

Book Reviews

Gina Ogden and Anne Zein. *When a Family needs Therapy*, Harper & Row, London. Publishers Beacon Press, Boston, USA.

Although most of us are familiar with the terms 'family' and 'therapy' their juxtaposition seems to present a conceptual dilemma for those trained in individual treatment models. *When a Family Needs Therapy* will be an invaluable handbook for all those who accept the author's basic premise that "every family has a process", a way of interacting as individuals in that family. It explicitly sets out a sequential strategy - three interviews of approximately two hours each, with descriptions of exercises and tasks for the family, directions for the family and for the therapist, and notes on processing the family's behaviour during the tasks.

Although the first exercise is the formidable 'history taking' for which 90 minutes is allowed, the emphasis is more on the family's handling of events than the factual details. The therapist is instructed to look out for the skills in the family members - straight talking, openness, responsibility, shared values, positive contact, limit setting, roles in the family, and the dynamics (sex, money or emotional illness are taboo subjects in many families), watch also for the 'rules' about anger. Whatever the content i.e. the actual problems that a family bring to a therapy session, it is the process within the family that you are observing. It must be stressed here, that the authors offer these techniques as an evaluative and diagnostic tool and that the book is sub-titled *A Practical Assessment Guide for Parents, Lay Therapists and Professionals*. In fact, the original idea for this evaluation system was as a 'well-family check-up system' in a community health centre looking at communication, problem-solving, family self-esteem and receptivity to growth and change during the various phases of family life. The book stresses the importance of giving the family feedback on their skills - they know they have problems which is why they are there - through the use of tasks, exercises and action techniques such as family sculpting. The emphasis on action, as opposed to words, makes this an ideal model for both highly verbal and inarticulate families. The success of this way of working relies on the processing by the therapist and the book gives very clear directions on taking note of what *actually* happens in a session - who does what, when and where and to whom.

The real value of this book is to offer additional skills to the therapists training and an alternative way of working with families. These games highlight factors in a non-threatening way while also pointing out to all the family the consequences of certain patterns of behaviour. The role-card game on household jobs seems guaranteed to generate plenty of information and interaction and, for many families, it may be the first time they have all sat together and played or talked for years. As an educational and training resource it is stimulating and instructive. However, I am a little alarmed at the idea of parents and lay therapists using it as a 'cook book' approach

to working with families.

Erica De'Ath

Countering Fascism A pamphlet by the Birmingham Counter-Fascist Group, c/o Peace Centre, 18 Moor Street, Ringway, Birmingham 4. Price 15p plus postage.

This is a deep and insightful pamphlet which needs to be read by anyone who wants to come to terms with the issues raised by the current activities of the National Front and other extreme Right-wing organizations. It says:

Too often Anti-Fascism seeks to use fascist tactics (such as mobilizing hatred) and tries to counter fascism head on, on the fascists's own terrain of male gang violence. This anti-fascism understands the class nature of our society, but it completely fails to get to grips with the deeper, emotional roots of fascism.

The writers of the pamphlet agree with the anti-fascist militants that the passing of laws does very little to change the situation. But instead of physical confrontation they propose nonviolent action. The heart of the pamphlet is its examination of eight main objections usually made to nonviolence; at the end of this section they say that nonviolence is essentially an androgynous or gynandrous approach, combining the human qualities (falsely called male) of courage, determination, assertion, etc., with the human qualities (falsely called female) of compassion, sympathy, receptivity, etc.

So this pamphlet underlines the humanistic insistence on finding the real self under or behind the roles - whether they are sex roles or other roles - and working with that. This pamphlet is strongly recommended to readers of *Self and Society*. It is a practical example of humanistic approaches in action

O. Void

Russell Jacoby. *Social Amnesia.* The Harvester Press. £3.50.

This book, sub-titled 'A critique of conformist psychology from Adler to Laing' is written by a historian. It is highly academic and for this reason quite a struggle to read. To carry out a review (criticism) of a book which is a self confessed criticism of other views is to my mind verging on the ridiculous, but some of the ideas do deserve a wider audience.

The main argument of the book is that the present psychological enlightenment is in fact a form of social amnesia. The author argues convincingly that much of the concern with 'self, authenticity and feeling' represents not the final liberation of individuality but its death throes. He rejects completely

the pose of therapy as growth or enlightenment. All therapy is concerned with helping individuals to adjust or cope with a 'de-humanized and evil society'. For example he writes 'To forget this is to indulge in the ideology of sensitivity groups that work to desensitise by cutting off human relations from the social roots that have made them brutal. More sensitivity today means revolution or madness. The rest is chatter.'

