

## Independent comment on Audio-visual and Print Materials

### The Many-Sided Triangle: Adoption in Australia.

Audrey Marshall and Margaret McDonald. Carlton South, Melbourne University Press, 2001.

291 pp. Paperback. ISBN 0-522-84943-1. \$32.95.

A single adoption impacts on many people. Adoption, usually a family secret, has effects that reverberate down the generations of both birth and adoptive families. The impact of adoption on individuals and their families has been largely ignored by therapists, although it can be a major factor underlying presenting problems.

*The Many-Sided Triangle* does not address clinical issues. Therapists looking for guidance in this area could consult the excellent *Adoption and the Family System: Strategies for Treatment* by Miriam Reitz and Kenneth Watson (NY, Guilford, 1992). However, the authors, who are social workers with lengthy experience working in adoption services, provide a concise, well-researched history of adoption in Australia and review the impact of changing social contexts on practices. They also consider the effects of these practices on the participants — adoptees, birth mothers and fathers, adoptive parents, and workers. Many case examples are given.

The initial chapters look at the adoption controversy (particularly pertinent in the light of recent official enquiries into past adoption practices in a number of states) and provide a comprehensive review of adoption legislation and practices over the last century, focusing particularly on the last 30 years, the period of greatest change. Subsequent chapters look at adoption practices from specific viewpoints — birth mothers and birth fathers; adoptive parents and families; indigenous, special needs and intercountry adoptions; and adoptees. Final chapters examine reunion and look at current issues arising from adoption practices.

This book provides a useful introduction for therapists who wish to understand how adoption can impact on their clients. It also provides useful resource material for

therapists who run groups for adoptees, birth parents and adoptive parents. Although the book is well referenced and comprehensive, it is also concise, jargon-free and easy to read. Some chapters (such as 'Reunions, Hopes, Dreams and Reality') may be helpful reading for clients.

**Chris Hunt**

Family therapist, private practice, Brisbane

### Creating Resilient Families, A Resource Kit for Schools and Counsellors.

Andrew Fuller. Melbourne, ACER, 2004. 40 illustrated advice sheets.

ISBN: 0 86431 6194. RRP \$39.95.

Andrew has created a kit containing 40 one-page laminated cardboard advice sheets, each addressing a common issue which counsellors might find themselves discussing with parents. These might be more richly described as punchy one-page summary sheets crammed full of statistical information and related research, developmental norms, case studies, humorous anecdotes, and cartoons, as well as a scattering of practical hints. The material is simple, but not simplistic, and strikes a good balance between reassurance and challenge.

Each page is numbered and titled. The choice of topics reflects Andrew's huge experience in working with families, as well as his uncanny ability, like that of a comedian, to give a name to recognisable difficulties in family life. For example, 'Q: How do you get teenagers to shrug and say "all right". A: Ask them how their day at school was'. Topics include bullying, teenage bedrooms, conflict, homework, dieting and body concerns, drugs and alcohol, motivation, school refusal, anxiety and depression. Each page is in the style of an A4 black and white newspaper, which facilitates photocopying.

I found this kit to have a lovely light-hearted, nonpathologising feel — these common problems are normalised and treated with some irreverence. At the same time each sheet provides a summary of

'What we know, warning signs, and what to do'. I can imagine they would be very reassuring to parents. I found myself recalling little bits of information useful for my own family life for weeks after reviewing this kit. And I am looking forward to offering photocopies to some of my client families. Each sheet also has an invitation to join a forum to discuss the issue on Andrew's website: [www.andrewfuller.com.au](http://www.andrewfuller.com.au)

The kit's strength is also its weakness. A simple explanation is, of course, always partial and leaves a lot out. Some professionals may feel the tip sheets are a bit light, but I think families will find them very accessible. The kit could have included more ideas on how to use the sheets, although the cover suggests schools and counsellors may photocopy the sheets to use in newsletters, as handouts, or as a backup to parenting programs. I imagine this kit would be a godsend for any newsletter editor on the lookout for accessible material on parenting.

**Jeff Young**

The Bouverie Centre, Melbourne

### Family Therapy: A Constructive Framework.

Roger Lowe. London, Thousand Oaks, CA, New Delhi, Sage, 2004.

Paperback, pp. 211. ISBN 0-7619 4303X. US\$36.95.

