

points out that the way people describe their issues to themselves is often bound up with the problem itself. Similarly, the way that we describe the issue in therapy can worsen the issue, diagnosis as opposed to description being an instance of this.

I was a little unclear on how Devang Vaidya's chapter 'Amor Fati: Suffering to Become the Person One Is' might be used to clarify the client's experience. Vaidya sets out to tie in Nietzsche's call for us to love our fate with the Rogerian notion of being congruent with our experience. There are some potentially very interesting ideas in the chapter, including the question of how self-acceptance (Nietzsche's notion of treating oneself as a fate) might be used in therapy. But many of these ideas remain unexamined. In an interesting section, Vaidya considers alternative responses to fate – for example, considering everything that happens to us as fate and therefore failing to think about the things we can change, and having an apathetic or fearful response towards life. Vaidya also notes that loving fate is bound up with accepting suffering, even though this suffering may be unjustified – an interesting point that would have benefited from further examination.

Sometimes I felt the authors in this book might have considered more carefully the relevance of what they were saying for therapy. Occasionally I disagreed with the philosophy or with authors' interpretations of this philosophy. But these are small criticisms of a book that I have found inspirational and which I have drawn on several times when I've been working with clients. In the struggle to maintain an open, reflective and respectful style of therapy rather than one which directs the client where she supposedly needs to go, this book is immensely valuable. We need far more of this kind of profound thinking.

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<http://dx.doi.org/10.1080/03060497.2016.1251058>

Attending to the soul

The snake in the clinic: psychotherapy's role in medicine and healing, by Guy Dargert, London, Karnac, 2016, 194 pp., £24.99 (paperback), ISBN 978-1782203742

Reviewed by Claire Wirsig, Counsellor Trainee, Tariki Trust

The Snake in the Clinic is an engaging and captivating look into what role, if any, psychotherapy plays in Western medical science as well as health and well-being. The received definition of psychotherapy proclaimed by the UK National Health Service – as a set of techniques to treat mental health and emotional problems and some psychiatric disorders – contrasts starkly with Guy Dargert's definition of psychotherapy as a way of attending to the soul. An eloquent discussion of the etymology

of some key terms such as psychotherapy, health and wellness shows how the original meaning of these words differs from the contemporary understanding.

In his investigation, Dargert demonstrates how we express somatic responses to emotional issues. Colloquialisms like ‘having the weight of the world on your shoulders’ and ‘butterflies in the stomach’ carry both literal and metaphorical meanings. These expressions point to real physiological symptoms that accompany specific feelings.

Some symptoms might indicate an illness or a disease; it is paramount to distinguish symptom from disease. One can be said to have influenza (flu) based on the presence of a virus in the body, with the presence of this virus causing symptoms such as fever, a headache, a blocked nose and fatigue. In the case of flu, it is not itself the amalgamation of symptoms; it is the presence of the virus. Other diseases like depression are entirely symptomatic, and are diagnosed by the presence of symptoms alone.

One of the roles of psychotherapy is to interpret these symptoms as they represent unvoiced or unconscious psychological issues. The discussion and understanding of the symptoms with a congruent, empathetic listener can bring underlying emotional material to light. In one dramatic case that Dargert cites, the client’s sudden awareness of her anger led to the realization that she no longer required prescription lenses. The myopia enabled her to remain blind to distanced feelings of resentment towards her mother. Without doubting the veracity of this particular story, one does wonder how frequently such cases occur.

Thinkers such as Dethlefsen and Dahlke (2016) support the notion that psychological issues manifest in the body, with the holding of emotional pain resulting in it surfacing in the body. This may begin as disturbing thoughts or fantasies, lead to minor accidents, injuries or conditions and, finally, result in serious diseases such as cancer or even death. The ‘nocebo’ effect, the lesser known ‘evil twin’ of the placebo effect, is the worsening of a patient’s condition due to the belief that it is getting worse, not as a result of the condition itself. One devastating example of this phenomenon documents the death of a patient who passes away from what he, his family and his doctor believed to be widespread cancer. The post-mortem autopsy finds a tiny lump in his liver, leading even his attending doctors to speculate what the actual cause of death was.

The nocebo effect has equally serious implications for mental illness; a diagnosis can have more of a negative impact than a positive one. A label of ‘depression’ might lead a client/patient to feel more depressed, act in a more depressed way, and create a self-fulfilling prophesy, calling into question the helpfulness of diagnostic labels *à la* DSM. Compared to modern Western medicine’s approach, which underestimates the power of the psyche when treating illness, other cultures see the body and mind as two aspects of the same entity. Methods for dealing with disease in Ancient Greece attended to the physical, mental, spiritual, emotional and artistic characteristics of the patient. Modern treatment of disease that evaluates and looks at only the physical elements fails to address the problem holistically.

