

The Miracle Method: A Radically New Approach to Problem Drinking

Scott D. Miller and Insoo Kim Berg
Norton, 1995, £13.95, 173pp.

The *Miracle Method* offers an alternative concept to the disease model of alcohol abuse. The focus is on change that is well within the grasp of the client. This is in contrast to many therapeutic approaches where clients are seen as unable to control their drinking and are in permanent 'recovery'. The authors argue that this reinforces a sense of helplessness that can only exacerbate the problem. Therapists, rather than the drink, can become the problem!

Although the style is upbeat, this is no superficial pop-psychology book. The coping techniques suggested are based on a growing body of research into the effectiveness of solution-focused therapy. The authors also ask timely questions concerning the truth of research into alcohol abuse and uncover some bloomers (for example, 230 million Americans are said to be suffering from the effects of alcohol abuse in the family, but that means more than the actual population of America!)

The Miracle Method is a book to work with and to be challenged by. This applies to both the drinker and the therapist. Basically the reader is asked to imagine that a miracle has happened and that their problem is solved — what would be happening to let them know that it is solved?

From this simple question the reader is helped to find their own 'personal strategy for winning the battle against booze'.

I have used this approach with other addiction problems — binge eating, and smoking. Solution-focused therapy can be very helpful. What I have learnt from this book is that as a counselling therapist I have perhaps been inclined at times to focus on the problem at the expense of helping my clients to work on the solution. Solution-focused therapy, however, is based on the premise that clients are *already* thinking and behaving in ways that help them to feel and cope better. The therapist is there to facilitate this process further.

The strength of *The Miracle Method* is that just as it criticises some schools of thought for offering a 'one-size-fits-all' approach, so it does not claim to have all the answers itself. The reader is helped to build upon the methods suggested by encouragement to be creative. The result is one of the most empowering books that I have read. It conveys a respect for problem drinkers and shows trust in their ability to deal with their issues.

At £13.95 it deserves a place on any therapist's book-shelf.

Jen Popkin

Women's Experience of Feminist Therapy and Counselling

Eileen Mcleod

Open University Press, 1994, £11.99, 176pp.

This book is a clear and lively account of Eileen Mcleod's research, evaluating the effects of feminist therapy on a range of clients who attended a funded free centre. It is unusual because it focuses on the clients' own words and emphasises their perceptions, rather than starting from the counsellor's perspective.

The majority of those interviewed had valued the therapy because through it they had the comparatively rare experience of freedom from subordination. Counsellors had treated their emotional needs as important and had respected their capacity to contribute to their own and others' emotional well-being. Most of the clients had ended up with a greater sense of self-worth, which had not dissolved by the time they were interviewed six months after concluding therapy.

The clients were most positive about the following aspects of their counselling: they were able to express all their feelings without being defined as inferior; they stressed, over and over again, the significance of acceptance; they felt that, unlike within a friendship, there was no threat of losing face, nor was there any expectation of reciprocity; they felt genuinely cared for — 'She was there for me' — and counsellors had encouraged clients to confront and revise negative frames of reference and had supported them in making changes. Clients had particularly wel-

comed the fact that, unlike their previous experiences of psychiatric help, at the centre the therapy was not time-limited. From feeling 'failures' 'mad' or 'overwhelmed' they had emerged with a sense of self-worth. 'I had come into the sunshine.'

However, in spite of these glowing tributes, Mcleod asserts that feminist therapy helps, but is not the solution. The limitations of the centre were: a few clients found counsellors replicating medical power positions by being the 'authority'; one client, Mary, was mystified by her counsellor's way of working, but dared not challenge it; and another, Gillian, an Afro-Caribbean, who had not found her counsellor supportive, highlighted the centre's limitations in addressing a range of 'differences', saying that black, lesbian, working class and older women had considered their issues were marginalised.

Mcleod also regretted that counsellors did not directly address dominating behaviour by other parties, considering this beyond the boundaries of counselling practice. She felt counsellors could have suggested that the dominating men involved with her clients should also do one-to-one work or attend men's groups. She thought that a desire to be accepting could prevent counsellors from dealing with their clients' own oppressive behaviour. She cited Christine as the sole client whose potential violence was not only un-

derstood, but challenged.