My responses to this book were multiple, going through various stages; the writing of this review similarly would not stay still for long. Being new to book reviews, I initially put it down to 'fumbling with the gears'. However, further down the track, with many returns to the beginning, I wonder if it may have something to do with the nature of Lowe's endeavour.

The question that intrigued me from the beginning was how Lowe would engage with the task of bringing together the social-constructionist approaches of narrative therapy and solution-focused therapy with family therapy, and its origins in cybernetic theory. Lowe does not shy away from the task: family therapy sits on a level informed by a

## Reviews

theory of human relationships and patterns (the cybernetic epistemology). It is a theory of practice. The narrative and solution-focused therapies sit at a level informed by a philosophy which offers a view on the nature of knowledge and the social construction of reality. The latter is not a theory about therapy: the former is.

Lowe's book reminded me of Helm Stierlin in his paper 'Family therapy—A Science or an Art?':

And this problem — the problem of reducing complexity, without at the same time denying it — is one that the family therapist is also confronted with, day in, day out (1983: 419).

How will Lowe find a way of selecting particular aspects from each model so that they can be brought together and stay true to the reasons for their separate evolution and existence on different levels? Seemingly a Herculean task! Lowe's book is for those clinicians and trainers who are interested in the constructive therapies, as well as those who work with relationships, typified by family therapy. He reduces the inherent complexity in this task by acknowledging the boundaries they share with their attention to context, relationship and process (I would add language as well) and by introducing a framework that allows for selection from the models.

Lowe begins by identifying three styles of therapy: solution focused (de Shazer), narrative (White/Epston), and conversational (Anderson, Goolishian), as forming the foundation for a *constructive* framework which he then connects with the context of family work. He describes the arena of relationship work as special, requiring additional knowledge and skills, and therefore selects particular ideas from the family therapy and systemic field. In chapter 8 he articulates these, hypothesising about the levels of constraints to change and borrowing these when the constructive 'business as usual' seems interrupted.

Family therapy's functional view of symptoms is described as a key point of tension between it and the constructive approaches. I found myself asking: Is this view of family therapy a hangover from the days of first order cybernetics? I also wondered what Lowe thinks of Dell's view of preferring coherence to function. A model based on coherence views symptoms, not as having a purpose or function for the family (a linear concept and there-

fore a no-no for family therapy anyway) but as fitting or making sense with the family's ecology. Would the word 'fit' make a difference to this tension?

Lowe goes on to focus on the two sets of language skills important to therapy: the first set, facilitating the conditions for reflection, a vitally important activity often threatened by the 'Let's get on with it' aspect of therapy; and the second set, the crafting of questions to turn 'whole points of observation' (Wittgenstein). This involves two processes, negotiating purpose and evoking new possibilities. Lowe talks about the importance of good manners in arranging sequences: evoking new possibilities politely waits for the negotiation of purpose to be over. This is a wise reminder.

---

“Lowe reminds us of the importance of keeping an eye on the emotions in the room.”

---

Lowe offers a range of conversational strategies, with an emphasis on 'how topics are negotiated rather than what topics are discussed, or what outcomes are achieved'. I do like Lowe's use of language here and the different sense it evokes from goal-focused talk. When negotiating preferences he strikes a middle ground between specificity and abstraction, thereby avoiding the dangers of constriction with the former and lack of action with the latter.

Lowe also reminds us of the importance of keeping an eye on the emotions in the room. Not only is therapist attunement to emotions vital, but techniques can backfire when placed in a different context (the family). This reflects how careful we need to be when importing techniques from other approaches. (However, is it not possible that purist solution-focused therapists may also delay the asking of certain questions in response to their client's emotions? Aaah, what a Rubik's cube this topic is!)

Other areas covered in this book include 'Working Constructively over Time', addressing questions such as the losing of purpose or direction in subsequent meetings, and 'Using Inner Conversations',

which connects the internal therapist activity of 'listening to our listening' with some external shifts in questioning. This is especially useful when we feel impatient, hostile or bored in our relationships with clients.

As I got further into the book, however, I was beginning to notice my growing impatience. Where were those *gorgeous* systems ideas like negative explanation and constraints, distinctions between map and territory, the mind as social, and recursive patterns in relationships?! A bit of context may help to account for the impatience. Lowe's positioning of the systemic ideas towards the end may reflect his preferred model — the solution-focused approach. And my impatience most probably reflects my leaning towards systemic ideas and practice!

