

BOOK REVIEW

THE FACTS OF DEATH by Michael Simpson, 1979, Prentice Hall, £3.20 - 276 pp.

My apologies for reviewing this excellent book a year after it was given me are occasioned because I took a sabbatical, and, coincidentally, the reasons for this are resonant with those expressed by Michael Simpson in his introduction. I needed to renew my lifegiving work with artists after many years involved in counselling bereaved parents: he, as a psychiatrist working in terminal care and suicidology at the Royal Free Hospital, who had also read over 800 books and 2000 articles about death, was concerned that "Terminal Chic is replacing Radical Chic", "Intrusive Care invades Intensive Care", "D.& D. (Death & Dying) Courses proliferate", and that "Death Kitsch is upon us".

Granted that such current nostrums may be more suited to the American scenario, which he knows, and for which the publishers appear to have produced this book because its appendices unfortunately only list the relevant social agencies of the States, with one or two exceptions, the author has a realist and refreshing contribution to make with yet another book on the subject.

General members of the public may see this largely in terms of the book's sub-title, **A Complete Guide for Being Prepared**, which indicates that as well as helping people to work through their fears and anxieties with regard to terminal illness, hospitalization and the unknown future, the book also practically gives advice with preparation of wills, body bequests, funeral arrangements, and additionally discusses problems of euthanasia, and even cryonics, the theory of freezing revivable bodies. Although the replica forms illustrated come from America, they will be of interest to British groups seeking similar developments here.

However, Michael Simpson also has deeper knowledge to share. This comes not only from his professed specialized interest in doctor-patient communications, but because he is a caring man concerned about

the psychic as well as physical pain that individuals endure in the processes of living and dying, which, throughout his writing, he tries to relate to each other. One of the many ways in which he does this is through enlarging understanding of the **meaningfulness** of life, as being a **quality** which cannot be measured by length, or, as he later suggests, by failure. For it is the sense of being cut short in life, and the sense of failure, that is often at the root of emotional suffering before death. Yet Michael Simpson helps people feel that 'the striving is enough', and that it is through the essence of our **being**, through the joy of the moment as much as the work of a lifetime, that we can be fulfilled and finally spent. "Hope", he says, "is a way of being", and he sensitively reconciles the contradictions between having false hopes of recovery, yet of maintaining true hope in the potentiality of one's personality for discovering new verities, more tender relationships and creating loving in the time we have left.

It is these chapters which should appeal most to AHP members, as will the non-didactic but entirely respectful and softspoken way in which the hopes and fears of people are considered with regard to views about immortality, although his manner is stoical rather than spiritual.

Yet he is well aware, despite his puckish verbals, that it is **warmth** that people need throughout the process of dying and bereavement, and he says that only those who cannot love do not grieve. The value of his book lies in the informed and wise ways in which he clears away sentimentality to make room for genuine sentiment: the COD defines this as "a mental feeling", the congress of mind and heart. Michael Simpson encourages us both to think and feel that when we die we have the real opportunity of "retroactively flooding life with meaning by a final phase of growth".

Yvonne Craig

Therese Spitzer. **Psychobattery: A chronicle of psychotherapeutic abuse**, Humana Press 1980.

The first thing to be said is that the title and the blurb lead the reader to think that the book is about mental illness and its treatment generally. It is not. It is quite explicitly about psychosis and not about neurosis. In particular, it is about schizophrenia, depression and manic-depressive psychosis.

The second thing to be said is that most of what is said is peculiar to the United States and does not apply to Great Britain. The main case is that psychiatrists go in for a dubious devotion to psychotherapy of various kinds, instead of sticking to their profession of medicine. In Britain this is not true - and the author says as much - here our psychiatrists do stick to their profession of medicine.

Having made these two points to clarify the scope of the book, we can go on to what it actually says. The main contention of the book is that psychosis is like diabetes - you can't cure it, you can only manage it by the use of drugs. This enables the patient to function well enough for practical purposes. This means, of course, that people could be on these drugs for many years. Schizophrenia, in particular, often strikes early in life (which is why it used to be called *dementia praecox*) and therefore the prospect would be of taking the so-called antipsychotic drugs for 40, 50 or 60 years. Unfortunately, these drugs have quite severe side effects over such long periods - in particular an affliction called tardive dyskinesia, a twitching disease similar to Parkinsonism. (The author admits this quite freely.) To which the author's answer is that it is a choice between evils, and one has to take an informed risk. Also future technology may provide an answer:

. . . with the support now being given to biological and biochemical research by the National Institute of Mental Health in the United States, and by similar organizations in many other countries, thoughtful and critical work is now being done everywhere by superior investigators, and we can begin to hope that this final stage of knowledge will not be too long delayed, thus definitively ending the excesses of psychotherapy .

How if it is the case that psychosis is a disease, which at the moment can only be treated - controlled - by drugs, it must follow that any attempt at psychotherapy will be ineffectual, a waste of time and money. But the author goes further, and maintains that psychotherapy in such cases is a grotesque invasion of the patient's personal life and family life, probing into matters which are better left alone. Consequently it is actively upsetting and harmful, both to the patient and to the patient's family. It raises all kinds of guilt and family skeletons for no good purpose.