While this is a truth, it is not the whole truth, a point which Jacoby makes frequently in criticising what he calls 'conformist psychology'. The issues are too complex for any individual to comprehend and live with. To function we must simplify - and yet it is that need which is the seed of inertia. Is madness the revolutionary terrorist, the business or political leadership, or the average person who strives to improve their situation within the present social system? John Rowan in his book 'Ordinary Ecstasy' hit the point right on the nail. Once one realises one's responsibility and yet has no power to influence, there is pain. Martyr or hero or survivor?

Jacoby hints at the solution in his argument that theory and therapy must be separated. His view is that therapy must deal with the practical and immediate problems of individuals. To the extent that they are helped it does not matter how: if 'magic' can ease suffering then long live magic. Yet he argues at the same time that to focus solely on helping the person misses the opportunity for social change. We, as individuals, have been created by our society and in this sense are victims not failures. He is therefore suggesting a dialectical logic, a greater emphasis on the 'praxis' of human activity.

Whether or not present day psychology suffers from social amnesia there is a simple and continuing problem. The fact that individuals need help and get it is good news. The fact that our social system is less than perfect, or even inhuman and evil, is something that will not be changed by criticising those who are helping individuals. Jacoby offers no suggestions on how the system can be improved. He writes 'The effort to keep physically warm, to stave off the cold that creeps in, shunts aside any time for, or possibility of, sustained thought and theory. The permanent emergency of the individual blocks the permanent and social solution'.

Jacoby, Asst. Professor at the University of California, probably enjoys more psychic and physical security than most can ever hope to achieve. If this is the result of such a lack of emergency, the fruit of sustained thought and theory, then I am afraid he is very much out of touch. If we are all quietly going mad, as he suggests, this book will only hasten the process. Yet I am sure he is sincere. All he needs is a touch of the emergency about which he writes so very fluently.

The strong point in the book is the fact that he pinpoints a difference between personal dynamics and social dynamics. What is needed, and urgently, is a rational understanding of the role of faith or belief. That it can work in a highly positive way is beyond any doubt; and to do so it often needs

a 'placebo' thought pattern. But the promotion of this into social consciousness is open to question. I am wholly convinced that 'faith healers' can play a vital role in health care but that they should do so from a rationalised explanation of faith and not a competitive market in beliefs, is vital.

To put it more simply, I am advocating that to sell faith and practice healing is socially desirable and personally helpful. To do the reverse is to exploit innocent consumers and compound the problems in the future. On balance Jacoby has made a good point rather badly.

Mark Matthews

George Brown & T. Harris, *Social Origins of Depression*: Tavistock Publication, 1978, 399 pp, £12.50.

"Grief is inevitable in all societies, but we do not believe this is true of clinical depression. . . . depression is not just another problem but a central link between many kinds of problem. . . . and has a pivotal position in the explanation of what is wrong with our society." Its recurring tides threaten to drown the poor, the socially deprived and the emotionally vulnerable, especially, so this revealing and rigorous research study shows, unsupported urban women with young children at home, who have four times a greater chance of suffering from this malaise than the rest of us. They remain unsaved from their floods of despair by the lifeboats which therapeutically lift us into safer streams of consciousness where we paddle our own leaky canoes. What is our commitment to the plight of the Battersea women, and those like them, who represent the most depressed social group amongst the other groups of women studied by Professor George Brown's Social Research Unit from Bedford College?

His own concern is to change social policy so that supportive services are provided to those families, wives, husbands and children, who need them most, and, of these, how many are, or could be helped by peer membership of the AHP or readership of this journal? For, in addition to the meticulous research data presented in this authoritative scholarly book, which statistically conveys and correlates the multiple factors which can lead to depression, its deeper importance lies in its sharing of the values of humanistic psychology, and its compassionate exploration of individual breakdown and the spiritual meaning this has for the depressed sufferer and depressing, depressed society. Thus the book is a valuable academic model in that it integrates without bias, yet with sharp criticism, our varied (and limited) present professional insights into the causes of depression from genetic, biochemical, analytical, behavioural and social learning perspectives, relating these to the contributions which pharmacology, social engineering and political change can make in treating, relieving and averting the condition.

So his data not only documents past painful catastrophes, such as the early loss of a mother which correlated highly with degree of depression in working

class wives alone with young children at home, but also describes in detail the affliction of maternal inadequacy so often felt, and gives verbatim reports of material storms and deserts which weather depression. Such carefully collected self-reported material explodes myths about simple labourers necessarily being naturally good husbands, and the fact that wives complained that they were poor listeners, lovers and fathers is evaluated not only in psychodynamic terms but also in that of heavy employment pressures - although employment is also shown, for some people, to provide protection against depression, a point which community pediatricians have sometimes made in their advocacy of child-minding services.

