

Ten books

Chosen by Jeremy Holmes

Being asked to write this piece was for me an honour and strangely exciting. Admittedly, that pleasure was tempered by the realisation that one's career has to have become somewhat crepuscular before such an invitation is likely to arrive. Another unwanted thought was the worry that perhaps books themselves, not just this particular author, are becoming obsolete. By the time I have waded through the latest Government dictat and College commentary, not to mention my required CPD journals quota, there seems less and less time for them. Academics insist that writing, and presumably reading, books is a waste of time: they hit the blind spot of the Research Assessment Exercise. Even novels nowadays tend to be reserved mainly for holidays, although membership of a 'book group' has been for many years a pleasurable part of my non-working life, ensuring that I read some fiction at least once a month.

Like many psychiatrists, I see our discipline at its best as a happy marriage of art and science; it would be nice to believe that all the psychiatry worth knowing is contained in the literary canon. Here though, I have decided to confine myself to works that would be found on the psychiatry and psychotherapy shelves in a library or bookshop. For the record, my personal top-ten non-psychiatric books for psychiatrists are: Tolstoy's *Anna Karenina* (marital breakdown, sex and suicide, with a dash of train-spotting); Dickens's *David Copperfield* (loss, bereavement and regeneration); Eliot's *Middlemarch* (the perils of pedantry, subservient women's awakening and the sociology of medicine); Austen's *Emma* (manic omnipotence, the depressive position and the acquisition of reflexive function); Conrad's *Heart of Darkness* (madness, cross-cultural studies and the inner journey); Gosse's *Father and Son* (filial piety versus individuation); Chekhov's short stories (the doctor as impartial yet compassionate observer); Proust's *Swann's Way* (narcissism and

obsessive-compulsive disorder); Heller's *Catch 22* (post-traumatic stress disorder and black humour); and the *Oxford Book of English Poetry* (emotion into words: the essence of psychotherapy); with Shakespeare and the Bible taken for granted.

The Divided Self

Now to serious business. My first book, which I blame entirely for my choice of career as a psychiatrist, is R. D. Laing's (1960) *The Divided Self*. It was impossible to have been a student in the 1960s without reading this extraordinary, powerful and utterly original-seeming work, by a 28-year-old Glaswegian, who, against all the odds, took the Tavistock Clinic by storm in the 1950s. (I say 'original-seeming', because in fact a lot of its ideas were drawn from therapists such as Bateson (1973), Searles (1965) and Fromm-Reichman (1959) in the USA and Winnicott (1971) and Rycroft (1972) in the UK who pioneered working with patients with psychosis. Nevertheless, the synthesis was truly 'Langian', and how many psychiatrists have an adjective made from their name?)

Until about 1980 no medical student, however illiterate, would have admitted to not having read Laing. Then, as his drink-befuddled powers began to wane, he disappeared from view, and today it is only the exceptional medical student who has even heard of *The Divided Self*. How many of today's psychiatric trainees read it, I wonder? To me it seems as good and as relevant as ever: an essential antidote to biomedical reductionism, and a celebration of psychiatry as a guardian of individual experience and life story. Without Laing I doubt if the current interest in family intervention and even cognitive-behavioural therapy (CBT) in psychosis, or user movements such as Hearing Voices Network, would have happened. Despite a reputation for mysticism and a penchant for LSD, Laing was keen to operationalise his ideas in a

scientific way. His concept of 'ontological insecurity', in which patients with borderline personality disorder lack a secure base either within themselves or their environment, is close to current ideas about disorganised attachment, and may be due for a revival.

Introductory Lectures on Psychoanalysis

Laing was trained as a psychoanalyst. Much of my early reading in psychiatry consisted of working through the bibliographies of his books. So my next choice is, of course, Freud. Reading *Introductory Lectures on Psychoanalysis* (Freud, 1916/17) for the first time was one of those overwhelming experiences that are increasingly elusive as one gets older. The lecture format, and Freud's subtle mastery of persuasiveness and rhetoric as well as his self-made subject matter, made it for me as unputdownable as a detective thriller (with which Michael Shepherd once cleverly compared Freud's approach). Freud's paradigm shift seems as relevant to psychiatry today as it was nearly a century ago. Pitting himself against conventional psychiatry he argues:

"Now you will have a right to ask the question: if no objective evidence for psycho-analysis exists [...] how is it possible to study the process at all or convince oneself of its truth? [...] second [...] your training will have induced in you an attitude of mind very far removed from the psycho-analytical one" (Freud, 1916/17: p.15).

