

The Healing Power of Illness: The Meaning of Symptoms and How to Interpret Them

Thorwald Dethlefsen and Rüdiger Dahlke
Element Books, 1990, £7.99, 273pp

This is an exciting and well-written book which explores the psychological dimension of physical illness. It is divided into two sections. The first part examines the way we conceive of and deal with illness. The second part is devoted to an exploration of the meaning of diseases and symptoms according to which body part they affect. This second part is well laid out and indexed so as to be handy for later reference.

The authors offer a critique not only of mainstream allopathic medicine but also of many alternative and natural remedies. The authors feel that any approach which deals with anything less than the whole person misconceives, and therefore fails to address, the true nature of illness. It is the authors' view that illness is the unavoidable and necessary 'shadow' side of what we call health. It is the consequence of the dualistic thinking on which our ego consciousness is based. In order to be self-aware beings we must divide our experience into the two broad categories of 'I' and 'not-I'. It is in this disowned 'not-I' part of our experience that our ailments occur. This happens in effect by a rejected psychological content 'descending' to the physical level where it achieves a place in our awareness. Each symptom therefore, according to this view, contains a content of which we

need to be aware if we are to be more whole and healthy. In this way illness is more 'transmuted' than cured. We move our blocked energy out of the physical and into the psychological domain where it can be integrated.

Any approach which attempts to deal with illness by further disowning it tends to thwart the 'healing' power of the illness. The authors contend that when we look to outside and impersonal 'causes' for illness, whether this be thought of in terms of germs and viruses or in terms of diet or environmental pollution, we are actually looking backwards and away from the direction of health.

The authors draw many interesting and thought-provoking parallels between psychological, social and disease processes which throw new light in all three of these directions. In the section on 'infection', for example, the authors look at our social and personal difficulties in dealing with anger and conflict. On the social level, if we suppress and deny conflict through use of restrictive legislation, we are likely to reach a situation where there is some kind of outbreak, ending in a new resolution which satisfies both parties to the conflict. Alternatively the resolution could be victory for one or the other of the contending sides. In medical and psychological terms the resolution

might be more likely to occur in the period of illness with its enforced rest and consequent upsetting of the normal containing patterns of everyday life. This 'empty space' might provide a favourable opportunity for the avoided content of consciousness to emerge and be resolved.

The theme of this book is radical but not exactly new. Certainly George Groddeck explored much the same area at the beginning of the century. In the present New Age movement Louise Hay's work is widely known and valued. In my view Dethlefsen and Dahlke are comparable

but have an edge over both of these other writers. They are not as restrained within the sometimes narrowly psychoanalytic framework as Groddeck, while at the same time they seem to me to be more thorough, disciplined and 'down to earth' than Hay.

All in all I would thoroughly recommend this book as a challenging and mind-expanding work. It seems worthwhile on a purely personal level and especially valuable to all those who are working with and for the physical, psychological and spiritual health of others.

Guy Dargert

Therapy as Social Construction

Sheila McNamee and Kenneth J. Gergen
Sage, 1992, 224pp

Therapy as Social Construction is a collection of nineteen chapters mainly written by family therapists who reject the psychoanalytic and behavioural traditions of the past. They hold a 'socially constructed' vision of reality — a view that what we consider 'objective' accounts of nature and self are an outgrowth of social process, which we can only 'know' through our own experience.

I find their claim that these are fresh and innovative insights somewhat surprising. None of them acknowledges any debt to Carl Rogers' person-centred approach or to the existential and humanistic models founded on the thoughts of Heidegger, Hegel, May,

Frankl and Maslow. However, many of their main conclusions, e.g., 'the subjective nature of reality is based on our socially constructed experience of it', echo earlier phenomenological ideas. 'What we know of the world we know only through our experience of it.' (Carl Rogers, *Client-centred Therapy*, 1951)

One of the central themes of this book is the rejection of the therapist as an expert. Anderson and Goolishian state firmly that the clients are the experts. One client's perception of therapists is quoted: 'Rather than talk with me, therapists would always ask conditional questions as if they knew the answers and wanted to see if I did'. Carl Rogers, too, consciously rejected the concept of therapist

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as expert after his work with abused children in his Rochester clinic in 1939.

Consequently Anderson comes to the conclusion that his team of family therapists' previous practice of private discussions behind a one-way mirror should be opened up for participation by clients. He found that giving clients access to the therapists' deliberations (with an option to withdraw should they wish) made the therapists themselves change, to become more fluid and responsive to clients' meanings. In another chapter Lax states that the therapist should make her/his ideas about therapy known to the client.

