

REVIEWS

Independent comment on audio-visual and print materials

FAST (FAMILY SENSITIVE TRAINING) VIDEO SERIES. *Casserole Negative* (with Carer's Booklet, 26 mins.); *Experts at Balancing* (with Carer's Booklet, 30 mins.); *No Flowers or Chocolates* (with Worker's Booklet, 26 mins.); *Hanging in There* (with Carer's Booklet, 27 mins.) Video Producer: Mark Harris (Media Production Unit, La Trobe University, Victoria). Project Manager: Jeff Young (The Bouverie Centre: Victoria's Family Institute, La Trobe University, 50 Flemington St, Flemington, Victoria 3031. Ph +61 3 9376 9844). Sound and quality: good. Tapes are for sale @ \$190.00 for the whole package or \$60.00 per individual video. Contact Sandra Lilley, Secretary, The Bouverie Centre: Victoria's Family Institute, address as above.

[The videos come with 10 large (A2) colour posters to help advertise film nights for carers and 10 similar posters to help advertise professional development sessions for workers. These posters are bold and attractive and have blank spaces to describe local details such as venue and screening date and time. Both of these posters are reproduced in black and white on small (10 × 2 × A4) sheets for ease of photocopying and are designed to be used as personalised invitations to the screenings. This additional information has been supplied by Jeff Young.]

The FAST (Family Sensitive Training) set of four videos has been produced by The Bouverie Centre (Victoria's Family Institute) for carers and workers involved with a person who is suffering with a serious mental illness. The 'kit' includes two videos which focus on issues which arise in the early stages; and two about issues which emerge with enduring illness. One of each pair targets carers; the other, mental health workers. The kit also includes booklets and posters which are attractively presented at a comprehensive resource for community mental health agencies. The tapes, which each run for 30 minutes, are well produced, and use a mixture of dramatic re-enactment and direct interview.

The presentation confronts strong feelings of guilt and anger, loss and grief, but with a message of hope and strength. Hearing stories of others' struggles and triumphs has a normalising and empowering effect for those coping with the devastation of mental illness. Their struggle is magnified by our broader society's lack of acknowledgment that mental illness can be life threatening and lifelong. Two of the videos reflect this in their titles 'No Flowers or Chocolates' and 'Casserole Negative'. When someone is suffering from a physical illness, the community is likely to help the family, at least in the acute stages, by bringing food. Similarly, nurses and doctors in general hospital settings often receive gifts of appreciation for 'saving lives', but sufferers of mental illness and their treating medical team rarely receive the same level of support from the wider community. At their time of greatest vulnerability, people suffering the impact of serious mental illness are often further marginalised in this society.

People's stories of survival and the strengths they found within themselves are told with humour, honesty and hope

by a 'cast' of culturally diverse and articulate consumers, carers and workers. We found at times that some specific strategies were somewhat repetitively suggested, although we realise that this may be useful for those who are hearing the message for the first time. There was little reference to advocacy, although the advice given by one carer to 'hang on tightly' to any worker with whom you feel connected may be the most useful advice to give in these circumstances. There is no reference to resources outside the mental health services and although the 'help' list is broad, it only includes the addresses and phone numbers for Victoria! This is a pity because as a resource, these videos make a valuable contribution and could be used nationally.

In summary, we found these to be a well produced set of materials which would be very useful as discussion-starters with groups of carers, mental health service clients and workers. For training purposes, the tapes would be useful for those moving to a comprehensive mental health service or starting to work in the mental health area for the first time. This resource offers a hopeful vision of what can be achieved when client, carer and mental health workers come together in a respectful partnership.

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INTRODUCING NARRATIVE THERAPY: A COLLECTION OF PRACTICE-BASED WRITINGS.

Cheryl White and David Denborough. Adelaide, SA, Dulwich Centre Publications, 1998. Paperback. \$35.00, plus \$2.75 for postage and handling, available from publishers. ISBN 0 95866 784 5.

Recent writers have not always been kind to narrative therapy. Reviewers and article writers refer to excessive wordiness—'a psychological rhetorical overkill' (Stagoll, 1998) and a propensity to 'dis-member', disconnect or at least not 're-member' other models of therapy from other similarly evolving therapies or discourses (Stagoll, 1998). Narrative therapy has been accused of a lack of rigorous analysis of its own assumptions, exemplified by the lack of acknowledgment or awareness of its own implied theory of causation. For instance, Held observes that whilst claiming no stance about where problems come from, narrative therapy implies that it is the story that the client has about her/himself that causes the problem (Sanders, 1998). But—why should this worry the reviewer of this recent book from Dulwich Centre Publications? As most therapists now know, these colourful, economically bound publications are replete with Whitean references and picturesque vignettes that enthrall the committed narrative practitioner and have been known to irritate the non-committed.