It was when I reached the last chapter but one that I breathed a sigh of relief! Here, Lowe outlines a framework that helps us select ideas from other models. This framework asks us to identify our primary pictures (preferred model), rejected pictures (ways of working which contradict the primary picture) and secondary pictures (ideas we bring forward when our primary frame may not be enough). The systemic ideas of constraints to change, in Lowe's clinical practice, occupy the secondary picture. This framework, I felt, may be helpful in training contexts, offering a flexible and visual snapshot of our positions in therapy. Finally, Lowe describes some common challenges, such as situations where collaborative practice seems difficult to achieve.

I was left with two questions in particular from my reading of this book:

- What do this book and its topic herald? Social constructionism has, along with the earlier shift to second order cybernetics, influenced family therapy to rely less on objectivism and technologically based therapy. Are we now seeing a reverse shift, where the early cybernetic ideas may be influencing the constructive therapies? If so, what does this communicate about the development of these two approaches?
- How functionalist is family therapy now? If we could have more dialogue on this key point of tension, as Lowe describes it, I wonder what would happen in the relationship between the constructive therapies and family therapy?

In summary, I found this book extremely thought provoking, with these and many other questions surfacing throughout; I thank Lowe for this. It is

an intelligent exploration of the nature of and the relationship between some current 'cutting edge' therapies and the earlier classical ideas, being made available to therapists today.

### References

Dell, P. F., 1982. Beyond Homeostasis: Toward a Concept of Coherence, *Family Process*, 21: 21–42.

Stierlin, Helm, 1983. Family Therapy — A Science or an Art? *Family Process*, 22, 4: 413–423.

**Roxanne Garven**

Course Director, Graduate Course in Systemic Family Therapy, Perth, Western Australia  
rgarven@inet.net.au

## To the Heart of the Matter: Brief Therapies.

**Bert Hellinger. Heidelberg, Carl-Auer-Systeme-Verlag, 2003.**

pp. 256. Paperback. ISBN 3-89670-396-X. €27.90.

Hellinger's work has been published in 11 books since 1997. The output represents a lifetime's work for this former South African priest turned psychoanalyst, group therapist, and family therapist. He has brought back Jung's term 'family constellation' and has given it new life in special seminars for couples and people with life threatening illnesses.

Hellinger's advice to both therapists and consultees is to be fearless, to forsake intention, to be without desire, put aside the need to interpret, and allow oneself to be the object of reality and thereby face the truth. All this is packed into a very brief introduction and a longer exposition of approach that finishes the book. But don't start with either of these.

Start anywhere and listen to the magic of these ten and fifteen-minute therapies. It is quite extraordinary what is achieved, as Hellinger asks other participants in his seminars to take the roles of the troubles the particular client has brought to the seminar. Role-takers know very little but are asked to move with their centre; deep, complex truths tumble to the surface and guilt and the fear of death are faced.

This would be all very mystical and almost unbelievable (and Hellinger would not like the mystery to be dissolved, for participants or the reader either) but for the

facts of the words on the page. Hellinger calls it 'psychotherapeutic phenomenology'.

The techniques draw on psychoanalysis (Bion's absence of desire), family therapy (multi-level entanglements reminiscent of Boszormenyi-Nagy and Bowen, among many others), therapeutic storytelling (distinctly Buddhist in flavour, but also delivered in a form that some Shamans use) and psychodrama (Moreno's action sociograms). The synthesis happens through Hellinger and his participants.

Another ingredient is attendance at a Hellinger seminar: 'the resolution comes directly from the actual experience' (13). People have chosen to go to one of these courses and have been accompanied by their spouse or other loved ones, or by their illness. What happens is not 'Lazarus, take up your mat!' Rather, the psychological restraints of illness, through the emotional processes of fear and guilt (especially with respect to death, but also to sex), are revealed through role-takers and dissolved through the guiding contemplation of Hellinger's, which may be only 'That's it!'

Read the stories of change, consider the commitment to attend such seminars, and then look for technical tips. Technically, little can be grasped from the verbatim accounts if you have no belief that the work is possible. I will dip in and out of this book for years and I will seek out the other publications.

