

## BOOK REVIEWS

### **NO SINGLE THREAD: PSYCHOLOGICAL HEALTH IN FAMILY SYSTEMS**

by Jerry M. Lewis, W. Robert Beavers, John T. Gossett, Virginia Austin Phillips - Macmillan Press, £9.50

After seven years research work with forty-four research volunteer families, the authors of this study can announce that the family is alive and well. At least, for white middle- to upper-middle class, Protestant, urban, biologically intact American families in Texas.

It is a mammoth task to evaluate an institution such as the family; to attempt to describe and understand the many relationships between the infinite variables; and, to try and trace their causal sequence. There is no explicit yardstick available to measure the psychological health in families: so that health, or normality, is defined as "the absence of treated pathology at the level of the individual".

On the whole it appears that the primary tasks of the family, raising competent children and stabilising the adults' mental health, are met but often with considerable pain even in the so-called adequate "healthy" families. If this study achieves anything it surely dispels the myth of the 'happy nuclear family' which will be a relief to the many one-parent and reconstituted families who may be labouring under this false axiom.

The authors have gone to great lengths to establish the reliability and validity of their research design and their subsequent observations on the level of health in particular families. *Given the limitations of their final sample, twelve families in all* \*(six optimally functioning and six adequately functioning), this is important to give credence to their findings since one of the aims of the research was to find "facts and concepts useful in primary prevention as well as treatment intervention". Equally important, they have created tools and defined a methodology which others may use to investigate the interactionable variables necessary for healthy family functioning. By drawing on the concepts of general systems theory, their theoretical base was an entropy model of family systems i.e. looking at the state of organisation and available energy present in the system.

The research plan included three levels of data: the clinical level, which employed an experienced family therapist and extensive use of video; the level of rating scales, using the Beavers-Timberlawn Family Evaluation Scales; and the microanalytic level, video analysis of family interaction on a 'Plan Something Together' type task. The book gives a very clear and thorough account of the development of this research work from the original pilot

study, through the data collection and assessment, to the implications of their findings and suggests areas which need further investigation.

A quick checklist for optimally functioning families reveals: firm parental coalition where children have opinions which are considered and negotiation in common; clear generation boundaries; a closeness and respect for the rights of others to feel, perceive and respond differently; clear communication; high levels of personal autonomy; creativity; broad interests; and much curiosity about the world. While most of us reel at such a formidable list of talents, it is helpful to note that it is not so much what you have but how you use it: "in studying family systems, we found that a focus on family process not only distinguished the functional from the dysfunctional, but made the differences in style, interests, and goals of families that share high levels of competence more comprehensible. What was common had much more to do with the processes of family life than with the content".

The developments within family therapy, where focus is primarily on "unhealthy" families, has already alerted clinicians to the importance of communication variables and the role of the parental coalition in establishing the level of function of the total family. Family therapy has proved to be difficult to evaluate and quantify and this study will undoubtedly be useful reading to anyone working in this area.

It is encouraging to see the hope expressed by the authors on conclusion of their report "that the skills in relating and communicating which the optimal families demonstrated are teachable and learnable; . . . that mastery of such skills can enable helpers, whether parents, teachers, or therapists, to enrich the fabric of life for those who are growing".

### **Erica De'Ath**

\*Gerald Caplan maintains that erroneous anti-nuclear-family deductions have resulted from small sample/short term research done on impaired or pathological families. Should the reviewer query this Presumption?

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Leslie Feher. **The Psychology of Birth: The Foundation of Human Personality**, Souvenir Press 1980

This is by the daughter of Elizabeth Fehr, one of the pioneers of what she calls natal therapy. She was taught by her mother to do this kind of therapy, and most of this book is an account of their work, their tentative conclusions, their speculations and theories.

One of the best chapters, however, is by Lewis Mehl, a doctor who has delivered many babies, on psychophysiological aspects of childbirth. This is an excellent up-to-date rundown on what is known medically about birth, with such fascinating facts as:

Caesarian birth poses a nine times greater risk of the mother dying than vaginal delivery, and maternal mortality rates have been on the increase in recent years along with the multiplying Caesarian birth rate. Infants born by Caesarian also have a ten times higher incidence of child abuse than infants birthed vaginally.