Introducing Narrative Therapy responds well to such criticisms. In keeping with the 'personal is the professional' maxim, each paper is accompanied by a footnote explaining how the author came to be influenced by narrative ideas. Citations come from further afield than White or Foucault—but the book is so non-theoretical that it contains no index.

This book speaks to the convinced rather than to the ambivalent. It is divided into seven parts: introducing the concepts, working with individuals, groups (including the Power to Our Journeys group), communities, co-research, and finally 'some notes by Michael White'. The papers steer clear of theoretical argument or too many new concepts, but provide a concise illustration of what succeeds in narrative therapy and in community work.

The Dulwich Centre Community Mental Health Project began eight or nine years ago and here reports on its progress, using key narrative ideas to underline the political nature of the work: stories shaping lives, externalising conversations, documenting new stories, creating rituals, naming injustice. 'You need to be excited and curious about transcending the taken-for-granted ways of living and thinking in our society' writes a project team member (14). Taking a 'not-knowing' yet curious stance is a crucial characteristic of a postmodern therapist; here it becomes an intervention in itself.

Michael White's influential 1988 paper 'Saying Hello Again—The Incorporation of the Lost Relationship in the Resolution of Grief' utilises Myerhoff's comment, that '... full recovery from mourning may restore what has been lost, maintaining it through incorporation into the present' (17). Characteristically, White identifies the restraints to recovery and illustrates how he moves beyond them, by listing the questions he asks with specific clients. He concludes by describing how they respond. So John 'became self-accepting' and Mary made 'rediscoveries about herself and life'. White briefly outlines and illustrates the concepts of 'unique outcome', the 'experience of experience' and the 'selection of alternative knowledges'.

One of the most practical aspects of White's writing has always been the questions he may ask. I suspect, though, that this may have lost therapists a few clients along the way, particularly those challenged by 'over-enthusiasm'. His advice, contained in the Notes, is to resist a 'barrage-like approach' and to be mindful of a co-evolving process, sensitively attuning each question to the person's response to the previous one.

I was delighted to find included Amanda Kamsler's paper, 'Her-story in the Making' (1990). It was first published in *Ideas for Therapy with Sexual Abuse* (1990) edited by Michael Durrant and Cheryl White (one of the early Dulwich Centre publications which is, apparently, no longer in print). I frequently consult Kamsler's paper and refer others to it. Eight years after first reading, 'Her-story in the Making' continues to inspire, with its simple analysis of creating a contextual, rather than an essentialist or 'problem saturated' view, and its concise, chronological account of a woman developing an alternative to the sort of oppressive story 'authored' by those who abuse.

Most would acknowledge that we have lost the magic of storytelling and that narrative encourages a rediscovery of this magic in all of us. Barbara Wingard's story about

'Sugar' or the effects of diabetes in Aboriginal communities demonstrates the 'talking-to-the-problem' technique that works towards uncovering the influence that issues (such as diabetes, rebellion or alcoholism) have on individuals and hence their communities. Wingard's paper on grief is a touching testimony to reconnection, honouring both her son, who died in infancy, and Aboriginal ways of dealing with the disproportionate amount of grief that pervades Aboriginal communities at this time in our history.

Caucusing and co-researching, as they are done in narrative therapy, appear to be powerful ways of sharing experiences in order to develop new, more useful stories. The Power to Our Journeys group, women who have been recipients of mainstream psychiatric service, recount experiences which really do jolt your senses. And there are more stories.

But finally to White's Notes. They're short, simple and teachable. They include an 'externalising conversation' exercise, notes on narrative metaphor and narrative therapy. They also include considerations for practice, such as warning that the therapeutic context cannot be 'entirely egalitarian' but we should 'strive to render it more so' (229).

The papers have been published before, usually in the *Dulwich Centre Newsletter* (now *Journal*). For novices, this book will introduce, illustrate and explain narrative ideas in simple terms. For practising narrative therapists this book may be an opportunity to gather together some favourite papers. For non-therapists, or those outside the 'culture of psychotherapy', the book is a powerful, yet direct, introduction and will leave the reader with a dramatic sense that narrative ideas can inform people far beyond the consulting room.

References

- Sanders, B., 1998. *Back to Reality: A Critique of Postmodern Theory in Psychotherapy*, by B. S. Held. [Book Review], *ANZJFT*, 19, 3: 160–161.
- Stagoll, B., 1998. *Narratives of Therapists' Lives*, by M. White. [Book Review], *Psychotherapy in Australia*, 5, 1: 66–67.