He goes on to show, in a way that was to my psychiatrically naïve mind utterly convincing, how the phenomena of mental illness, not to mention those of everyday life, are incomprehensible without the notion of the unconscious and acknowledgement of the ubiquity of sexuality. He expounds a developmental model of human motivation and the biographical meaning of psychiatric symptoms that continues to provide a programme of research and debate for contemporary psychiatry (Fonagy, 1999).

Psychoanalysis and Beyond

Psychoanalysis is more than merely a powerful scientific or literary theory – it is also an ideology. The past 50 years have seen the gradual decline and, possibly, demise of ideologies in the West, but to be a student in the 1960s meant taking a position on the dominant ideologists of the time. I embraced both Freud and Marx,

no doubt using them as a container for much of my own adolescent disturbance and madness. I remain deeply grateful to my analyst, Charles Rycroft, who managed to tread softly on my dreams and at the same time to interpret them. He showed me that it was possible to respect a patient's beliefs, while at the same time gently deconstructing them and the projections they represent. Having an analyst who is also a well-known author can be a mixed blessing, but for me it was comforting, especially in his absence. Rycroft's best known and most useful book is the *Critical Dictionary of Psychoanalysis* (Rycroft, 1972), still in print after a quarter of a century; his own personal favourite was *The Innocence of Dreams* (Rycroft, 1979). But I have chosen as my third book *Psychoanalysis and Beyond* (Rycroft, 1985). It is a collection of essays, showing the range of Rycroft's interests, psychoanalytic, literary and political, and his mastery of the essay format, with a fascinating biographical introduction by Peter Fuller (no doubt satisfying some of my Oedipal curiosity). Rycroft's skill as both exponent and critic of psychoanalysis, as well as his lucid prose style, are fully displayed. One of the most scurrilous pieces in the book is his essay 'Ablation of the parental image', in which he discusses the motivations that draw people towards psychoanalysis as a career. He argues that the attempt to find a 'new beginning' can be an omnipotent fantasy, an attempt to wipe out the reality of one's own history and graft oneself onto a new one, adopting one's analyst and supervisor as surrogate parents.

Playing and Reality

One of the most charismatic psychoanalytic parent figures of the 1960s was Donald Winnicott, who became President of the British Psychoanalytic Society just around the time that Rycroft began his 'strategic withdrawal'. *Playing and Reality* (Winnicott, 1971) is surely Winnicott's best, most creative and accessible book. Like much psychoanalytic writing, it is a collection of essays and it includes Winnicott's famous paper propounding the theory of transitional objects. I was stunned by this simple idea, which builds a whole theory of cultural life out of a child's favourite rag or teddy bear. Ryle's (1990) influential cognitive-analytic therapy is built around written formulations and diagrams which are shared with the patients, and can be seen

as transitional objects that ensure that brief therapy continues to have an impact even when it has come to an end. *Playing and Reality* is permeated by Winnicott's unique style: evocative and provocative, authoritative and authoritarian, profound and elusive. It also contains detailed descriptions of sessions that enable one to see a master clinician at work. He was extraordinarily sensitive to nuances of emotion, used very simple, direct, yet profound language when talking to patients, and had a huge capacity to tolerate silence and regression.

Childhood and Society

Those qualities are not easy for less gifted therapists to emulate, and indeed represent pitfalls for the unwary beginner. Winnicott was not afraid to break the rules, which can be confusing for those who are trying to learn them: the best practitioners do not always make the best teachers. One outstanding teacher, who influenced several generations of medical students to become psychiatrists, was Heinz Wolff, a consultant at University College Hospital (UCH, as it then was) and the Maudsley. He introduced me to Eric Erikson's work. Erikson, like Heinz, was a free spirit with an intuitive feeling for children, an integrator who used psychoanalytic ideas to study history and cultural difference. Heinz recommended *Young Man Luther* (Erikson, 1959), with its notion of the 'moratorium', a pressure-free moment between childhood and adult responsibility where identity can be forged and new ideas germinate – dangerous ideas for students nearing their finals! But *Childhood and Society* (Erikson, 1965), my fifth choice, is Erikson's deservedly classic work. His version of the 'ages of man', and the tension between, for example, autonomy and dependency or creativity and despair, provide an essential developmental framework for thinking about the maturation or disintegration of the personality throughout the life cycle; they can even be related to cognitive therapy's attempts to substitute positive for negative thought patterns in depression.