Generally Mcleod concluded that the therapy, based on some of the most widely practised theories, focused too much on the individual as a microcosm and did not extend beyond gender to other oppressive aspects of society. I consider that perhaps she underestimated the evidence that the

counselling at the centre had been of proven benefit to the clients' emotional well-being, but I must agree that the impact of counselling in addressing a number of profound inequalities is minimal. As a counsellor the task seems daunting. Where do we start?

Val Simanowitz

Developing Person-Centred Counselling

Dave Mearns

Sage, 1994, £9.95, 132pp.

I approached this book with some scepticism, mainly on two accounts. One is that there is now a plethora of books about counselling that often have little to add to our discussions or teaching. The other, more personal, was my, until now, growing criticism of the whole person-centred approach, particularly where it is vague and highly idealised, full of good intentions but lacking professional rigour. But Dave Mearns met both my scepticisms head on and I soon found myself fascinated, riveted by the accessibility of the prose and format, and, most importantly, splendidly re-engaged with the person-centred approach.

This author, at least, is rigorous. In the opening chapters he discusses, fully and professionally, the need for careful, challenging and thorough training before students even begin work as person-centred counsellors. Refreshingly, he also has much to add to the ever more urgent debate about how we train to become counsellors. The book will prove most use-

ful to practitioners and students of the person-centred approach to counselling, but those from other orientations might also be agreeably surprised by its depth and by Mearns' dare I say, analytical approach to his subject. I found his style of writing intelligent and clearly set out and, whilst thoroughly academic, it included lots of good clinical evidence and cameos.

In his introduction Mearns supposes the reader to be familiar with the theory and practice of the person-centred approach, which is readily available from his earlier book, co-authored with Brian Thorne, *Person-Centred Counselling In Action*. In *Developing Person-Centred Counselling* there are five sections, covering the areas of therapeutic conditions, development of the counsellor, the therapeutic alliance, the therapeutic process and person-centred psychopathology. This latter section is mainly contributed by Elke Lambers and Dion Van Werde and very useful, I thought, particularly Dion Van Werde's chapter on client-centred 'pre-therapy',

which discusses the notion that pre-therapy centres on the client's development of psychological contact with the World, Self and Other. Contact is described as operating on three levels, those of therapeutic reflections, psychological functions, and behaviour; thus we have contact reflections, contact functions, and contact behaviour. This section of the book is particularly useful when the counsellor is unsure about whether the client is communicating from a psychotic or a congruent state.

Elke Lambers contributes chapters on

the neurotic client, borderline personality disorder, psychosis and personality disorder. In this section of the book, as indeed in the others, there is nothing vague or highly idealised, but rather a set of clear thinking, rigorous chapters that make it a most worthwhile addition to the current counselling literature, and particularly to the person-centred approach. The chapters are always short, punchy, to the point and followed by key points to summarise. A book both to dip into, and to read sequentially in absorbing instalments.

John Sivyser

Sastun: My Apprenticeship with a Maya Healer

Rosita Arvigo with Nadine Epstein
Harper Collins, 1995, £12.95, 208pp.

‘For every ailment or difficulty on earth, the Spirits have provided a cure — you just have to find it’, says Don Eljio Panti, 97-year-old healer, renowned for his skills with ancient Mayan herbal remedies, made from the plants personally collected in the tropical rainforest of Belize. Yet modern science largely ignores this wisdom. Fewer than half a per cent of the planet's 250,000 species of higher plants have been exhaustively analysed for their chemical composition and medicinal properties. From that tiny percentage, one-quarter of our prescription pharmaceuticals have been developed. Yet the logging and burning continue, wiping out this precious resource.

When Don Eljio began his healing work, he could see his *farmacia* from his

doorstep. By the 1960s he had to walk 30 minutes to reach the area where his vital remedies grew. In the 1980s, as his village expanded, the healing forest receded even further to one hour's walk away. He understands and loves every plant on his medicine trail, chanting a prayer to its spirit before removing a leaf fruit or bark, taking great pains never to cause damage. It is heartrending indeed to read about the carelessness of local farmers who neglected to make fire-breaks when burning off their fields. Don Eljio and Rosita, his apprentice, watch helplessly as the flames leap into the forest and devour their treasured healing plants. ‘Soon, Rosita, there will be no place left for me to harvest God's medicines to heal his children’, says Don Eljio sadly.