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NARRATIVES OF THERAPISTS' LIVES. Michael White. Adelaide, SA, Dulwich Centre Publications, 1997. Soft cover, 242 pp., ISBN 0 9586 678 3 7. \$30.00

I must confess that my first reading left me disappointed. This was to be a book in which White, for the first time, focused on the life of the therapist but sadly, I found that there was nothing new for me. I had read elsewhere (as I read in Part I) about 're-membering conversations' that acknowledge the contributions that others have made to a person's life, about 'saying hello again' and the reactivation of dormant memberships in a 'club of life'. I had read of, and experienced, the practice of reflecting teams. In training and supervision I had experienced ritualised definitional ceremonies that authenticated personal descriptions and avoided the dis-membering practices of conventional

therapy. I was looking for more—for something that was going to be special for therapists.

In my initial reading I had separated myself, as therapist, from the clients that I see and I had forgotten an adage of narrative therapy that the clients and therapists share more similarities than differences. Consequently, I reread the book (several times) and more of value caught my attention.

I have frequently heard the lament ‘Why doesn’t White say what he means in English?’ The language of this book presented the same dilemma. The language is difficult. White recognises the complexity of his language and warns the reader. He argues (and I agree) that he is attempting to address ideas for which there are no adequate words. Thus his phrasing and prose are complex as he attempts to make his ideas transparent. This does not make for easy reading and White hopes that the reader will find ‘persevering with this complexity, rewarding’. The effort is, I think, worthwhile and a ‘thicker’ description of his ideas, which I found satisfying, emerged. I had the sense, in reading this book, that White’s ideas are not cast in stone and that there was still much to be gained by the reader wrestling with them, as White does, I believe, to make them more transparent.

In Part II, White explores the impact of the professional discourses on the personal life of the therapist. White’s concern is the heavy price that therapists can pay when they conform to the ‘culture of professional disciplines’ that he claims leads to ‘dismemberment’ of the professional and a ‘loss of self’. This struck a chord, and I remembered in my early counselling days trying to conform to the gentle ‘Rogerian’ model and the paralysis that I frequently suffered in the belief that there was a ‘right’ response. This paralysis was particularly prevalent when I was in the presence of my ‘gurus’. Also, I have frequently observed high levels of stress in colleagues, evoked by practices of group and live supervision. This regularly seems to lead therapists to perceive their work as inadequate and they anxiously attempt to make their practice ‘fit’ the prescriptions of supervisors (seen as authorities). White explores alternative conceptions of the therapeutic endeavour and offers partial antidotes to alleviate this debilitation, including an account of two-way therapy and a series of ‘taking it back’ practices.

White envisages his ideas as providing a ‘partial antidote’ through the deconstructing and de-centring of knowledge and he offers many thoughts (that he has written about elsewhere) but now he centres on the therapist. White introduces each of the four sections and clearly sets forth what the section is and is not, about. The proscribing approach he adopts in these introductions, I believe, guards this book from the accusation of being another ‘dominant culture of therapy’.

White warns, in Part III, that the ‘privileging of the micro world of therapy leads to “therapist centredness” and this to the “experience of burden, fatigue and exhaustion”’ (White, 1996: 193). White goes on to argue forcibly for an ethical therapeutic position based on collaboration and de-centred practices that are both ‘two way and accountable’. He sees these practices leading to therapists’ ability to think outside what they would normally have thought and thus a partial antidote to fatigue and burnout.

White includes in this book extended transcripts that give a clearer picture of his ideas and the pacing of his work in practice. However, some transcripts are taken from client work and are not examples of working with therapists. I would have preferred the latter.

Part IV presented me with the greatest difficulties and it was not easy reading. It represents the failure to recognise the influence of post structuralist thought in narrative therapy’s development and an attempt to prevent it from being seen as ‘recycled structuralist–humanist psychological practice’. I found White’s language in this chapter more forceful than usual, as if to ensure that Narrative Therapy is *not* located in a structuralist or humanist categorisation. He is heavily influenced by the thinking of Foucault. This section challenges so many taken-for-granted notions about life, identity and practices of structuralist or humanist psychology, that it could be seen as critical of all that the humanism has achieved in the past. He attempts to place Narrative Therapy clearly in post structuralism. The strength of this critique makes it vulnerable to accusations of becoming a dominant knowledge. White avoids this accusation, I think, by being clear about his aims (spelt out in the section introduction) and by locating his words as a critique, a questioning, rather than a criticism. White concludes the section with an acknowledgement of the impact of the many achievements, on a personal and social level, of structuralist or humanist psychology.

I enjoyed *Narratives of Therapists’ Lives*, which invited me to reconsider my own practices and subject them to ongoing scrutiny. I thought that the effort of understanding it was worthwhile.

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WOMEN OF SUBSTANCE. Sue Jackson, Gael Wallace and Ponch Hawkes. Allen & Unwin, St Leonards, NSW, 1998. Paper. \$24.95. ISBN 1 86448 609 0.

I began reading this book during my first visit to the beach for the summer, surely a time for reflection on body image!