This stuff matters, so don't be deceived by its simplicity. These participants really wanted to be there, accepted the constraint of having no other intentions, and had the courage to find insight. Public mental health is different, and Hellinger would see such difference as real, but would wonder how it would be so.

**Jo Grimwade,**

School of Psychology, Victoria University, Melbourne,  
jo.grimwade@vu.edu.au

## Brief Therapy: Lasting Impression.

**Jeffrey Zeig (Ed.) The Milton H. Erickson Foundation Press. 2002.**

Pp. 468. Hard cover. ISBN 0 9716 190 42. US\$44.95.

*Brief Therapy* contains the proceedings of the Fourth Brief Therapy Conference (1998) organised and sponsored by The Milton H. Erickson Foundation. The

chapters are separated into four main areas: 'Principles and Practice', 'Contemporary Perspectives', 'Therapeutic Approaches' and 'The Person of the Therapist'. For those of us who are familiar with these conferences (and their well-known precursor and companion 'The Evolution of Psychotherapy' Conference that started in 1985), rest assured that you won't be disappointed with the quality of this book.

For those who are not, this is a great collection to get a sense of the spirit of the Milton H. Erickson Foundation. Jeffrey Zeig and his team have put together excellent presenters to represent the state of the art in their respective areas. The result is a mosaic, an almost multidimensional picture of what Therapy (with the big T) is. And this is where perhaps my only criticism lies: for although the book claims to be focusing on 'brief therapy', the ideas represented do not always stick to that category. This, of course, can be debated and as I am writing it, I am reminded of the words of Bill O'Hanlon: 'It is as brief as it needs to be ...'

The chapters directly related to family therapy produced a mixed response in me: nicely written, good summaries of ideas that are appropriate to our field, yet they did not provide much new material. A good reminder that perhaps we family therapists could find more interest in the summaries of other traditions. Among these I especially liked Michael Yapko's ('The Power of Vision as an Antidepressant'), Maureen O'Hara's ('What Carl Rogers Has to Offer Brief Therapists') and Stephen Gilligan's ('How Shall We Treat Our Enemies').

Among the family therapy chapters, Monica McGoldrick's 'Revisioning Family Therapy: Culture, Class, Race, and Gender as Hidden Dimensions of Clinical Practice' echoes the title of the very useful book she edited in 1998. I specially liked her comment: 'The failure of society to tolerate diversity is the greatest single threat to the survival of civilization' (197). She touches from a personal perspective on the complex issues of the invisible political privileges of white Anglo-Saxon families and provides references to practices currently in place that address these issues.

Steve de Shazer's 'Getting to the Surface of the Problem' focuses on the importance of sticking to the surface (read: the behaviour) in order to work towards change. He does a wonderful job of explaining the complex ideas of constructionism and applying them with an apparent elegant

## Reviews

simplicity (that takes years to acquire) to clinical practice.

I have been an admirer of Lynn Hoffman's writing style for many years. She says early in her piece, 'Family Therapy': 'I have been wondering whether or not our specialty might be facing extinction' (305) and answers herself a little later:

Then I had a rescuing thought: perhaps the real 'biggest hit' of the family-therapy movement was its power to fold back upon itself and change in a reflexive way. An evolutionary image came to mind. I began to think of family therapy as a braided callah bread, with early strands disappearing and then reappearing in a changed position or on another side (306).

She then goes on to name some of the strands: the etiological, the rhetorical, the narrative and the collaborative. Definitely a piece worth reading.

I hope you will give in to the temptation to read, if not all of the chapters, at least some of them.

**Maria Nichterlein**

Senior Counsellor, La Trobe University,  
Melbourne

## 'It is a New Kind of Diaspora': Explorations in the Sociopolitical and Cultural Context of Psychoanalysis.

Riccardo Steiner. London, Karnac,  
2000.

Soft Cover. 212 pp. ISBN: 1 85575 250 6.  
£22.50.

## Tradition, Change and Creativity: Repercussions of the New Diaspora on Aspects of British Psychoanalysis.

Riccardo Steiner. London, Karnac,  
2000.

Soft Cover. 362 pp. ISBN: 1 85575 251 4.  
£22.99.