Mehl gives chapter and verse for his assertions, and for anyone interested in this area (actual medical facts about childbirth) the book is worth getting for this chapter alone.

On regressive therapy involving rebirthing, the author is on familiar ground. Most of us would go along with her statements, such as:

We see in natal therapy that when the patient re-enacts his birth, he does so by pushing himself. He acts both the mother and the foetus. It seems that at first any activity the foetus experiences is **his** activity.

This makes a lot of sense to anyone who has been involved with this kind of therapeutic experience.

More controversial, though very interesting, are the author's remarks on intra-uterine life. According to her, life in the womb is always good:

. . . the foetus before labour begins may be said to feel only sensations of floating and limitlessness . . . The first trauma is birth.

This is a startling statement to those of us who have been familiar with the work of Frank Lake. Lake's work is lengthy and sound, and shows quite unmistakably that bad womb experiences are quite common.

Feher also has a good deal to say about the umbilical cord - she has a whole chapter called "Crisis Umbilicus".

The embryo is physically dependent upon the umbilicus. And at first it is huge: originally larger than he. It looks down on him, a massive "phallic" symbol. It fills his sky, and surrounds him, protects him, feeds him and is always there for him. It is the first real parent: it gives him security and he clings to it . . . According to psychoanalytic theory, the penis is the phallus, is **the** phallic symbol. But what if the phallus itself represents something else? On closer examination we can see it as a physical representation of a huge umbilicus, as the embryo

must perceive it . . . This theory casts a new light on castration anxiety and penis envy. What is castration anxiety but the fear of having something cut off? If the penis is in fact a substitute for the umbilicus, that fear would be obviously justified, because the cord **was** cut off at birth.

This is startling indeed! It has a kind of plausibility, but much more research will be needed to establish the scope and limits of its truth. Certainly it seems different from what Mott, Lake, Swartley and others have put forward about the umbilical cord. Of course they were men, which may have something to do with it . . .

Feher is very keen on the umbilical cord, so much so that one even suspects it must have a lot to do with her own personal history: she even prefers to do her therapy over the telephone - this is carrying umbilical imagery a bit far, one feels! It makes her say this sort of thing:

Loneliness is wanting a cord and not having one. Lonely people many times do not like themselves, feel incomplete, incompetent and vulnerable. This is because they cannot be their own cord and they cannot find an adequate substitute.

Many of the statements made in this book are as unsupported as this - I would like to have seen more of a critical stance taken up than this.

There is some interesting stuff here: chapters called **Emotional prostitution, Hidden seduction and sadism, The need to be god, The narcissistic-guilt dichotomy** and so forth. Anyone interested in regressive types of therapy would I think find this book worth getting. Read with a critical eye, it has a good deal to offer.

**John Rowan**

**Barbara Gordon. I'M DANCING AS FAST AS I CAN.** 313pp. Hamish Hamilton.

This is a fascinating book which I can fully recommend. It is written by an American woman but is highly relevant to personal breakdown anywhere. It is both gripping and intensely personal; there is no academic bullshit.

The author was a successful 'workaholic' who suffered from acute anxiety which her analyst resolved with 30mg of valium per day plus weekly sessions which achieved nothing. She was living in a stable relationship with a loving man and enjoyed her work and the acclaim it produced. Due to her anxiety she sought some further help from her analyst; he prescribed even stronger drugs. She refused and on his advice decided on the 'cold turkey' approach.

The symptoms she suffered are described in graphic detail. Gradually, as she deteriorated, her loving mate turned into a violent warder and virtually refused her contact with the outside world. She was confused and frightened. After a severe beating she managed to contact friends who got her admitted to a clinic.

Her experience at the clinic did nothing for her condition but seemed to satisfy the bureaucratic requirements; she was discharged; her mate had vacated her flat. She tried various therapists but none really helped. She became more and more alienated and lost her sense of identity. She was eventually persuaded to try another hospital and did so.

The horror and eventual adjustment to that situation is very moving. In the end she was no longer sure she wanted to be released/discharged. She had found friends and established a routine.

This book is a must for its honesty and sheer interest. It may also help many who are relying on prescribed drugs and others who think there is some simple answer to life and its problems. She, and I agree, do not believe there is. The only consolation is it's better than death.

Buy this book or borrow it - it is important.

Mark Matthews

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