The authors are two therapists in private practice in Victoria, who describe themselves as coming from backgrounds where dieting and hypervigilance about food intake was the norm for females in the family and who now have developed a professional interest in the connections between body image, self esteem and eating. Their book is a series of interviews with eighteen women of larger than ‘average’ size, presenting their experience in life in first person dialogue under headings such as ‘family’, ‘clothes’, ‘sexuality and soul’, ‘food and dieting’ and ‘on being large’. Each interview is prefaced by the authors, giving their engaging impression of the interviewee. Exuberant photos by Ponch Hawkes accompany the interviews, and are a powerful antidote to the female images generally presented.

The women who offer their stories come from a variety of backgrounds and walks of life (a teacher of belly dancing, an executive director, a mother, a counsellor)

and are likely to be unknown to the reader, enabling many to identify with aspects of the book. The stories brim with life. Taken together, they challenge our tendency to give power to appearance and remind us, in the words of one interviewee, that 'My body is where I live, not how I live or who I am'. Inserts of research-based information challenge myths such as 'It's healthy to be thin'.

This is a book with many possible uses. It's beach or bedtime reading for jaded therapists, being enjoyable and informative. It's an engaging book for anyone interested in reading of the human experience, told with frankness and humour. It's a potential therapeutic tool, as it normalises the struggle associated with being larger than dress and shoe manufacturers decree, and provides valuable support for female clients wanting to deal with the challenge of body image issues.

MELODY KROK

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MOVING ON: Women's Experiences of Childhood Sexual Abuse and Beyond, Yvonne Darlington. Annandale, The Federation Press, 1996. Paperback. 140 pp. ISBN 0 86287 219 8 \$25.00.

This important book is a qualitative study of ten women's experience of having been sexually abused by relatives in childhood. Informants' ages range from nineteen to 51. The women were referred by social workers and facilitators of support groups.

There are four sections. The first deals with the research regarding the long-term impact of child sexual abuse. It also discusses the value of autobiographical accounts of survivors. Three accounts enable readers to see survivors as whole people, and not just victims and survivors of sexual abuse. The second section gives the background to the study: the women and the abuse they suffered. The third deals with the impact the abuse had on their lives and the fourth with the recovery process.

Dr. Yvonne Darlington is a social worker experienced in mental health and legal settings. Her research in this field followed on from her work with many women with histories of childhood sexual abuse. She is currently a senior lecturer in the Department of Social Work and Social Policy at The University of Queensland. Survivors will find *Moving On* valuable as a self-help book. It may be the first information they have ever received about sexual abuse. It is easily readable and gives ten slightly differing accounts of abuse with which a woman could identify. Students and those entering the field of work in a sexual assault service would find the information invaluable because of the symptoms described by the women, the details of the abuse, their recovery process and the means by which they moved forward in their lives.

It is also important reading for all social workers and health professionals especially those working in community health, gynaecology and maternity areas, as it provides information that might answer questions for the therapist when a woman is displaying uncharacteristic behaviour and emotions e.g. when having a pelvic examination. The

research indicates that counselling was not always a positive experience and this reflected badly on the individual skills of some of the counsellors. The women at times felt disempowered, abandoned and powerless in counselling and considered that the timing or nature of interventions had been inappropriate to their needs. However, I would like to have more precise information about the counsellors who were not helpful: their training, sex, level of experience and the nature of their interventions. We should bear in mind that not all counsellors are qualified, experienced or committed to working with victims of child sexual assault. Counselling approaches are recommended which demand collaboration between worker and client, truly regarding the woman as the expert on her own experience and what is best for her. The key to recovery and moving on appears to be the combination of counselling, the support of personal friends, and groups (the book does not indicate, however, whether groups are on-going self-help groups or professionally led short term psycho-educational groups of at the most ten weeks).

The reason that the role of friendship in the lives of adult sexual abuse survivors has received little attention (Sanders, 1992) is that as a group of women, they do not normally have close supportive friends. They have been isolated by the very nature of the abuse and although they come to counselling and support groups, they very often do not maintain friendships made there. It would be interesting to research this area further. Groups do give the opportunity for the isolated survivor to learn and develop social skills and friendship. Without this process the survivors may never knowingly meet a person with similar experiences.

The research indicates that friends aided the healing process as much as counselling and groups, and provided valuable role models for the women. One concern with the emphasis on friendship as an equal tool for recovery, however, is that service funding bodies may see these natural supports as a way to minimise treatment costs, and thus reduce funding for groups or one to one counselling. I would hesitate to equate the support of friends with group therapy and one to one counselling. Services for this group of clients are already poor because of staff shortages. Some sexual assault services funded in major hospitals by the NSW Health Department do not even allow treatment of adult survivors of child sexual assault unless they are proceeding to legal action, or if they do, they usually have long waiting lists.

In the book's Appendix, the research methodology is described, outlining the way the interviews were constructed and providing important information to those wishing to conduct this type of research. As indicated in the book's summary, the interviews were unstructured and allowed the women to contribute in their own words to their story and their recovery. Although the sample was small, making it difficult to generalise, issues for these women are similar to those in other research projects. There is an extremely large bibliography.