Most of the writers stress that the quality of the relationship is vital, and advocate a move towards more collaboration. Again, a central tenet of Rogers' person-centred approach is that the quality of the client-therapist relationship has an important effect on the climate of growth. Anderson and Goolishian's stated aim 'to allow the client to lead the therapist' resonates with Rogers' views in *Client-Centred Therapy*.

Many contributors view the client's story as 'narrative text' or 'discourse'. They focus heavily on the significance of language, borrowing from modernist, linguistic, semiotic and deconstructionist concepts. Gergen stresses how speech and self-expression contribute to a person's identity and Eston White-May considers that our narratives are the way we give meaning to our experience. They think that when client and therapist

work together to change narratives 'the new narratives can become an alternative agency for the dissolution of problems'.

Many of the contributors to the book, such as Fruggeri and Cecchi, consider that a therapist's aim is to identify differences (not previously perceived by the client) or cooperate in finding 'therapeutic distinctions' which can lead to fresh ways of viewing the client's world and thus to healing. Cecchi refutes his previously held view of family therapy as 'win/lose games' and emphasises that therapists can be participant actors in the co-construction of new narratives. Epston, White and Murray talk of clients 're-authoring' after reflecting on a written or taped therapeutic interaction. They cite the case of Rose, who through reading a written account of her sexual abuse as explored with her therapist, viewed herself differently and moved forward, taking a new job and starting to live effectively.

A recurrent theme in this book is the emphasis on process and on the mutually enriching and developmental elements inherent in a trusting therapeutic interaction. Sometimes it seems to take a great deal of complex de-construction and re-theorising to reach that relatively simple point. As most of the conclusions are based on professional experience of what has worked it is valid to reiterate with Rogers, 'Theory is being continually formulated and revised . . . with a stress upon its fluid quality'.

Val Simanowitz

Counselling

A Series of six training videos produced for the Institute of Counselling, 6 Dixon Street, Glasgow G1 4AX

The Institute of Counselling, based in Glasgow, is dedicated to training Christians in clinical and pastoral counselling. The set of tapes is intended to form part of a home-study course in counselling skills, and to be used in conjunction with companion notes and exercises. The three tapes I watched are very professional in their production, but do need to be viewed in context as part of a home-study course. In viewing these tapes I found myself judging each tape in isolation, which resulted in a somewhat harsher judgement than I felt after seeing the tapes again and considering them in context as part of a larger package.

Video 2 is an introduction to basics. It is presented in three sessions, the first being an example of bad counselling, the second a supervision session of the counsellor, and the third a 'good' session by a different counsellor with the same client. The first session left me with feelings of unease that such a counsellor should be let loose on clients; the supervision session made some amends. The third session was rather too cut and dried, and I was left wondering what had happened to the client's anger from the first session, which didn't seem to be adequately addressed.

In fairness to the intended purpose of the tape, however, it did very graphically demonstrate the basic mistakes of the counsellor and how he got in the way of the process.

On Video 3, three very different sessions are presented — each intended to demonstrate a different aspect of counselling. The first two sessions are very basic, and need to be viewed with an awareness that these are both a first meeting with the client. In the first session the focus was on empathy with a blind person, dealing with building up trust and rapport. The second session was focused on unconditional positive regard with a recovering alcoholic. For most of the session I was left wondering what the client wanted out of counselling, but amends were made for this at the end of the session. The third session focused on genuineness with a depressed client. I found this session excellent and moving.

I found the Scottish accent on Tape 6 difficult at times. I also felt some frustration with the numerous interruptions by the director. There are also overtones of teaching — but of course that is the purpose of the tape. Despite these reservations, this is a good teaching tape. It shows the effectiveness of role play, and made me feel that I can do it. Some people may be tempted to chance their arm at directing role-play without undergoing suitable training for what can be a very responsible task: the tape does warn against this, and it is again a case of remembering to see these videos in the context for which they are intended.

Roy Clough

Evil Cradling

Brian Keenan

Vintage, 1992, 320pp

E*vil Cradling* is a detailed narrative woven with deep self-reflection, which tells of Brian Keenan's experience of being kept hostage for four and a half years by Shiite militiamen in the Lebanon. The book is of interest to humanistic thinkers and practitioners for the insight it gives into the process of self-knowledge pursued to greater depths than most therapeutic encounters, under conditions of gross humiliation, isolation and brutality.