Sastun is the true story of the extraordinary relationship that develops between these two people, separated by age and culture, yet bonded through their love of plants and traditional healing. Compellingly written, it is also the tale of the struggle of Chicago-born Rosita and husband Greg to establish a farm and natural-healing practice in the rainforest of Belize. After meeting local *H'men* (priest-doctor) Don Elijo it becomes Rosita's mission to rescue the ancient Mayan healing arts from oblivion. She suffers considerable hardships during her long apprenticeship, yet personal dedication and profound respect for her teacher carry her through. Remarkably, Don Elijo has never been to school, yet his intimate knowledge of several thousand plants and their healing properties, together with a thorough understanding of anatomy and hygiene, is truly astonishing.

A *sastun* (pronounced 'sastoon' and roughly translated as 'stone of light') is a cherished tool of divination and spiritual healing. Indeed, it is significant that Mayan priest-doctors treat spiritual illnesses as well as physical ones, in recognition of

people's emotional and psychological needs and the inter-relatedness of mind and body. Where do we in the West go for such succour?

Sadly Protestant evangelists, preaching across Central America in the 1950s, have made people ashamed of traditional healing by labelling it devil's work. Thus many make the journey to a white-coated Western-style doctor who prescribes drugs, some of which, ironically, are derived from the very native herbs and vines that they have been taught to despise.

Rosita's vision was finally realised when she was able to send more than 2,000 plants to the National Cancer Institute for analysis, 500 of which were from Don Elijo's memory. Then in 1993 the government of Belize agreed to maintain 6,000 acres of forest as a medicinal plant reserve, which, along with Rosita's newly established business, Rainforest Remedies, provides jobs for local people.

This is an inspiring book, containing several important themes of particular relevance to our present age.

Rachel Charles

Analyst-Patient Interaction: Collected Papers on Technique

Michael Fordham (edited by Sonu Shamdasani)
Routledge, 1996, £40, 207pp.

Sonu Shamdasani in his introduction describes Fordham's approach as clinical-historical, which makes it scholarly, but not so easy and interesting to

read except for experts. For the rest, I find Fordham's style of writing inviting. Some articles presuppose a lot of knowledge in the specialised analytical field with its own

terminology; an index of definitions of concepts would help the less qualified reader. Some readers may find the historical parts of the book rather laborious and less inspiring than its clinical aspects.

'Problems of a training analyst' and 'Reflections on training analysis' may have been interesting articles when analytical training was in its infancy. I am not sure how relevant these papers are to the analysts and therapists of today.

At first I questioned the validity of the concept of pathological nexus which develops between any patient and his therapist, but then as I followed his reasoning I began to agree with Fordham and to be fascinated by the way in which he developed his argument. I found the first part of 'Technique and Counter-transference' heavy and not resulting in much apart from some interesting points such as 'vas bene clausum' and the role of a 'deus absconditus'. The second part offers valuable insights into how to use the unconscious processes of projection, introjection and identification to collect

information about the analysand and move on to an interpretative intervention.

The paper 'Reply to Plaut's "Comment"' will probably be most interesting to analysts with a strong historical propensity, whereas 'The Interrelation between Patient and Therapist' will be both enriching and fascinating for many readers. 'Jung's Conception of Transference' is a useful collection of ideas on transference, particularly interesting in its sharp attack on the 'exclusive reduction' of the patient's material to its sexual roots. For me, 'Defences of the Self' and 'Analytical Psychology and Counter-transference' are the most useful papers; some of the shorter articles I found rather meaningless.

Overall the book contains a wealth of insights and experience of great help to both analysts and therapists of various approaches, although readers will have to be patient at times until they discover the gems. I would recommend it to those who are willing to persevere and to be critical.

Len Kofler

The Drama of Being a Child

Alice Miller, Virago, 1995 (new edition), £7.99

Pictures of a Childhood

Alice Miller, Virago, 1995 (new edition), £10.99

Alice Miller's original version of *The Drama of Being a Child* first appeared in 1983 in Germany and in the UK. Although it has been reprinted on many occasions since, even in her New Preface of

1986 she was still struggling to make her discoveries fit into her psychoanalytic training and work. Now in this latest edition from Virago she clearly breaks away from past theories, especially from Freud's

theory of 'drives', and indeed acknowledges his denial of parental abuse of children, despite the fact that his patients often revealed such histories.

Alice Miller's seven books on the subject of child abuse and its effects on parents' and society's attitudes to child-rearing have opened the doors for thousands of people to recover memories of their own physical, emotional and sexual abuse.

