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Families, Systems & Health: The Journal of Collaborative Family HealthCare

Published quarterly by
Families, Systems & Health, Inc.

www.FSH.org. ISSN 1091-7527.
International rates: individual US\$69.00;
institution US\$132; student US\$43.00.
(See advertisement on page iv)

When I was asked to review the journal *Families, Systems & Health*, my initial question was whether this journal was aimed at family therapists working in a medical setting, or medical people attempting to comprehend and deal with patients/clients within a systems model. In assessing the journal I had access to two specific editions, volume 18, number 3 (Fall, 2000) and volume 19 number 2 (Summer, 2001). They have a similar format with a 'special article' followed by several invited commentaries. There were primary research articles, editorials, book reviews, and articles related to education and training, supplemented by a poem or two. The journal is well set out, well structured and reader-friendly. Vol. 18, No. 3 has an international appeal with the lead article coming from Great Britain, a research article from Israel, and the rest from the United States.

I reviewed in more detail the Fall 2000 edition. The 'special article', 'A Systemic Review of Brief Psychological Therapies in Primary Health Care', was submitted by Adrian Hemming. This was a meta analysis of research 'to examine the literature on counselling in a primary healthcare setting' (285). According to figures presented, a minimum of 9% of visits to a general practitioner (GP) are due to recognised mental disorders, and this does not include psychosocial problems. With decreasing time available to the GPs, their main response is 'reassurance, advice and psychotropic medication' (280). In Great Britain there is a growing tendency to employ 'mental health professionals', however these professionals are of variable training and expertise. Hemming discusses the difficulties of using of

Random Control Trials (RCT) in relation to psychotherapy/counselling. He suggests that 'a combination of quantitative and qualitative methods' of research is probably more appropriate. Analysis of both published studies and what he describes as 'grey' literature (which are non published studies) forms the body of the paper. Both tables and figures are used extensively throughout the article, and I agree with the Editor who states 'the tables that summarize this research are invaluable for researchers, teachers and clinicians who are interested in collaborative family health-care' (277). Hemmings concludes that according to both RCT and non-RCT research, 'time sensitive interventions such as counselling ... tend to be more effective than routine treatment' (307).

As the Editor explains, to 'help the reader translate the results from the British system to your own' (278), four commentaries were added from 'authors who are expert on behavioural health in primary care' (278). I found these commentaries very helpful, with three of them adding new dimensions to the original article and the fourth mainly reiterating considerations expressed by the other three. Some of the major aspects considered by the commentaries included: the importance of patient choice in the preferred treatment of the mental and psychosocial problems, and the need of random controlled trials to assess the benefits of mental health interventions in a primary care setting. The commentary by Tillman Farley takes a very analytic approach to the issues from the primary care physician's view, posing questions in regard to areas of further research. I felt that to further the international appeal, at least one of the commentaries could have come from an alternative country.

The research of Lowenstein and Gilbar, 'The Perception of Caregiving Burden on the Part of Elderly Cancer Patients, Spouses and Adult Children', studies the stresses placed on primary and secondary care-givers to elderly cancer patients. There is apparently little literature available assessing the family as a system under such circumstances. The article is clear in its presentation, and concludes that 'understanding the burden of caregiving ... would expand knowledge about

family caregiving and could help policy-makers and service-providers develop support programs and services' (344).

Carlos Sluzki, in an article entitled 'Patients, Clients, Consumers: The Politics of Words' provides a very entertaining, but also thought-provoking, discussion. For some time now there have been issues in regards to the labelling of people who come to see us. What terminology is 'politically correct'? Sluzki discusses this issue, taking as he describes, 'a frenetic etymological journey' (347), and questioning the politics and the message underlying the specific usage of each of these words.

In 'Preparing Healthcare Professional for the 21st Century: Lessons from Chiron's Cave', Saba notes the changing focus of medical care from institutional to an ambulatory setting. This is in the atmosphere of 'managed care' which does not permit adequate time for dealing with psychosocial issues. Saba's paper in some ways is an extension of Hemming's and reviews specifically a training program run by the Department of Family and Community Medicine, University of California, San Francisco. The 'curriculum designed from a systems view would focus on the meaning of things' (354). It would also incorporate the importance of learning about those 'things'. Saba discusses ten different 'capacities' which need to be included in a curriculum to enable medical students to deal with both the illness and a systems approach to the patient. The author takes us through each of these ten capacities, enlarging on their desirability in a practitioner.