I am grateful and shamed to read this account of man's inhumanity to man. Keenan tells of a sophist argument he had with John McCarthy. Can anything be inhuman that is done by humans? It brings home the point that these atrocities — and all the abuse rife in our society — were carried out by human beings against human beings. We are shown, indeed, man's humanity, and it sickens with its barbarity.

The whole terrible story is a fitting metaphor for the process of breakdown. First, he was taken off the street, out of a world where danger was smelt and lived. Suddenly freedom is gone. The light, the fresh air is denied and we are taken underground by forces unknown. In this place, the fragmentary nature of our knowing is intensified, just as Kafka showed. There are no answers to questions. Even the gaolers themselves do not know. Authority does not reside in the

individual, only presses down from above, resulting in frightened men: the Brothers Kalashnikov holding death in their hands and celebrating through religious mania and a violent fascination with sex.

The hostages have only their reflections, their memories. There is nowhere to put their thoughts, no channels for the heart's desire. All production is barred; the thoughts, wishes, longings go nowhere. This is the ultimately uncreative life. Utter fragmentation of inner process. They live in isolation, under humiliating conditions, chained and beaten, no communication. Driven into madness, when wild birds flew around his cell, Keenan was forced to another level of self. He became, he said, an observer of himself. Thus he could preserve some sanity, detached from the terrible conditions under which he was held. His strength was to not split off from himself but to find that level of wholeness, that healing self.

Later when John McCarthy joined him, they found further redemption in the healing power of love. The true recognition of being, beyond everyday intercourse.

What an example of personal process: that there is a place of sanity and wholeness in each of us; that there is a love between human beings that is beyond the depredations of abuse, the fear of living that characterises our time. This account

of such extreme and meaningless suffering offers meaning and hope to our more ordinary lives. I trust that Brian Keenan's

labour of love in writing this book has given him as much as it can give us.

Gina Lomac

Life-size

Jenefer Shute

Secker & Warburg, 1992, 292pp

A novel: two stories told by Josie. One is the story of how, at 67lbs, she came close to being force-fed through a needle inserted into her heart — as she imagines it; of how she was gradually weaned back to eating food; of a return to some, albeit fleeting and inaccurate, sense of self, brought about by confrontation with reality and her vitally important relationship with a compassionate nurse.

The other story is interleaved in flashback, showing how a happy, bright child became an anorexic within a few pounds of her life. She lost any sense of self. Her ideal was Barbie: 'so slender and firm, with a tiny, pointed waist that never spread'; her mother 'a large, unhappy housewife,' not relating to her reality; her father, taking her photograph, buying her a bikini, stumbling into her room at night to give her a drunken, lewd kiss.

If only she'd recognized the danger when her body began to develop, 'But somehow I had confidence that this body, transforming itself would end up looking less like me and more like them, other bodies.' If not, there were measures, the magazines told all: Be Some Body.

Flashbacks to burgeoning desire, half-

memories. Of abuse? Of gang-rape? Did it happen? Then to control this body that belonged to no-one, no self. Ballet classes, running, weight-training . . . Food came to be seen as disgusting; the guilt of owning chocolate cake. Bingeing — stuff the mouth to keep back the cry of emptiness. Obliterate all sense of self in this regime of control. Hold the ideal: sleek, skeletal, no excess. She caresses her hip bones, admires her tibia. Life is possible when one is only bone.

The sharp, ironic tone imprints this message on the reader's consciousness. The book evokes that part of me that could be anorexic, and arouses my outrage at the subliminal battering we receive from the media, the cultural imperative to Be Some Body, never mind learning to be my self.

The author acknowledges her debt to other authors; we do not know if she writes of her own experience. She certainly offers an insight which feels utterly authentic, of what it is to be anorexic, of how parental and cultural attitudes can distort a child's search for self. This is an absorbing read which shocks and elicits compassion in the one breath.

Gina Lomac

Psychological and Psychiatric Problems in Men

Joan Gomez

Routledge, 1993, £12.99 pb, 131pp

This is written by a psychiatrist, and shows how psychiatrists think about these matters. The approach is biogistic, statistical, mechanistic and physiological. We are told that men's aggressive drive is instinctual and necessary to civilization (p.46), that anxiety is best dealt with by 'anxiety management training sessions' (p.70), that obsessional neurosis is 'one of the few diseases for which psychosurgery is considered a viable option' (p.72), that in 'genuine cases' of multiple personality 'time, mild sedation and reassuring explanation are

curative — hypnosis may induce further dissociation' (p.74). In cases of hypochondria the best answer is 'behavioural management. This rewards the patient for non-invalid-like behaviour and allows him the clear choice between keeping his illness status or trying to cope with it'. (p.78)

If you want to know the statistics of male suicide and so forth this book has the details. If you want to know how to treat a man, my advice is not to touch this book.