Yet the main focus of the book lies in its conceptualisation of "life events" which have "triggering, formative or additive" effects upon us, to which we are vulnerable in individually unique ways that also have strong group patterns. This interpretation when applied to depressed psychotic people melds well with the practical research findings of George Brown's colleague, Professor John Wing, consultant and founding member of the self-help group, the National Schizophrenia Fellowship, which has submitted memoranda to the DHSS on the family and community care of their patients. It has been shown how sudden crises can "trigger" a relapse from remission into florid symptoms; or shifts in family interaction becomes "formative" in creating or extending distorted perception; or cumulative events, such as job or girl-friend disappointment, are "additive" in that they gradually cause collapse. Separately both Brown and Wing have found that "the provoking agent" can be positive as well as negative, although less likely, as when a sudden success or patch of high living leads to an exhausted bipolar swing downward, perhaps most generally in the executive stress and depression syndrome. However, this embracing theory of significant life experiences which provoke depression includes everything from our pre-natal circumstances to our total psychophysical constitution and its consequent environmental and emotional pressures. It is no wonder that Brown asks, "why are so few hopeless?" and how can we chart and alleviate the social "distribution of suffering?"

It is in his concluding chapters, when he asks what are the protection factors for "self and society", that George Brown raises the most fundamental issues concerning depression. "Our sources of value come from a person", and in a depersonalized society, where do we find values and meaning and purpose? Where do we find, in a despiritualized culture, faith, hope and love, which help us to make meaning of recurring calamity and death? For the cognitive task of the depressed is to be able to make "symbolic appraisal" of their gains and losses, their low and peak experiences - especially with the wise distinction between short and long-term effects - so that health rather than depression may develop "by changing a subtle balance of hope and despair". Hopelessness is the keyfactor in depression, this study asserts: the hopelessness of economic powerlessness, the defeat of constant grinding poverty, and the apathy which dwells in the lonely heart which feels unloved and unworthy. Yet neither this isolation, handicap or bereavement need lead to depression, if there is a sharing of hope and help - from a friendly neighbour,

a sympathetic health visitor, a progressive doctor (and Local Authority), and a regenerating ethos within a caring community.

Yvonne Craig

Alexander Lowen. *Bioenergetics*, Coventure 1975.

I was hoping that this would be the definitive book on bioenergetics, putting together all the data which has now been collected on what is true and what is false in this important offshoot from the work of Wilhelm Reich.

But it is nothing like that. It is a very personal book, about Lowen's own life and development, and how he arrived at his ideas and methods. As far as it goes, this is fine. As he says so well -

I have made it a practice to try out on myself everything I ask my patients to do, since I do not believe one has a right to demand of others what one is unprepared to ask of oneself. Conversely, I don't believe one can do for others what one cannot do for oneself.

There are good descriptions in this book of all the main techniques and positions used in Lowen's bioenergetics, with discussions of exactly how they work and what the thinking is behind them. The main thought - *that you are your body* - is well explained and the implications well brought out.

There are good stories of how therapy takes place, and explanations of the various important breakthroughs which can take place in therapy. Lowen is obviously a caring and expert therapist who can trust his intuition in touching the bodies of his patients, and encouraging them at times to touch him. But he makes it clear that energy is not all there is; insight matters too:

I believe talking is so important in the therapeutic process that I allow about half of all the time for talking my patients. Sometimes whole sessions are spent discussing behaviour and attitudes and seeking their connection with past experience. . . All through my therapy with patients I alternate between expanding consciousness on the body level and heightening consciousness on a verbal level.

He makes it clear, too, that he does not see this work as a separation - a separate body working with a separate mind. He holds to what he sometimes calls functional thinking, and sometimes calls dialectical thinking:

*To comprehend the paradox of unity **and** duality is the province of functional thinking. That requires a new consciousness neither mystical nor mechanistic.*

So, though Lowen is writing most of the time about body work, and the therapeutic gains which can result from body work, he never forgets what therapy is

all about - the discovery of the real self through an experience which raises the temperature to the point where the old splits can fuse:

Therapy can help a person in this way because it liberates him from the restrictions and distortions of a neurotic second nature and brings him closer to that first nature which is the source of his strength and his faith.

This may not be the comprehensive book we were waiting for - it has few references, no bibliography and little in the way of hard evidence for anything - but it is well worth a look from anyone who is interested in forms of counselling or therapy which involve work with the body.

James Crippledini