Mayer and Miller present, within a very well written case study, entitled 'In Sickness and Health — Quality of Life', the dilemmas that medical and non medical professionals have in dealing with those who make inappropriate choices. In this case the dilemma relates to a mentally ill person, staying in a supportive housing agency, who refuses to seek medical help for a threateningly fatal physical problem. As the authors point out, the example could be a 'perfectly normal' person smoking or drinking against medical advice, a diabetic scoffing lollies, or an hypertensive eating excessive amounts of salt. There is the dilemma of how much

choice a client/patient should be permitted, balanced by what is needed to provide appropriate care. These are important issues for those who provide healthcare and/or family therapy. According to the authors, 'quality of life should be our clearest guiding principle. We're just not sure yet how to determine what it exactly is' (375).

As a paediatrician and a family therapist, I found that this journal managed to deal with issues which have concerned me for a long time, such as the necessary melding of a medical model with systemic thinking. It is refreshing to find such a high quality tool to embrace the interface of medicine and family therapy. In answer to my initial question, *Families, Systems and Health* provides excellent reading — high quality articles dealing with everyday concerns for both medical people and family therapists. It would appear to be relevant to academics, researchers, educationalists, medical practitioners, counsellors and all those at the interface of medical and systemic thinking. I have already organised my subscription!

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Creative Encounters With Families: The Personal Journey of a Family Therapist

Poppy Harris, 2001.

www.poppyharris.com, 104 pp.

Have you ever experienced reading a book and feeling that you are in conversation with the author rather than reading a text? Well, I experienced such a feeling while reading this book. Poppy Harris'

... is the living story of a woman with a passionate commitment to human values, and to encountering other human beings in their uniqueness. While it is cast in the form of a personal journey, the personal is only a metaphor for the principles of working which Ms. Harris espoused. It is the story of how she learnt to use who she became as a therapeutic instrument (1).

With much compassion and wisdom, Poppy weaves her life migration experience, her painful experiences, and life observations in general into her professional work. She uses simple language in explaining complex concepts, such as projective identification, transference and counter-transference: 'The feedback loop between the projector and the projected is known as projective identification, because the child identifies with the projection and becomes it' (24). And,

It is human to re-experience in the here and now attitudes, or feelings from a previous relationship, which are now directed to a new person. This is known as transference, because we are transferring unconsciously something from the past on to the new person (24).

Her case material is also presented in a simple, clear way, which will benefit less experienced therapists in describing what they do in therapy. In the epilogue Ms. Harris said:

I have lived my life feeling no sense of belonging. I have therefore tried to earn the space that I occupy on this earth. My philosophy has been that whatever happens is a learning experience, and I have sought to share the fruits of my learning with those who might find it useful (67).

It was a privilege indeed to read the work of this great woman. My wish is that her story will soon be available in book form, not only on the internet, as it is now. This is a book to be held, to carry, and to read again and again, which one cannot do with the computer, and printed A4 internet pages are just not the same.

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No Lost Certainties to be Recovered

G. Kohon. London, Karnac, 1999.

xvii + 204 pp. Paperback. ISBN 1 85575 210 7. £19.99.

I came to this book with only a passing knowledge of Gregorio Kohon. I knew he had spent time in Brisbane (late 1980s, early 1990s) establishing the Centre for Psychoanalytic Studies there. *No Lost Certainties to be Recovered* is a wonderful

piece of writing that draws together what Kohon regards as the sustainable truths of one hundred years of psychoanalysis. I would like all antipodean Family Therapists to read this book, but I suspect the usual concerns about psychoanalysis would need to be put aside. Concerns about sexual preoccupations, sexism, labelling, time wastage, and contemporary relevance may stop the would-be reader from finishing what is a most rewarding piece of contemporary thought. Kohon demonstrates that such concerns do have some basis, but that psychoanalysis is open to such criticism, can respond to such criticism, and in responding, can address the concerns. So, if the reader has such concerns, please see if Kohon can assist you in working beyond your objections.

There are two caveats: one is in the title; the other comes near the end with the final, masterly, section entitled 'Knowledge and its Vicissitudes'. Here, Kohon drops one of his many pearls '[O]ne cannot learn about psychoanalysis, one can only learn from psychoanalysis' (his emphasis, 157). Kohon is taking issue with anybody who wants to make psychoanalysis into an empirical science or a form of religious ideology. The certainties that either position involves cannot be sustained by the accumulated clinical evidence of psychoanalysis; and any certainties envisaged by Freud and his successors have been demonstrated to be unsustainable.

Kohon is clear about what can be sustained; and each of his four sections attends to these ideas. The first section entitled 'Sexuality' is in three chapters and provides a theoretical overview and case material from the experiential position of the hysteric, the fetishist, and the obsessive. Each chapter demonstrates the developmental and case specific aspects to the condition and how this interacts with that defining characteristic of personality; the Oedipus complex. Kohon's discussion is frank and clear, but might be indigestible if the reader is averse.