The Doctor, His Patient and the Illness

Another outstanding teacher at UCH was the psychoanalyst Michael Balint. His classic work, *The Doctor, His [sic] Patient and the Illness* (DPI; Balint, 1957) is my sixth *sine qua non*. This single work, together with the Balint groups – case discussions for general practitioners (GPs) in

which they are encouraged to talk about their feelings and reactions to their patients – on which it was based, transformed the face of general practice in the 1960s and 1970s. When we were students, DPI and Balint's groups opened our eyes to the fact that behind the cases we were being asked to see on the medical and surgical wards were people with stories to tell, whose illnesses arose as much out of their biographies as they did from the 'causes of disease' we were expected to memorise. DPI shows how talking to patients is more than just 'chatting'; a psychotherapeutic conversation can help create new meanings and overcome illness. Oddly (and here I again reveal my incipient foginess), few now seem to read his books, but the Balint spirit informs contemporary writers on general practice, and has helped to make GP training the innovative experience it is – in my view, far in advance of most psychiatric training programmes. Today it seems that GPs are being encouraged to use CBT rather than Balint's modified psychoanalytic approaches with patients suffering from 'common mental illnesses', but for difficult cases – often the rule rather than the exception – DPI is a book that reaches parts inaccessible to simple CBT and problem-solving approaches.

Individual Psychotherapy and the Science of Psychodynamics

One of the most attractive aspects of DPI, albeit in an era where attitudes towards consent were, by today's standards, cavalier, is its use of brief pithy case histories. David Malan, one of Balint's pupils and colleague, brought the use of the case history as a teaching device to a fine art in my seventh choice, the clumsily named, but beautifully written *Individual Psychotherapy and the Science of Psychodynamics* (Malan, 1999). This account of brief psychodynamic psychotherapy, what it is and how to do it, is essential reading for any self-respecting psychiatrist. Malan's 'triangles' – 'anxiety', 'defence and hidden impulse' and 'other, therapist and parent' – form a heuristic framework within which much psychodynamic work can be conceptualised. Finding a pattern that runs through the patient's relationships – past, present in the outside world and current with the therapist – is the cornerstone of the psychodynamic formulation, which, I am delighted to note, is now seen as a skill all candidates for the MRCPsych examinations

are expected to be able to demonstrate. If they read Malan they should have no trouble with this task.

Malan was a pioneer in several ways. He was one of the first psychoanalysts to attempt to do research that does justice both to accepted methodology and to the realities of dynamic therapy. His finding that interpretations that link parent and therapist (i.e. transference interpretations) are associated with good outcomes in brief therapy has, on the whole, been confirmed by subsequent studies. *Individual Psychotherapy* is also one of the relatively few books that actually tell psychiatry residents and other beginner psychodynamic psychotherapy students how actually to do dynamic therapy – when and how to say what and in which situations. Here, dynamic therapy has lagged drastically behind CBT and other more manualised models. I suspect that this is because it was always assumed that students would be in therapy themselves, and the experiential learning of the training therapy, backed up by supervision, would be a sufficient model for their own practice. With psychotherapy practice at last a mandatory requirement for the MRCPsych, and therefore something that all trainees will embark upon, this can no longer be taken for granted. There are other useful books in this area – Storr's (1979) *The Art of Psychotherapy* and Casement's (1985) *On Learning from the Patient* are both excellent, but Malan's is still for me the richest blend of theory and practice.

The Social Origins of Depression

I have divided my working life between general psychiatry and psychotherapy; I often wonder why I continue to sit on this potentially volcanic fault line. The tension between coal face and contemplation is a perpetual challenge. Whatever the reason, a seminal book which has helped to bridge the divide is Brown & Harris's (1978) *The Social Origins of Depression*, my eighth choice. For nearly 40 years George Brown, although himself not a clinician, has been Britain's most creative and original social psychiatry researcher. Starting with his early research on mental hospitals and expressed emotion in schizophrenia, his definitive studies on the role of adversity in depression have provided an indispensable evidence-based counterweight to the biomedical model in psychiatry. Without Brown, the selective serotonin reuptake inhibitors might

have swept the psychiatric board entirely. Beneath the academic façade of his work, which has a statistical rigour few psychotherapists can hope to follow in its entirety, the spirit of Marx and Freud lives on. Brown and Tyril Harris (an attachment-based psychotherapist) methodically build up their case: showing beyond reasonable doubt that depression is related to loss; that loss is a function of poverty and social adversity; and that the greatest bulwark against depression is the presence of an intimate confiding relationship. One of the fundamental aims of psychotherapy is, of course, to equip its patients with the capacity to form more satisfying confiding relationships, so here social psychiatry and psychotherapy come together.