Beyond using physical symptoms as signs of something amiss in the unconscious, psychotherapy works by helping clients meet and respond to the challenges of life. Its function, rather than eliminating problems, provides a space to understand and explore the patient’s experience. The healing power of psychotherapeutic process consists in the therapist being alongside the client in their woe. The reframing of the

client's situation is a co-creative process formed by the therapist's empathic groundedness as well as the patient gaining a more expansive and real view of their situation. In thinking of how psychotherapy might marry with Western medicine in the context of coping with disease, I take a recent example from my own life.

Years of back pain led to a series of visits with the GP, prescriptions for anti-inflammatory drugs and painkillers, x-rays and an MRI which finally culminated in a recent diagnosis of osteoarthritis in my sacral and lumbar spine. Being told by the general practitioner that it is quite unusual to have arthritis in the location and to the severity that I have it at such a relatively early stage of life gave me no comfort. In fact, the diagnosis initially left me feeling quite sorry for myself. After a disappointing physiotherapy appointment where I was told 'things will only ever get worse' and that 'there is nothing I could do to make it better', I allowed myself to grieve the loss of a younger, fitter body, yet felt resolved to see the situation as an opportunity.

As a result, I researched arthritis and made some dietary and lifestyle changes in an attempt to relieve the pain without relying on drugs. Not only do I feel like I have a new lease on life, I feel grateful that the diagnosis prompted me to make changes that have culminated in a healthier way of living. Since making these lifestyle changes, I feel better than I have done in years.

As Dargert might suggest, and I would completely agree, this anecdote reflects the learning garnered through being a therapy client and student. I have learned how to digest and reflect on difficult news, to put challenges into perspective, to make adaptations and to allow a range of emotional reactions.

Both mental and physical health issues have both mental and physical components. Allowing time to experience the symptoms of these issues benefits the sufferer by making her slow down or stop altogether. In taking a step back, we are removed from the fast-flowing river of life and given some time to catch our breath, stand on the bank and observe. And yet how many of us would allow ourselves a full day of complete rest if we are not ill? Perhaps the idea of having a day in bed would be seen as 'lazy'. However, taking Dargert's view into consideration points to the possibility that we live in a sick society. Unfortunately, twenty-first-century Western life is fast-paced, competitive and demanding. Consequently, our culture values the quick fix, necessitating the masking of symptoms in order to get back to work as quickly as possible.

With an increasing number of job descriptions and person specifications seeking employees who 'work well in challenging environments' – another way of saying 'working under stress' – the expectation is that people will persevere, no matter how unhealthy the circumstances might be. Challenges are to be met and fought. Taking time to experience and understand symptoms, whether they are mental, emotional or physical, does not seem to be this culture's priority; perhaps it is a luxury that we cannot afford. Psychotherapy requires the establishing of a trusting relationship, with well-held boundaries, in a safe space, to explore the client's thoughts and feelings as fully as possible. For as long as the emphasis is on economic profit rather than towards achieving wholeness, individually and collectively, I fear that concepts like 'attending to the soul' will be a problem for business, insurance companies and national health services whose aim is to keep the populace working, earning and spending.

Dargert advocates a world where we give ourselves time to recover from illness rather than masking symptoms with drugs, a world where we have an opportunity to look at and interpret symptoms carefully, with great consideration, in a safe and

nurturing space. I agree that this is a favourable way of conducting ourselves, and I lament that this reality seems far off.

Reference

Dethlefsen, R., & Dahlke, T. (2016). *The healing power of illness: Understanding what your symptoms are telling you*. Boulder, CO: Sentient Publications (orig. 1991).

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© 2016, Claire Wirsig
<http://dx.doi.org/10.1080/03060497.2016.1251059>

In the land of Austeria

Who needs the cuts? Myths of the economic crisis, by Barry Kushner and Saville Kushner, London, Hesperus Press, 2013, 100 pp., £7.99 (paperback), ISBN 978-1843913818

Reviewed by Paul Atkinson, Therapist

The UK Shadow Chancellor of the Exchequer, John McDonnell, recently reversed his pledge to support former Chancellor George Osborne's fiscal charter – a disingenuous commitment for all future governments to maintain a budget surplus in 'normal' economic times. In 2013, then Labour leader Ed Miliband and then Shadow Chancellor Ed Balls had committed the Labour Party to the low road of the coalition's austerity narrative – Labour's 'austerity-lite', with its tacit acceptance that it had 'overspent' and must now back dramatic cuts. McDonnell felt able to speak a truth that most professional economists had been expressing since the banking crisis of 2008: 'The deficit was not the cause of the economic crisis, but the result of the economic crisis' (McDonnell, 2015).

The narrative of austerity politics, as Barry and Saville Kushner so passionately expose, is an example of extraordinary success in the art of sick story-telling. There is no deficit crisis in the UK, or in any of the other dominant Western economies. It is simply a political story, a fairy tale of neoliberal ideology (Krugman, 2015).

Among the commentaries on the banking crisis and the politics of austerity, *Who Needs the Cuts?* has a particular clarity that makes for a riveting read. Barry Kushner launches with his own experience of a local project, a respite care centre for parents with disabled children, declared a 'necessary cut' in 2010 after years of campaigning