they have been appropriately informed and reassured about confidentiality.

Parts 3–5 of this book range across a broader field. Part 3 is concerned with the psychology of sexual love, Part 4 with contemporary challenges for psychoanalysis and Part 5 with the psychology of religious experience. In these chapters he moves between describing sexual pathology in patients with borderline personality disorder to a powerful description of the factors involved in the capacity for mature sexual love. The chapters on the sexual couple and the limitations to the capacity to love are fascinating.

This attention to aspects of more 'ordinary' relationships is to my mind beautifully crystallised in the chapter titled 'Some observations on the process of mourning'. This is a moving description of mourning the loss of a long, loving relationship. Kernberg acknowledges that this was initiated by his own painful experience of mourning his late wife. This led him to question what he felt were some generally assumed characteristics of grief and mourning in the psychoanalytic literature. He describes many questions stemming from this which he addressed both by reviewing his past clinical experiences and by interviewing a number of people who had experienced the loss of a spouse after a long, happy relationship. He describes an awareness of the relative paucity of work focusing on normal mourning in the analytic literature, particularly on the losses of spouses. Using many examples he crafts a beautifully direct, emotionally powerful description of this loss and the gradual incorporation of the lost object into the experiences and behaviours of the individual who has lost. He concludes by describing normal mourning as a:

'permanent, not a transitional, process that leads to structural psychic changes manifest in typical conscious experiences and behaviours. This conclusion runs counter to the present psychoanalytic view of normal mourning and considers mourning as an ongoing psychological process that fosters emotional growth and increases the capacity for commitment to new love relationships'.

The questioning of psychoanalytic theory as described in this chapter is clearly present throughout this volume. It illustrates Kernberg's ongoing curiosity and determination to research and question all levels of his craft. These include the minutiae of individual clinical interactions and range through the relationships of psychoanalysis with universities and the ways in which psychoanalytic organisations function and struggle. He moves fluidly between internal object relationships, patient-therapist relationships and organisational dynamics. The book ends with two chapters about religion and spirituality in relation to psychoanalysis. Again, these describe and critically review the psychoanalytic literature and end with a conclusion that there is a need for integrating and understanding of these areas into our understanding of normality and pathology rather than using