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BRINGING THEM HOME: A Guide To The Findings And Recommendations of The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. Melbourne, Human Rights and Equal Opportunity Commission, 1997. 50pp. No price. No ISBN.

‘The process of telling and listening has only begun. The process will not be easy; it will not go away’ (33).

This is a 50 page guide to the 689 page *Bringing them Home* report and it provides a starting place for the uneasy listening that must be done. In its 50 large format pages it describes the work of the National Inquiry—the terms of reference, the collecting of evidence, the need for reparation, and the 54 recommendations. There are selected testimonies given to the Inquiry by Indigenous people, supported by photographs and other archival material. The testimonies are full of grief, and the guide, though brief and clearly laid out, needs and deserves time to absorb without haste.

The ongoing effects of separation are carefully spelt out—the lifelong damage to children taken as infants, the undermining of parenting skills, the poor outcomes for those removed, the loss of heritage, and the effect on health and morale for those left behind. While the longer report devotes over twenty percent of its length to contemporary separations, including juvenile detention, the guide allows only four percent of its coverage to this aspect, allowing a tiny concern that the completeness of this short book, and the thoroughness of the Inquiry, might create a feeling in the reader that some ending has been achieved, rather than that the listening has only begun.

Reading the guide as a white person and a migrant, the guide gives me a clear and excellently presented introduction to the huge areas of concern illuminated by the Inquiry. It will serve as a vital aid in the implementation of its own recommendation 8a ‘that state and territory governments ensure that primary and secondary school curricula include substantial compulsory modules on the history and continuing effects of forcible removal’. To this end, too, it includes a timeline of events in Indigenous history.

Reading the guide as a counsellor, I note recommendation 9a ‘that all professionals who work with Indigenous children, families and communities receive in-service training about the history and effects of forcible removal’. To read this guide is to lift the corner of a curtain to glimpse a whole world. Counsellors are obliged by the findings of the Inquiry to grapple with issues such as how we might set about learning to work with Indigenous people and what part we might play in helping them to have their own self-provided services (Recommendation 33b).

For me, the guide also invited reflection on Galbraith’s term ‘conventional wisdom’, a general belief uninformed by rigorous thinking or even everyday compassion, which allowed the separations to occur. In fifty or a hundred years, how will our grandchildren be appalled by the actions of society in the 1990s? We would certainly all have guesses, and to read this little guide might spur us into action and protest against current thinking and practices, as well as starting us on the way to healing the past.

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THE GRIEF OF OUR CHILDREN. Dianne McKissock. Sydney, ABC Books, 1998. 163pp. ISBN 0 7333 0679 9. \$14.95.

This book covers a broad range of subjects specific to grief in children. The content is relevant to the subject and provides some interesting insights for caregivers and professionals alike. The style of the formatting is simple and makes a lot of sense. In the latter stages of the book there are a number of practical strategies to aid families, individuals and professionals with assisting children through the process of grief. There are a couple of stages in the book where reference is made to the ‘lost children’, that is the Aboriginal children of Australia, however, these references only scratch the surface of what has only begun to unfold in respect of these children. The ethnicity of the writer is unclear, therefore I am unsure of what the use of the reference to these lost children represents.

My observation of the book is that it is intended to be used as a guiding outline for grief work, however, this may be specific for the dominant culture, yet not as clear for cultures other than the dominant. I’m sure that it would have been a lot more useful to have a range of comparisons in order to highlight the difference in cultures and also the process which these cultures use in today’s society. Some reflection of the historical process used by the non-dominant cultures and the realities associated with their beliefs would have been fairly useful, and perhaps some comments from non-dominant cultural perspectives.

Every culture has its own way of dealing with grief, every culture has a process in which they carry out the ‘dealing with grief’, and everyone is different in how they deal with grief. It is my observation that non-dominant cultures teach their offspring from an early age to express their grief over traumatic situations, especially where it comes to dealing with death. It would have been useful to have information on the processes used by some of the ethnic cultures, e.g. Irish, Maoris, etc. These would have made a fairly useful comparison, and other cultures might have chosen to adopt some of the practices used by the non-dominant culture.

My overview of the book: it is relatively good and speaks volumes about how children react when dealing with grief. The practical strategies such as ‘The How Tos’ are a very useful tool when dealing with grief. *The Grief of our Children* contains a fairly extensive range of reading material on grief, with a number of well known authors, yet again I did not observe any specific cultural material. On a scale of one to ten, I give it a nine: a very good resource book for any professional. I would like to know where I could get extra copies of this book, for I would like to give copies to my people in the community. The extracts on pages 146–149 are very important.

Arobanui.

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Penguin is the agent for ABC Books in Aotearoa/New Zealand. Eds.