Why might a review of two books that deal with an episode in the history of psy-

choanalysis be of interest to family therapists? Many family therapists see their practice as antithetical to psychoanalysis and reject outright some of its key tenets. However, history has taught us that we ignore it at our peril.

I believe such books are important in that there are many lessons to be drawn from a study of how knowledge is acquired and spread, how institutions and philosophies, personalities, historical circumstances and cultural values all interact and influence the development of ideas. Riccardo Steiner attempts to draw our attention to these contextual influences.

As the complete titles of these books suggest, they are companion volumes, and it is useful to read them in this way. In the first volume, the author lays the foundations for the themes he explores in great depth in the second, and which he considers in large part as consequential to the disruptions described in *It Is A New Kind of Diaspora*.

Steiner has gathered most of his material from archival documents and correspondence between the pioneers of psychoanalysis in the years leading up to World War II, when Hitler first began to gain ascendancy. The main correspondents are Anna Freud in Vienna, who at that time was playing an ever more important role on behalf of her ailing father, Sigmund Freud, and Ernest Jones in London, founder of the British Psycho-Analytic Society as well as the then President of the International Psycho-Analytical Association. It was Anna's phrase 'It is a new kind of Diaspora' which Steiner has taken as the title of this work.

Through these direct accounts, we see the emerging effects of Nazism on a discipline whose development had been due in large part to Jewish analysts on the continent. The movement of émigré analysts resulted in the spread of psychoanalytic ideas which had developed in centres such as Vienna, Berlin and Budapest to other places that did not share the same formative influences of history or culture. Steiner indicates how this resulted in the UK and the US being different in the practice of psychoanalysis today.

Steiner is just as painstaking in his research of source material in the second book. *Tradition, Change and Creativity* is divided into three main sections: tradition and change; issues emerging from the Freud-Klein controversies (Vienna/London); and cultural context and applied psychoanalysis. His examination of the developments in

psychoanalysis after Freud and the problems that arose, particularly between the Viennese school (represented by Anna Freud), and the English school (represented by Melanie Klein) is interesting, though, because of his style, sometimes difficult reading. However, it is not without its rewards.

This book deals principally with the period around the war years with the arrival of the Freuds in London and the second wave of émigré analysts, which brought to a head the brewing tensions between so-called classical (Freudian) analysts and the object-relations (Kleinian) analysts. The middle section of the work is a revealing exposition of the fundamental differences between these two schools of thought about psychic development. The concluding section, in my view, has a somewhat awkward relationship to the previous material; it is more a personal tribute to the work of Steiner's mentor, Hanna Segal, a disciple of Klein.

The author, however, invites a deep reflection on a number of levels about issues such as the interplay of scientific knowledge and intuitive insight; personal and family loyalties, rivalries, alliances and schisms; tensions which arise when authoritarian figures (patriarchs such as Freud and Jones, and matriarchs such as Anna Freud and Klein) are challenged by independent 'heretics' (again Klein and her followers); the push and pull between doctrine and innovation, the institution and the individual; the symbiosis of theory and practice; the politics of intellectual property and training; and the role of conflict and tolerance in the development of ideas.

All of these matters are of as much relevance today to family therapy and other disciplines as they were then to psychoanalysis.

**Anna McDowall**

Individual, Couple and Family Therapist  
Malvern, Vic.

## Invisible Men: Engaging and Inspiring Men in Therapy.

D. Grove (with R. Burnaugh).  
Phoenix, AZ, Zeig, Tucker &  
Theisen, 2002.

Soft cover. 202 pp. ISBN 1-89194495-9.  
£27.99.

This book made me think about the ways in which *pragmatism* informs *praxis*. Many of

us who work therapeutically with men constantly attempt to engage men in therapy while simultaneously demonstrating a respectful stance towards the women in their lives. This is often very difficult, particularly when men who come seeking help are often themselves so quick to manifest disrespect for women; the danger here is that in joining with and supporting these men (which we must do) we tacitly ally ourselves with them in co-evolving a description of their problem as being, at least in part, caused by women. There is a constant tension in working constructively with men between *engagement* and *challenge*, and the finesse of praxis lies in avoiding the dual traps of engagement leading to *complicity* or *challenging* leading to *alienation*. David Grove's book suggests starting the process of engagement with men from a completely different entry point. The 'invisible men' referred to in the title are the men in the lives of the women who present for counselling — those shadowy fathers, husbands, partners and sons who don't present for therapy. This book is about ways to engage these men, to bring them into the therapy room and to make them visible.