A Secure Base

Brown & Harris's book was strongly influenced by the work of John Bowlby, who also conceptualised separation and loss, and how they are handled, as crucial elements in the origins of psychiatric illness. I have spent the past decade or so working in the field of attachment theory, and a book by Bowlby would be an essential component of my psychiatric desert island library. The monumental 'trilogy' is an obvious choice and the recently published *Handbook of Attachment* (Shaver & Cassidy, 1999) is state of the art, but my favourite is Bowlby's penultimate work, *A Secure Base* (Bowlby, 1988), published just a year before his biography of Darwin. Here Bowlby's simple, logical, dogged and committed approach to stating the almost obvious, which most of us are too blind, or enamoured of our own ideas, or threatened by simplicity to notice, shines through. His chapter 'On knowing what you are not supposed to know and feeling what you are not supposed to feel' is a classic example of this, in which he insists that the majority of people with psychological disturbances have experienced major trauma in their lives, which, because they have been prohibited from speaking about their experiences, has remained unmetabolised and a potential source of vulnerability and psychological illness. Helping clinicians to value and find ways of helping their patients to get in touch with these forbidden stories of loss and pain is one of the central tasks of psychotherapeutic psychiatry.

Psychodynamic Psychiatry in Clinical Practice

Finally, what about a textbook? As a callow neurology Senior House Officer destined for psychiatry, on leaving the firm I was presented with the rather daunting black-jacketed Mayer-Gross, Slater & Roth (1969) by my consultant, Richard Pratt, a wonderfully kind and psychotherapeutic man who happened to be a neuropsychiatrist at the National Hospital, Queen Square. Bergin & Garfield's (1994) *Handbook of Psychotherapy and Behaviour Change* is essential reading for anyone interested in psychotherapy research. The various Oxford textbooks are always worth consulting, and the most recent, the unrivalled two-volume *New Oxford Textbook of Psychiatry* (Gelder *et al*, 2000), contains almost everything anyone could possibly want to know about our subject. But, weighing in at exactly a stone on my bathroom scales, it is not exactly light reading. My last choice then is Gabbard's (1994) *Psychodynamic Psychiatry in Clinical Practice*. This is a *tour de force* of a work in which the author, displaying his usual fund of erudition and humour, systematically describes how psychoanalytic and other psychodynamic approaches can help us understand, treat and survive all of the major psychiatric disorders. Gabbard, for me a contemporary role model, is an integrator who pays due respect to biomedical advances while continuing to insist on the contribution a dynamic approach can make to the everyday practice of psychiatry.

And a few more

Now that I have used up my ten slots, I am embarrassed to acknowledge all that I have left out, especially those that have been influential in my family and marital therapy practice: Bateson's (1973) *Steps to an Ecology of Mind* and Haley's (1977) *Problem Solving Therapy* spring immediately to mind. Also, caught up in my anecdote (and envy?) I have omitted many excellent books by my contemporaries, such as Clare's (1976) *Psychiatry in Dissent*, Fulford's (1988) *Moral Theory and Medical Practice*, Hamilton's (1982) *Narcissus and Oedipus* and Wright's (1991) *Vision and Separation*. I realise, too, that I have chosen nothing about philosophy or religion, both of which provide an essential underpinning to psychiatry and are primarily book-based. The link with philosophy is perhaps that I have chosen *authors* – Laing, Freud,

Rycroft, Winnicott, Balint, Erikson, Malan, Brown, Bowlby and Gabbard (and not forgetting Bateson) – as much as specific works, just as one tends to think of a philosopher's world-view, as opposed to any particular book from his or her *œuvre*.

It is hard for someone of my generation to imagine a world without books – although my wife is constantly encouraging me to reduce the numbers of those that furnish our rooms. So, to conclude: what are books, and why do they matter? A book is a friend, companion, whiler away of time, transporter to another world, a bridge across geography and history, a refuge from the rigours of work, not to mention a possible bed prop and aid to deportment. To use Winnicott's term, a book is transitional: an inanimate object, a set of arbitrary marks on a piece of pulped wood, yet one that has a life of its own. Reading is a key that simultaneously opens up our own inner world and that of others. I end, then, with the thought that reading books is a kind of therapy – one that, like psychodynamic psychiatry, will continually renew itself.

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