The greater part of the book consists of illustrative examples of this process in action. In other words, it is largely a collection of horror stories - instances where psychotherapy has gone wrong and done harm rather than good.

The author appears to have no conception of logic, and obviously thinks that these examples are evidence for her case. But any notion

of evidence, whether in science, literary criticism, journalism, history, law or whatever, entails some notion of checking. If you want a story to count as evidence, you have to make some attempt at checking up on it. It is a common experience, after all, to hear one side of a family quarrel, and then later to hear the other side of it - and to realise that what sounded so convincing had important gaps and distortions! And of course there is a lot of the family quarrel about psychotherapy - it is a process which arouses emotions very much like those involved in close family life. It is notorious in psychotherapy that one of the favourite tactics of patients is to tell one therapist how dreadful the previous therapist was. What Spitzer has done is to take these stories and raise them to the level of case histories. In almost every case we hear only one person's story, and in the one or two exceptions, some supporting details from someone very close to the original speaker. In the one case where she actually spoke to the first therapist, the account is curiously muffled and takes up 7½ lines of print.

There is some minimal attempt here and there to quote authorities who have done proper research, but in three cases which I happen to know well, she gets the details wrong. There are several other instances I would really like to check.

So who will this book appeal to? It will not appeal to the expert, because the whole thing is so amateurish. It will not appeal to the general public, because there is too much medical language and too much in the way of apparently scholarly notes and references.

It will particularly appeal to families who have a member in psychotherapy. It will feed their feelings that they are being blamed and got at, and give them a feeling of being supported by an expert.

It is actually a very salutary book for any psychotherapist to read who has any dealings with psychosis (not many of them in this country). It gives some good insights into the adverse effects which can be aroused by inept or unsuitable attempts at therapy, and would sensitise and warn the therapist about possible mistakes. It would also be a good book for students in training to be psycho-therapists, to alert them to possible errors in treatment. As long as the examples are taken as valid instances of what someone felt, rather than as possibly invalid instances of what actually happened, they can only do good.

John Rowan

PSYCHOLOGICAL SURVIVAL: THE EXPERIENCE OF LONG-TERM IMPRISONMENT. By Stanley Cohen & Laurie Taylor - Penguin 1980

This is the record of an abortive research attempt. The project was cut short by the prison authorities because its findings looked as if they would come out in a way which threw doubt on the whole prison system, and also on the sentencing policies of the courts.

Even in its incomplete state, it constitutes a damaging critique of the way in which prisoners are treated when they are regarded as dangerous security risks. It goes into great detail on the consequences of the ways in which such prisoners are treated - the intended and unintended effects.

A book which keeps on being mentioned in these pages, and which the prisoners themselves reportedly found valuable was Victor Serge's **Men in Prison** - it looks as though this would be a book well worth reading.

This is a powerful and humane book which should be read by anyone who thinks the British prison system might be O.K. It points out that the worst changes which they noticed during the course of their studies are still continuing to get worse still.

James Crippledini

LSD Psychotherapy by Stanislav Grof. Hunter House 1980. Hardback £13.95. pp.352. Distributed in UK and Europe by, and available from Momenta Publishing Co. Ltd, c/o Biblica, Partridge Green, Horsham, West Sussex.

This is a handsome volume, with 28 pages of colour plates, vividly illustrating points made in the text. It is beautifully printed and a pleasure to handle. It has nine main sections, an epilogue, a bibliography, an appendix on crisis intervention for bad trips, another one on chromosome damage, and an index.

The main sections are: History of LSD therapy; Critical variables in LSD therapy; Psychedelic and psychedelic therapies with LSD; Principles of LSD psychotherapy; Complications of LSD psychotherapy;

The course of LSD psychotherapy; Indications for LSD psychotherapy, therapeutic potential and clinical results; Non-therapeutic uses of LSD; and Effective therapeutic mechanisms of LSD therapy.

Now of course Grof has already pulished a very famous and excellent book **Realms of the Human Unconscious**, which I bought for £3.50 a couple of years ago. What has this new book got that the other one hasn't got? I think for the ordinary reader the answer is, not much. Where this new book scores is more with the professional reader - the doctor or medical researcher or psychoanalyst who wants something with more technical detail and more medical references. It is something which can be shown to colleagues or supervisors without apology. It presents an unanswerable case for permitting much more clinical work with LSD by responsible people working with patients or clients with specific problems.

For anyone who hasn't met Stan Grof or LSD before, this is of course an immensely exciting book. It opens up a whole world of experiences in therapy where the normal defences and resistances are quite removed, and where one is working with the basic material behind the facade. And a very clear picture emerges of what therapy is all about. It goes through a predictable sequence of stages.