SOARING INTO THE STORM: A BOOK ABOUT THOSE WHO TRIUMPH OVER ADVERSITY. Alison Asher. Washington, Life Skills Press, 1996. Soft cover, 160 pp. \$35.00 (approx). ISBN: 1-887703-00-4.

This is a pleasing book in terms of graphics and layout. The images are presented in a delicate style and the editing format makes for easy reading. In her acknowledgments, Asher states: 'This ... is one of the first books designed specifically for the family ...' (156), adding that one can find books for both children and adults which are *about* the family, but this book is designed to be used *by* the family at all ages (hence the larger print for grandparents).

The book is in two sections. The first, approximately 40 pages, is a parable constructed around two swans; one young and sad, the other older and wiser. The metaphor which develops is of unexpressed emotion, likened to a storm. Together the two swans experience such a storm and the young swan learns not only that it can survive, but also how to express its own inner storm. It is suggested that to swallow or ignore tears (and feelings) puts us at risk of emotional hardening, similar to the formation of hail stones which can be hard and sharp.

The remainder of the book is given over to information about dealing with grief related to serious illness, death and other losses. The chapters on assisting and supporting children to experience and understand their emotions around loss seem to the reviewer to be of particular value. There is also a brief overview of research in the areas of responses to sorrow, children and violence and the importance of communication between parents and children. Much of this information could usefully be incorporated in parent education settings.

For those who work with children and families experiencing grief, the parable may be a useful way to convey the effects of unexpressed grief to older children and adults. However, even though Asher specifically suggests children under eight should have the parable read to them a chapter at a time over three nights, I believe the concepts are expressed in language which at times is somewhat abstract and may be confusing or even frightening to vulnerable younger children. I believe some modification would be necessary. Overall, while this book may not fully meet the author's aspirations, it is certainly a useful and informative addition to the field.

EILEEN MASON

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A STRANGER IN THE FAMILY: CULTURE, FAMILIES & THERAPY. Vincenzo DiNicola. NY, Norton, 1997, Hard cover, 380 pp, \$76.95, ISBN 0 393 70228 6.

A Stranger in the Family is a welcome contribution which goes some way towards compensating for the relatively little attention paid to culture within family therapy literature. DiNicola draws together the anthropological, transcultural

psychiatric and family therapy literatures in his development of Cross Cultural Family Therapy. He argues against viewing difference in terms of cultural stereotypes. DiNicola focuses on the unique culture and narrative each family brings to therapy. He proposes a more phenomenological approach in which the therapist explores the meaning each family makes of their predicament from their particular historical and cultural view point.

DiNicola uses the metaphor of the stranger in the family to describe to great effect the meeting of therapist and family. Several of his conceptual tools, including Spirals, Masks and Therapist Roles, directly address the problems of engaging and developing a therapeutic relationship across cultural differences. Spirals are a respectful way of conducting an interview. The therapist gently skirts around the issues and lets the family define themselves, their problem, and culturally acceptable solutions. Cultural Masks are shared ceremonies, rituals and symbols that the family uses to give meaning to their experience. Masks can be used adaptively or defensively as 'cultural camouflage' obscuring the real problems. Therapists can take either an Insider and or an Outsider role within the family. By Insider role he means using the therapist's common experience with the family. The Insider role can assist the family to feel understood, and foster a collaborative working atmosphere. In using the Outsider role, the therapist is explicit about differences between therapist and family and can take either an expert posture or a one down position. For example, the expert therapist may discuss the common reactions of migrant or refugee families in a alien culture, providing a new explanation for family difficulties. By taking the one down position, as the cultural outsider, the therapist can invite the family to explain their own culturally determined ways of understanding or dealing with problems.

DiNicola uses translation as a metaphor for all communication. Transferring meaning from one culture to another is the effort to bridge differences that requires both sides to relinquish old stereotypes or myths and explore new perceptions, explanations and ways of being. He also provides a very useful discussion of the advantages and disadvantages of the various interpreting arrangements, including the use of professional interpreters, family members, therapist colleagues and bi-cultural advocates or workers. DiNicola discusses the difficulties of migrant children and their families when faced with rapid cultural change and the resulting family conflict due to different rates and degrees of acculturation between family members. He clearly articulates how independence has become enshrined as an ideal in Western family therapy and demonstrates how this is not so in other cultures. Finally, DiNicola illustrates the power of metaphor to transform the family's collective narrative and he explores the reconstructive process of piecing the new narrative together which he calls 'suturing'.

DiNicola artfully uses a combination of theory, research, and autobiographical material and demonstrates his therapeutic style through well chosen, relevant case studies and session transcripts. This a very useful text for those who work with migrants or refugees.

LEO SEXTON

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PSYCHOTHERAPY WITH 'IMPOSSIBLE' CASES: THE EFFICIENT TREATMENT OF THERAPY VETERANS.