The second section of three chapters, entitled 'Creativity', presents Freud's work on dreams and other unconscious elements. Some of the previous case material is referred to and new cases introduced as, sequentially, the questions of acting out, artistic production, and the horrors of writing are explored through the Stephen King novel, *Misery*.

Writing is a sub-theme of the final section on knowledge, but this exploration of compulsions and repetition looks to

history through an examination of Inga Clendinnen's account of the conquest of the Aztecs (where, as in family therapy, local sets of expectations led to mutual misreading of signs, with calamitous results) and twentieth century retellings of the history of the ancient Jewish fort of Masada. Kohon had demonstrated the compulsion to repeat in his cases, now he shows it in historical events and, almost incidentally, introduces the reader to the contribution of psychoanalysis to the writing of history. History is always written in a context and read in the present, as transference is also understood.

Anybody deluded by the truth of knowledge will be suitably disabused by this final section — a quite remarkable essay. For Kohon, who assembles a rich tapestry of international sources, any psychoanalytic account that leaves out Lacan and the Oedipus complex is lacking.

'Aha! ...' I hear the family therapist cheer, 'There is one certainty that is still instated: the Oedipus complex'. Kohon is keen to have not a complex but a *position*, that the developing person will encounter and will continue to encounter throughout life, in the same way the Kleinian positions are posed. When faced with an insurmountable challenge, the person needs to recognise the limits of their capacities, accept castration, and learn from the experience. The reader might now wonder why such acceptance is called castration. If so, try to read the book with just a little suspended disbelief.

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The Welfare of Children with Mentally Ill Parents, Learning from International Comparisons

R. Hetherington, K. Baistow, I. Katz, J. Mesie and J. Trowell.
Chichester, John Wiley, 2002.

Hard Cover, 250 pp. ISBN 0-471-49724.
\$178.95.

The publication of this book is timely given the ' *Holding It All Together* ':

Conference for All Involved in Meeting the Challenges for Children & Families where Parents have a Mental Illness, that was held recently in Melbourne. The book echoes many of the themes voiced at that conference and importantly adds the dimension of international comparison to the burgeoning interest in this field. This text is not a guide to clinical practice but certainly does explore many of the complexities confronting families and professionals in the area. It will appeal most to those already immersed in this work at a policy or practice level.

Essentially the book describes the findings of an international social work research project involving Great Britain, Ireland, a number of other European countries and Australia. The research design involved asking groups of health and welfare professionals from each of the countries to respond to an unfolding three stage case vignette about a mother who experiences a mental illness, her partner and their children. The book is divided into three sections. The first describes the research methodology and the health and welfare systems of the participating countries and then compares the responses of the groups of practitioners from each country. While the discussion of the research method is interesting, the rest of this section is heavy going, with detailed description of the child welfare and mental health systems and of the provisions for involuntary mental health treatment and child protection intervention within each country. As the authors suggest, this is a text from which to pick and choose sections according to interest rather than to read from cover to cover.

The second section explores the differences in response between England and the other countries through consideration of a range of political and cultural dimensions. Of more immediate relevance to therapists are chapters comparing approaches to risk and inter-agency collaboration. For example the case management approach of risk *assessment and avoidance* in the English speaking countries is contrasted with the Continental European emphasis on *managing risk through therapeutic engagement* of families. This latter emphasis is more congruent with a systemic approach to this work.

The concluding section considers the implications for the English system of the knowledge gained through contrasting the different approaches and responses from

each country. It also includes a useful review of the English literature on parents and families affected by mental illness. There is much in this section that is relevant to the Australian context. The value of prevention and early intervention is recognised, as is the importance of training of mental health and child welfare professionals. A further strong theme relates to the importance of 'a whole of family' approach to this work by agencies. A challenge for family therapists in this field is to complement existing interventions by articulating relationship-focused models of working that address the realities of mental illness in a parent and actively attend to the needs of other family members, particularly children.

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Healing the Male Psyche: Therapy as Initiation

John Rowan. London and New York, Routledge, 1997.

Soft Cover 285 Pages. ISBN 0-415-10049.

'**Being a Man today hurts.**' These opening words form the foundation for Rowan's exploration of a fascinating kaleidoscope of issues pertinent to the therapeutic process and relationship, with particular reference to its application to 'The Male Psyche'. The significance of the subtitle is quickly declared and explained:

By initiation I mean something that affects the person at every level, and offers an all-round opportunity for transformation ... only therapy has the power to do this, because only therapy explores the nooks and crannies of a man's psychology in enough detail to leave nothing untouched in the end ... (5).

This is quite a claim, modified a little by the 'confession' that not every type of therapy can deliver on this claim.