In a new introduction to *The Drama of Being a Child*, Alice Miller summarises her new understanding of these problems and of the type of therapy most helpful. She is quite critical of talking therapies, of aiming to understand and forgive parents, as this in her view can block the unfolding of feelings and the necessary integration of the truth. She regards the proponents of False Memory Syndrome, parents, lawyers and other authorities, as not only defending their own 'innocence', but also motivated by 'fear of their own repressed history'. She denies originating the term 'the inner child' which came, she says, from transactional analysis. Her own term, 'the child within me' came from her drawings and pictures, from which she discovered her childhood world of fear, despair and loneliness. Sixty-six of these

pictures are reproduced in *Pictures of a Childhood*.

Of major interest for all counsellors and therapists is her revised chapter on 'How We Became Psychotherapists'. Sensitivity to others, caring for siblings, protecting or idealising parents, needing the dependence and approval of our patients, sometimes the need to manipulate others, can all contribute to our motivation. But Miller emphasises that unless we are fully aware of how much we have ourselves been manipulated as children we are likely to pass this on to our patients, instead of confronting our own pain.

She believes that body-therapies 'do not go far enough in assisting integration of early experiences', and that many therapies are too theoretical. She tried a concept of primal therapy for ten years and made some progress initially with Stettbacher's method ('Making Sense of Suffering'), although she says she seems to think that if we just lie down and relax we can do the necessary work alone. She recommends Jean Jenson's *Reclaiming Your Life*. But in the end she concludes that we all have to find the therapist who is right for us, with whom we can learn real 'self-esteem'.

Betty Gould

Zen Therapy

David Brazier
Constable, 1995, £10.95 pb, 282pp.

This book contains David Brazier's hope of contributing to 'the integra-

tion of Buddhist and Western thought'. It enters the current debate among Buddhist

practitioners in the West and those therapists who include a Buddhist perspective in their work: namely, whether Buddhist practice is psychotherapy, or not. Brazier presents 'Zen as psychotherapy', (my emphasis) and although some of us might take issue with that, there is nevertheless much that can be learnt from reading this book.

Brazier draws widely from different Buddhist traditions and teachers for his sources. By Zen he means being 'completely alive', 'the awakening of one heart by another', 'the authentic experience'. Encouraging us to encounter Zen in ourselves and in our clients, Brazier invites us to include this understanding in our practice as therapists. 'We should not just think about what our clients need, we should also think about what they offer.' Brazier also suggests practical ways of bringing Zen understanding into everyday life by being in the present moment, for example through using gesture (*mudra*) to communicate, and having silent breakfasts (a Zen form unconsciously practised in many households). However he issues a note of warning, in traditional Zen style, cautioning us that Zen is only for the intrepid few who wish to take up the offer of 'dragon-riding lessons'. Zen may not be for everyone, it seems.

Contemplation of other views, whether spiritual or therapeutic, and (possibly) incorporating them into one's understanding, is indeed refreshing to professional practice. However I think that some clarification needs to be made for those readers who have not been formally introduced to Zen practice. Simply

this, — that an interest in Zen, or taking up an idea from Zen practice, is not the same as practising Zen. This distinction is not always made clear in this book. A Zen practitioner would need to intersperse the moments of awareness, action and contemplation described with hours of a personal practice, such as silent meditation. A practitioner might also choose to spend time with a teacher for guidance. Traditionally a Zen teacher would point out incorrect practice. This point needs to be stressed, as a therapist using Zen techniques without this grounding might be abusive or even dangerous to clients. Indeed, Brazier cautions against casually emulating the Zen mirroring practices that a Zen teacher might use.

Having studied with a Zen teacher, and also within the Buddhist tradition for several years, I personally found this book had much to offer. It made me reflect about my own practice as a therapist. However it is not possible to learn how to practise either Zen or psychotherapy from a book. Both are experiential trainings that need to be learnt from other practitioners, and the quality of the learning would depend on the quality of the teacher. For those who wish to be introduced to Buddhist or Zen thinking, this book may point out possible directions. Psychotherapists already practising within a Buddhist understanding might also find much to challenge them here, and in this respect the book does reflect the spirit of Zen.