Barry L. Duncan, Mark A. Hubble and Scott D. Miller. NY, Norton, 1997. 222 pp, \$59.95. ISBN 0 393 70246 4.

This is a companion book to the recently published *Escape from Babel: Toward a Unifying Language for Psychotherapy Practice*, by the same authors (Miller, Duncan and Hubble, 1997). However, it stands on its own. Using the same framework of core curative factors that was elaborated in the former book, the authors turn their attention to those difficult cases who are typically seen as highly resistant, uncooperative, overdependent, with a history of multiple treatment failures and multiple-agency involvements, and who are often characterised by hopelessness, a high risk of suicide, violence, abuse and mental breakdown. These are the cases whose appointments we dread, whose files become the thickest; about whom we heave a sigh of relief when they cancel or fail to show up, and because of whom we sometimes stay awake at nights and worry. Impossible cases.

The authors however prefer the more respectful term 'therapy veterans', who nobody or nothing has helped. They describe how

... these veterans of misery have often been kicked around by the mental health system and perceive therapists as discounting their desires, discrediting their distress, and even disbelieving their stories of misfortune. Like many veterans, they are battle weary, very cautious, and a little crusty around the edges. Also like many veterans, they have their stories to tell (18).

The book begins with a description of how our explanatory models tend to produce the self-fulfilling figure-ground effect the authors call 'theory countertransference' which focuses the therapist on notions of pathology, disorder and dysfunction and which, in turn, encourages 'attribution creep', a powerful process that leads to clients taking on the characteristics and qualities required to conform to and confirm the practitioner's theory. The clients' ideas about causation and their motivations for what they believe they need in order to be helped are discounted. The therapist pursues agendas dictated by his or her theory about causality and therapy and typically, in the absence of any change, continues to apply or intensify the use of 'more of the same' approaches which leads inexorably to 'more of the same' problem and ultimately to failure; a failure which the therapist's theory can usually explain as being in and of the clients, but which, for the clients, will become a further reason for despair and bitterness.

The authors propose an approach consistent with outcome research that shows that the attitude, the agendas and the resources that clients bring to therapy contribute 40% toward successful outcome, the quality of the therapy relationship, 30%, the placebo effect, 15%, and our therapy models and techniques a modest 15% (see Miller et al., 1997). They highlight the importance of accommodating therapy to clients' frames of reference. This involves:

- Making room for the client's resources and views
- Providing the conditions for change
- Responding with flexibility
- Adapting or making therapy fit the client's ideas of what is helpful

- Identifying the client as the most important part of the change process

One chapter looks at the importance of the therapist's positive beliefs and attitudes, of morale, of preserving energy, and of avoiding '... the four horsemen of impossibility (i.e. anxiety, urgency, pessimism and over-responsibility) ...' (38). Ways are suggested of 'taking your own pulse' that can be used by therapists and consulting teams to slow down.

They encourage therapists to join with their clients in a joint exploration of possibilities, enlisting their participation, ensuring they have a positive experience in their relationship with us and in the process of therapy, and to work hard to learn *the clients'* theories of change. They describe a ten-year old 'veteran's' pride at achieving with her *own* idea what intensive therapy had failed to help her do. She had been suffering from nightmares and had been unable to sleep in her own bedroom.

'Psychiatrists [therapists] just don't understand ... you [the client] also have the solutions, for yourself, but they say, 'Let's try this and let's try that' and they're not helping. You know, you're like, 'I don't really want to do that.' Your asking me what I wanted to do with my room, got me back in my room. So, what I'm saying to all psychiatrists is we have the answers, we just need someone to help us bring them to the front of our head' (25).

The importance of validation is also emphasised; legitimising clients' concerns and their view of the problem, highlighting aspects of their struggle with the problem and demonstrating the belief, but without false reassurance, that they have the resources that can ultimately ameliorate or resolve their problem.

As well as many shorter anecdotes, there are three prolonged case studies with commentary which highlight the approach and, in particular, highlight the resources and the courage of clients traditionally seen as having a poor prognosis. These studies include a 'dissociative identity disorder' (multiple personality), a 'delusional disorder', and one from the garbage-bin category of 'borderline personality disorder'. I found the stories extremely moving, and they led me to thinking back sadly, as I assume many readers will, to cases for whom I might perhaps have been of more help had I but listened harder and 'known' less.

In contrast to the tortured, impenetrable language and complex theorising of some current writers in our field, this is an extremely readable, down-to-earth and valuable book. It is respectful and neither criticises nor moralises. It should be read by everybody who practises or who manages and/or supervises practitioners in the field, particularly those in front-line agencies. And also, unlike with many texts, our clients could easily, and perhaps should, read it too. Highly recommended.