Grove speaks of two extreme ways a man can react to a serious problem in his family, both of which are counterproductive. He can either overreact and become aggressive or violent, or he can underreact, do nothing and respond with passivity. In the introduction to the book, Grove remarks that it is most harmful if a man does nothing in a situation where he should make a response.

This book, then, looks at engaging men who do not react when there is a family disaster; men who continue to read the paper when their wives are in tears, who spend inordinate amounts of time in the workshop or shed, who are genuinely surprised when their wives leave them, the men who don't get anxious, or depressed, or worried or upset when things go wrong in the family — the men who *don't* come to therapy, because they don't think they have a problem. Some of these men do have a genuine concern for their wives or children, who *are* anxious, depressed, worried or upset. It is this concern that Grove suggests therapists should capitalise on to engage invisible men.

Grove rightly points out the trap of making wives responsible for both their own *and* their husbands' problems. Many wives don't come to therapy with their husbands but come alone, and as Grove points out, psychiatrists

... give them a diagnosis, and usually medication, branding them as the patients and solidifying the unfortunate arrangement the couple already has ... In the absence of any reason to suspect that the marriage is part of the problem, the professional community can justifiably focus on the wife as the problem (81).

(One would hope that systemic family therapists would automatically try to contextualise clients, regardless of whether they present as individuals or with their partners or families, and would indeed 'suspect that the marriage is part of the problem'.)

One of my concerns about the thrust of this book is that there is the possibility of confusion between the concept of using absent husbands' concern for their wives in therapy as a 'hook' to get these husbands in to therapy and actually focusing more on the husbands than the wives themselves. After all, the fact that more women than men seek out therapy does not make it any less important that therapists *principally* attend to those women as their *primary* clients. To be fair, Grove does not in any way advocate ignoring the importance of the presenting client, who is usually a woman, but he could have been a bit clearer about these distinctions.

I have some reservations about the use of language in this book. Chapter headings like 'Symptomatic Wives and Their Lost Husbands' and 'Pregnant Fathers' carry a whiff of the stereotype about them. The language veers dangerously close to blaming women for their male partners' lack of engagement — that somehow if women took up less of the centre stage, then the long-suffering men might get a look in. The core message of the strategies presented is not necessarily misogynistic, nor do they go easy on men, but in the final chapter, 'Evaluating Power In Relationships', I believe that the book comes a bit unstuck. One of the challenges in approaching some types of strategic therapy is to work out their value base. Clearly, strategy is always informed by belief and meaning, but this book does not take pains to make those beliefs explicit. That seems fine for most of the book, especially the chapters that give case illustrations, because there is no overt blaming of women, but rather an attempt to engage men in a pragmatic way. This last chapter, however, makes a distinction between the active women, who are seen

as the power bases, and the passive men, who are seen as having less power.

The pattern we have been observing is one in which one partner has a fear of angering or upsetting the other and so capitulates to the partner's demands without negotiating. The capitulating partner withdraws or patronises. He or she does not assert himself or herself. This then creates a power imbalance with the capitulating spouse one down (195).

A rather unfortunate example is given to illustrate Jay Haley's argument that power structures can be official or unofficial; the example is of the male boss, who has the institutional power, and his female secretary who organises his day and therefore

... a dual hierarchy exists in which the boss has official power and the secretary has unofficial power. Their status is different, but their power differential is not what it appears to be (196).

I am not sure why this chapter, with its somewhat tenuous logic, was actually included; at best it is superfluous, and at worst, irritating.

Aside from concerns about the politics in the last chapter of Grove's book, he presents a novel way of engaging 'invisible men'. This will appeal to therapists who enjoy working strategically and systemically. Like many pragmatic texts, however, the actual *praxis* will be determined by the *politics* of the therapist.

**Kent Smith**

Private practitioner,  
Kent@Men & Relationships Project

## Feminist Perspectives in Medical Family Therapy.

Edited by Anne M. Prouty Lyness  
(Ed.). NY, Haworth, 2003.

pp. 142. Soft cover. ISBN 0-7890-2547-7.  
US \$24.95. (Hard cover US \$39.95).