After what I thought was a ponderous and almost unnecessary journey into fundamental issues like 'What is Therapy?', 'What is Therapy About?', 'What happens in Therapy?', the author gets to the meat. Since this is about Men and Therapy,

maybe I should say 'the Guts': 'Individual therapy with Men', 'Couple Relationships', and 'Integrative Group Work'. These chapters, for me, along with those on 'Training for Male Therapy', and 'Therapists Consciousness', provide ample reward for labouring through the earlier chapters.

The following declarations are echoed by my experience with men (and the Men's Movement) over the last decade or so:

- 'There are pressures on men to be masculine' (133)
- '... there is often a strong resistance to any suggestion that a man might need therapy' (133)
- '... men are wounded ... Each man thinks he can hide his wound and the trouble is that this can be so successful that he can kid himself that there is no wound' (134).

Having recently celebrated my 60th birthday, I was both challenged and fascinated by Rowan's brief, but powerful, focus on ageing men:

old age is the period in life with the greatest number of profound crises, often occurring in multiples and with high frequency ... individual psychotherapy is *least* available to older persons ... The critical psychological events of older men concern their reactions to death and grief, decisions and disabilities ... (155).

The above words took on even greater significance when, while reading this book for review, I engaged with my oldest client to date, a man of 72 whose wife had just been admitted to a nursing home with dementia. They are a childless couple with no contact with their own siblings, few close friends and what appears to be an entrenched pattern of co-dependence. J declared that he came to therapy after trying to cope by himself, for months. I can't help but wonder how many more Js are out there doing exactly that. Consistent with what Rowan is suggesting, J had convinced himself that therapy was 'A community service for women, children and families!!'

While most of my work is with men, either in one-to-one counselling, or a Support Group context, there are occasions when they come with their female partners. Rowan's chapter on this

dimension of therapy with men proved to be particularly helpful, especially his thoughts regarding the In-Expressive Male. I have discovered, over the years, the power of shame and how it cripples men's ability to 'work' on their issues, especially when they are in the physical presence of their partners. Rowan quotes a client (words I've heard often) who declares his inability to express himself and to share his feelings — and also how he knows this inability frustrates his wife. A by-product of this struggle is the man's inability to declare that the whole experience is 'humiliating'. Rowan then comments:

If being stirred up is humiliating, if needing someone is weakness, if weakness brings shame, if shame is something one should never feel, it is no wonder that so many men are inexpressive (181).

And then these telling words: 'It seems safer to be isolated than connected' (181).

Consistent with his overall proposition re the value of therapy as Initiation into a man's fuller/healthier experience of himself (and his relationships), the author declares:

In reality, of course, it is safer to be connected than to be isolated, because we then have more resources to deal with whatever has to be dealt with ... the initiated man knows this ... (181).

I was excited by these observations and motivated to test them with a couple currently in therapy and struggling with exactly this 'problem'. The man was 'in-expressive', was aware of how frustrating this was to his wife, and also how 'humiliating' it felt to him. I sought their permission to read the above section of the book and — WOW! it provided such a catalyst for a dynamic new exploration of these and (subsequently) other issues. How many occasions are there for any of us when reading and praxis intersect so powerfully!

I found this book boring in places, exciting in others, challenging as well, and overall, a text to inform and inspire.

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There is No Such Thing as a Therapist: An Introduction to the Therapeutic Process

Carol A.V. Holmes

Foreword by Christopher Dare, London, Karnac, 1998, 177pp.
ISBN 1 85575 066 X. £17-99.

This book is not obviously informed by systemic principles, and has nothing to say about families. And its intriguing title is only obliquely related to its actual content. However, Carol Holmes' short book has much to offer us. Holmes, an Australian in origin, has explicated the work of the prolific and controversial American writer Robert Langs. Over more than thirty years, Langs has moved from being an uncompromising proponent of orthodox psychoanalytic practice to develop a whole theory about the communicational fields between therapist and patient. Langs has elaborated, systematised and clarified Freud's ideas about manifest and latent content into a way of deciphering those levels of clients' communications in therapy that are unconscious to them (and often go unrecognised by therapists also). These messages relate directly to the way the client perceives the therapist (transference) and the therapeutic situation. The messages indicate that clients are aware, albeit unconsciously, of significant alterations in the relationship, and react strongly to them, pointing therapists in the right direction to get back on track, and even attempting to 'heal' the therapist.

The ability to 'read' these symbolic messages is vital, even though in family or couple work, we cannot always pay the close attention to unconscious dimensions that an individual therapist might. Only if you flatly deny the existence of an 'unconscious' should you feel absolved from reading Carol Holmes' lucid, unpretentious book. She has done all of us a service.

Hugh Crago
Co-Editor, ANZJFT ©