John Rowan

Hidden Conversations: An Introduction to Communicative Psychoanalysis

David Livingston Smith

Routledge, 1991, £12.99, 285pp

The most interesting part of this book is Part 1, where the author goes over the 'seduction theory' again, and digs up fascinating material over the way in which Freud took it up and then abandoned it. In his discussion Smith is particularly interested in the whole question of evidence and how it is used in psychotherapy. There is also a discussion of screen memories, and some very incisive remarks about the importance of such a concept. This leads to an excellent discussion of Freud's ideas on transference. Anyone writing an

essay on transference now has yet another reference to look up, because this chapter is first rate. The whole Kleinian position on transference and counter-transference is also examined.

The third chapter deals with the question of Freud's ideas on unconscious perception, and how they changed over the years. A clinical example from Masud Khan illuminates the discussion here. Smith goes on in the next chapter to examine the work of Ferenczi, Klein and the post-Kleinians, Little, Searles, Balint

and Laing, particularly examining their view on unconscious perception.

This brings us on to Part 2, where the author explains what the communicative approach really is. It is the work of Robert Langs. Smith explains that very few other people are pursuing it, the reason for this being that Langs has been disowned by the psychoanalytic establishment. The key point in the communicative approach, according to Smith, is that it is assumed that the unconscious of the patient can pick up material from the unconscious of the analyst. The unconscious of the patient can also pick up deviations from the proper framing of the therapy (through fees, times, places, conditions such as privacy, confidentiality and so forth) and will feed these back to the analyst indirectly through the topics chosen for free association. If the analyst interprets these remarks correctly, noticing that they refer to errors and countertransference mistakes on the analyst's own part, the patient will be cured. If not, not.

I think these considerations are salutary for all therapists to consider, and well worth thinking about. But it has to be said that there are some very peculiar things about all this. One of the points made about the proper frame for psychotherapy, for example, is that confidentiality is very important: so much so that any breach of it will be experienced by the unconscious of the patient as a dereliction of duty on the part of the analyst. In particular, we are told several times that the introduction of a

tape recorder infringes the need for confidentiality, and is perceived by the patient as a betrayal, at an unconscious level. But we are also given copious transcripts of sessions, and told at one point that 'Langs and his co-workers have created a method for scoring transcripts of sessions line by line.' (p.130) If Smith is right, all this data is vitiated by lack of confidentiality. Nor do I see how his emphasis on confidentiality sits with his critique of psychoanalysts for not publishing more about what goes on in their sessions. Another oddity is the 'either-or' nature of the thinking. At one point Smith says: 'Unconscious derivatives — like the dream described above — are not as Freud, Klein, and others would have it, infantile subversions of reality. They are sophisticated portrayals of real situations.' (p.139) I can't see why a dream shouldn't be both, and perhaps other things as well. There seem also to be some logical errors. At one point Smith criticises Freud for saying that interpretations must be true if they bring about remission of the patient's psychopathology. He says: 'This notion rests on the false premise that therapeutic movement can only come about through accurate interpretations.' (p.141) I don't see that this necessarily follows at all.

One unnecessarily offensive usage which Smith adopts from Langs is to rename countertransference as 'therapist madness'. To most of us, madness is associated with psychosis rather than neurosis. There is also a curious redefinition of the unconscious. Because of his

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emphasis on Freud, the impression is conveyed that the unconscious being talked about is the 'system Ucs' as defined by Freud. Calling it the 'deep unconscious', as Langs and Smith consistently do, makes it sound as if it is even a deeper version of 'system Ucs'. But in use, it seems that this 'deep unconscious' is much more like the unconscious as described in Neuro-Linguistic Programming or in hypnotherapy — a sort of benign and all-wise teacher and guide who should be listened to and obeyed.

The final judgement on all this has to

be, I think, that it is incredibly dogmatic. 'Certain ways of structuring the frame are invariably not validated by patients, while other arrangements are consistently validated. This has led communicative theorists to a conception of a single, non-variable secure frame.' (p.170) Such words as 'invariably', 'consistently' and 'non-variable' smack of the jackboot to me.

It seemed worth while to go into this book in some detail, because this wants to be the wave of the future. It seems deeply unpleasant to me.

John Rowan