It is probably important to note that this book was co-published simultaneously as the *Journal of Feminist Family Therapy*, Volume 15 Numbers 2/3 2003. The book still presents itself as a series of articles written for a journal rather than a book

## Reviews

with a clearly stated theme. I think this detracts from its appeal.

Dr Prouty Lyness is a marital and family therapist in Colorado and has had a lifelong interest in medicine and feminism, in the mind–body–spirit connection in women's health, and in diversity in therapy. She also has a background in teaching and research. The book consists of a series of articles written by eight groups of authors, most of whom are family therapists. The articles bear only a loose relationship to each other. Feminist ideas around women's health are brought out in several chapters: the woman with breast cancer; the woman with vulvar vestibulitis; the woman with multiple symptoms rocketed from one specialist to another and never being heard; the woman having a hip-replacement operation with a lack of care; the very nature of medicine itself, with its linear approach as opposed to a circular, contextual approach.

Clearly the book is about the intersection of medicine and feminist family therapy, making the point that medicine is hierarchical and patriarchal and family therapy is nonhierarchical and feminist. This is a sweeping statement and only partially true. Of course some branches of medicine are more hierarchical than others, for example, surgery as compared to general practice.

The biopsychosocial approach is not new in family medicine, nor is the idea of seeing patients in context. What is probably not as familiar is the systems approach as practised in family therapy. One chapter explores the training of medical residents and family therapy students together, using a one-way screen. They learn each others' language early in their training and the training itself reflects feminist principles of empathy and encouragement.

I believe family therapists and family physicians (GPs) could work well together;

some GPs have trained in family therapy and incorporate it into their work and find the ideas illuminating and exciting. It would be helpful to have a medical family therapist working with a group of GPs 'in close collaboration' and understanding each other's language and theoretical base. I found the chapter where family therapists felt they almost had to 'trick' the physicians into respecting them somewhat tiresome. Good honest communication should make this unnecessary.

In summary, I found this book interesting as it deals with a subject very dear to my heart. It brought back to me my earlier passion and dreams for the marriage of family therapy and family medicine. It is probably fair to say, however, that the book is likely to be read by family therapists rather than by family physicians.

**Barbara Burge**

GP (family physician) and family therapist, Carlton, Victoria

## Letter to the Editors

**Dear Maureen and Hugh,**

Congratulations on another great issue this June. Always interesting and provocative. I particularly liked the quote on the front cover ('... because we're teaching relationship counselling, we need to model relationship').

It seems to me unfortunate that TA, which predated and prefigured many of our current therapeutic techniques discussed in this issue, is hardly ever acknowledged. I wonder why.

The debate as to whether emotion or cognition should be accorded priority has a long history — has that history been researched? When I first started counsellor training, it was with the Marriage Guidance Council in the late 1960s. The training was a modified encounter group and Roger's client-based therapy (emotionally focused work seems to derive from there to some extent), though mention was made of Gestalt and rational emotive therapy (CBT may be its descendent). From there I read widely in psychoanalysis till I was invited to a GP counsellor-training course. For a week we alternated between empathy training and introductory TA. I subsequently ran some empathy training courses for GPs. When I moved into the mental health service, I got some more training. I went to a group leadership course in Armidale, not realising it was for leading encounter groups! What I experienced was highly emotional,

even regressive, and I only finally integrated it six months later at a three-week workshop in Adelaide, learning Goulding's TA-Gestalt methods that also included TA family therapy.

I admire the TA insistence on therapists experiencing personal therapy as a part of their training and of their certification, requiring the production of taped recordings of their work (that was before videos). So for me emotional and cognitive have to go hand-in-hand.

By the way, at that workshop Ellen Bader talked of a Ph.D. research thesis she had done which compared the results of weekend marathons that used individual or family therapy. While the individual therapy yielded immediate change, the change dissipated within six months, while the marathons which families attended produced results that were initially less spectacular, but change developed gradually and was sustained for the six months.

I had another wonder on reading the journal. Is there a gender bias in the practitioners that use CBT? I suspect if there is, it is towards the male side.

Best wishes,

**Colin MacKenzie**

Launceston — still reading the journal after years in retirement

**Responses sought to Colin's ponderings. Eds.** ☺