In the Freudian stage of LSD psychotherapy, which involves biographical self-exploration, subjects tend to discover that various aspects of their life are "inauthentic" Perinatal experiences (the four stages of birth - JR) have a much more fundamental and uniform impact . . . Many individuals realise that the inauthenticity in their lives is not limited to certain biographically determined partial distortions . . . They suddenly see that their entire concept of existence and approach to it had been contaminated by a deep, unconscious fear of death . . . It seems that the need to control and manipulate people and nature is related to the influence of negative perinatal matrices and reflects the memory of life-and-death struggle with the maternal organism. Conversely, the holistic and synergistic approach to the human and natural environment seem to be related to positive perinatal matrices and based the memory of a mutually satisfying and nourishing exchange with the maternal organism . . . (The next stage brings) the development of intense interest in consciousness, self-exploration and the spiritual quest. A spontaneous inclination toward mysticism, ancient and oriental spiritual disciplines,

the practice of yoga and meditation, and a fascination with mythology and religious art is particularly common . . . (As the process continues) the possibility of transcending the limitations of matter, time, space and linear causality is experienced so many times and in so many different ways that it has to be integrated into the new world-view . . . The universe ceases to be a gigantic assembly of material objects; it becomes an infinite system of adventures in consciousness.

This is to see most of what most therapists spend their whole life doing as a fairly low first step in a much longer process. Instead of transpersonal work being a kind of fuzzy fringe to the main business of therapy - which I suppose is how most therapists would see it - it becomes the main business. It becomes what therapy is really all about. And of course "therapy" then becomes a funny word to use - it is more like spiritual growth and development.

But the dragon at the gate is the death-rebirth struggle. According to Grof, this is typically associated with therapeutic work centering on the four stages of the birth process - described so thoroughly in the previous work. And he feels that unless and until this struggle has been deeply experienced and fully worked through, the so-called "spiritual" experiences derived through meditation and other means are relatively illusory and thin. There is a curious parallel here with the Freudian insistence on a similar status for the Oedipal conflict, and I feel that both these things are probably justifiable.

As well as these more general and far-reaching insights, the book contains many interesting hints about psychotherapy generally. On hyperventilation (over-breathing) for example, Grof says this:

Intense breathing, continued for a period of about thirty to forty-five minutes, tends to collect the tensions in the body into a stereotyped pattern of armouring and eventually release them . . . The muscular tensions concentrate in the arms and legs (the so-called **carpopedal spasms** of medical terminology) and in several circular constrictions of the head and body . . . If the subject is encouraged to continue hyperventilating after these spasms have developed, this will paradoxically release the tensions. Moreover, after several initial sessions employing this method the organism stops responding to intense breathing with the "hyperventilation syndrome".

He warns, of course, that this kind of breathing can activate important material from various levels of the unconscious, and should not be employed by anyone unable to handle such deep material. But it is interesting to have this kind of information.

It is important to realise that when Grof talks about the perinatal matrices of experience, he is talking in a way which is partly metaphorical. He says at one point:

I believe that the experiential content of the perinatal matrices cannot be reduced to the memory of biological birth . . . To overemphasize the biological side of this phenomenon would be to neglect its philosophical and spiritual dimensions.

It could be a mistake, therefore, to assume that he has any crude idea of physical trauma in the birth process as the answer to all neurosis or psychosis. He does have some pretty clear ideas, however, on the suitability of his approach for various psychiatric classifications. The following table gives an indication of what he says on this subject.

MORE SUITABLE	LESS SUITABLE
Noogenic depression	Clinical depression
Anxiety neurosis	Periodic depression
Phobias	Manic-depressive psychosis
Traumatic neuroses	Conversion hysteria
Sexual neuroses	Obsessive-compulsive neurosis
Psychosomatic disorders	Asthma
Alcoholism	Muscular tics
Heroin addiction	Stammering
Recidivism	Psychopathic/sociopathic syndrome
Schizophrenia	Paranoia
Dying patients	

In other words, Grof is not putting LSD psychotherapy forward as a panacea, but as a realistic answer to certain problems.

But he does have a humanistic approach, which has not been shaken by his deep involvement with both the demons of the unconscious and the even more fearful demons of the spiritual realm. He is not one of those who says that the spiritual realm is fundamentally different from the psychological realm and needs different equipment and different assumptions.

Ultimately it does not seem to make any differences which form the experience takes if the client is true to his or her process and surrenders to it fully. It can be a childhood memory, birth sequence, karmic constellation, phylogenetic episode or demonic manifestation. The therapist should be sufficiently open-minded to encourage the client to follow the energy flow, regardless of the specific content of the process.

This seems to me a profoundly spiritual view, which is miles away from the magical beliefs of some of those who dabble in the occult. He promises a further volume, in which these matters are to be treated more fully, and I for one certainly look forward to reading this when it appears.

On the whole, in spite of an irritating amount of repetition, this is a fascinating and important book, based on 25 years in the field. It will be of great value to anyone who wants to go more deeply into the whole question of what psychotherapy is all about. I hope it will be widely read by psychiatrists.

John Rowan