I am also glad that Brazier affirms silence as a positive in therapy, and the need to 'return again and again to the

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fertile void, to silence and aloneness — returning to it and finding it rich'. The positive value of silence is not stressed enough in psychotherapy, instead silence may often be seen as denial, hostility or resistance. Instead here we are introduced to 'Bryan's vacuum', the true leap or growth in understanding that can happen when a person is utterly alone. Paradoxically for this one might need the presence of a therapist. 'True aloneness may sometimes require the presence of an empathetic listener or spiritual friend.' I enjoyed Brazier's use of paradox, as here, to help us to look at what is really happening in the therapeutic encounter.

Zen Therapy is also an excellent reference book for basic Buddhist teachings, expressed within a therapeutic framework. In the 'Buddhist Psychology' section of the book, Brazier has excelled in putting these into an understandable structure. This would be very useful for any therapist who wished to include a Buddhist approach. By including new ways of looking at old material, Brazier shares his own explorations with us; I enjoyed these, particularly those around ego and the unconscious.

Some may find the long lists of Buddhist points that the book presents a bit daunting. This is a difficulty of translating an oral tradition, which uses numbers as a mnemonic, into a western academic context. Also in seeking to combine Buddhism and psychotherapy the book on occasion adds an unwelcome complexity to the natural simplicity of Buddhist understanding.

But this is a minor point, the overall

intention of the book — to explore new ways of looking at therapeutic process and to expand our views by bringing together Zen thought and western psychotherapy — seems to have been admirably carried out and its value far outweighs the occasional intellectual heaviness. I would recommend a careful study of this to therapists and Buddhist practitioners alike.

Rosamund Oliver

David Brazier's *Zen Therapy* is divided into three parts: part 1 is called 'Foundations', and is about the basic orientation of Buddhism; part 2 is called 'Buddhist Psychology', and is about the way in which Buddhism describes the human mind and its functions; and part 3 is called 'Therapy as a Zen Way', and is about the application of all this to psychotherapy. There are chapters headed Compassion, Love, Wisdom and so on.

I think it is a pity that the author never makes any connections with other attempts to link Buddhism with psychotherapy, as for example Alan Watts' *Psychotherapy East and West*, Fromm, Suzuki and de Martino's *Zen Buddhism and Psychoanalysis*, Stanton Marlan's and David Levin's interesting chapters in *The Metaphors of Consciousness*, Laura Donington's useful chapter in *Innovative Therapy: A Handbook* or much of the content of Wilber, Engler & Brown's *Transformations of Consciousness*.

The author does make the typical mistake of Buddhist writers of ignoring the Subtle stage of development. I am referring here to Wilber's useful discrimination

of the different stages on the psychospiritual path. He distinguishes between the Centaur self (what we often call the real self, or the existential self, or the bodymind unity), the Subtle self (what is often called the higher self, the inner teacher, the soul, the guardian angel, the moon goddess and so forth) and the Causal self (what is often called spirit, or the one, or the void, and so on). Buddhism is mostly about the Causal self and the Nondual stage beyond it. But in psychotherapy it is difficult and quite rare to enter this state of consciousness, and much more common to enter into the Centaur or (to a lesser extent) the Subtle.

For example, in this book there is a case vignette where the client is describing an image of a little girl sitting on a rock. (Now already image work is very often associated with the Subtle stage, because it escapes from the bonds of language to some degree.) Both therapist and client are struggling to make sense of this image when the therapist spontaneously and surprisingly says 'I have a sense that she is your guardian angel', and this is accepted by the client in a seemingly valuable and appropriate way. Now this seems to me, I have to say, a good example of work at the Subtle stage, and it is not the only instance. Many Jungians and people working in psychosynthesis would recognize such a style of working. It has little to do with the Causal stage, however, which is what David Brazier continually refers to.

There is a good deal that is of interest in this book: a good description of Morita therapy in Chapter 9; an interesting account of Naikan therapy in Chapter 11; a good account of True Word groups in

Chapter 20, some good statements about community in Chapter 23, and so on. But in the end I think it misses the basic paradox that most of the things we have to do in therapy are not therapy. If we can agree with David Brazier that the real therapy is the emptiness, the receptiveness that goes all the way, then most of the time the client is not ready for that. And of course most therapists are not ready for that, either. This book can at least help the therapist to realise that there is something beyond empathy, beyond evenly-hovering attention, beyond non-possessive warmth and beyond genuineness. I would recommend it to anyone who feels stuck or bored or stagnant as a therapist.

John Rowan

AChP

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