References

- Miller, S. D., Duncan, B. L. and Hubble, M. A., 1997. *Escape from Babel: Toward a Unifying Language for Psychotherapy Practice*, NY, Norton.
 Zeig, J. K. and Gilligan, S. G. (Eds), 1990. *Brief Therapy: Myths, Methods, and Metaphors*, NY, Brunner/Mazel.

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INCESTUOUS FAMILIES: AN ECOLOGICAL APPROACH TO UNDERSTANDING AND

TREATMENT. James W. Maddock and Noel Larson, NY, Norton, 1995. Hard cover, 441 pp. 0 393 70193 X. \$75.00.

This book represents a brave attempt to present a thorough approach to providing therapy for families after a disclosure of incest. I say 'brave' because, as the authors acknowledge, much of their work has been seen as controversial. However, they demonstrate a determination to stand by their position, born out of their own practice, research and theoretical orientation. As a consequence my own response was one of ambivalence; I admired their strength of conviction and courage, but had a number of concerns.

They begin by outlining what they describe as the two major forms of intervention after incest, the 'advocacy' model, based largely on working with victims, and the family systems model. They go on to outline the pros and cons of each, constructing them as either side of a divide. I found this somewhat simplistic, the result being two paper tigers which could easily be challenged. They then suggest as an alternative their own 'ecological' approach, attending to the needs of both individuals and families. They characterise this as being not about polarisation, but as multi-perspective, that is '... to be ecological is to appreciate each and every living thing and its relationship to every other thing ...' (18).

There is little in the sentiment of this book that I would take issue with; their view of the family as an important locus of change and healing, their understanding of the complex relationships which exist within families, and their focus on the meaning of events for those concerned. However there were a number of issues which I felt were more complex than was evident in their discussion. Their primary position is that healing is achieved through seeing all family members together throughout the treatment process with additional individual or sub-system work as required.

Family members should be separated in treatment only when direct evidence of harm or the threat of harm is present. In our experience *some small risk of reabuse needs to be tolerated* for family therapy to be conducted most effectively and efficiently; with appropriate safeguards inside the treatment itself, the danger of further abuse is quite minimal (176).

An early case example they gave was of a family session including a five year old child who had been anally raped, and his abuser. Just how the therapist can ensure the 'appropriate safeguards' in such circumstances, as a matter of course, and without careful consideration, is not adequately developed.

Their view of non-offending women is also problematic. Seeing whole families extends even to where women have decided to separate from the offender. The authors do not 'trust' such a decision if it occurs too soon after disclosure, and refusing to attend conjoint therapy represents 'unresolved issues of her own'. Despite some sensitive insights and occasionally advocating for her position, they appear to have maintained some of the worst of family therapy practices in relation to responsibility and causation.

While offenders are 'morally responsible', we learn in a footnote that the authors '... consider non-offending spouses equally responsible with perpetrators for the family dynamics that have set the stage for incest to occur ...' (341). In fact, their observation of family relationships and pattern of interaction after disclosure, and the extrapolation that these existed prior to and formed part of the causes of incest, is a major theoretical problem with their approach. Their analysis of the position of women, and the extent of their own crisis after disclosure (evidence for which is supported by a range of research over the past decade) is inadequate for a book which claims to attend to individual and family needs.

While Maddock and Larson argue strongly against stereotyping families, they continuously refer to 'incestuous families' and outline a series of family typologies, which appear to encourage therapists to put families into boxes. Therapists are invited to adopt a family perspective, often to the point where individuals become obscured. Even though they pay lip service to not blaming victims and non-offending mothers, the language remains so family oriented that it is easy to lose sight of individual responsibility. It is easy to see why they have been criticised (they admit this) for holding families responsible, and for being 'soft on offenders'. This is most obvious in cases where there is much more use of phrasing that removes agency and moral responsibility ('sexual contact between', 'sexual relationship' or 'they added oral genital contact to their repertoire'), compared with terms like 'abused' or 'molested'. An analysis of power is a central aspect of their understanding of family functioning (though curiously, feminism's contribution to this is absent). That aside, their central positioning of power is welcome. It is somewhat surprising then that the power of the abuse to determine relationships (and therefore of the abuser as an orchestrator of relationships) receives only minimal attention.

The value of the book is in the ideas the authors present for working with whole families in the room. These are supported by rich detail, case examples and extracts from sessions. They are clearly skilled and experienced therapists, who have the ability to tread the delicate line they adopt in relation to a range of issues. For example, they do not require the offender to admit responsibility in order to enter therapy, nor details about what 'really' happened. My concern in reading this book is not that Maddock and Larson advocate bad therapy—indeed I too see families where the offender has not yet admitted responsibility, and have had sessions early on with all family members. I am not therefore one of the people they criticise for adopting a rigid stance about these issues. My concern is that therapists inexperienced in working with sexual abuse could make some very poor judgements if they were informed by the theoretical positions outlined in this book. However, I found the book an important contribution to debate, and hope that the more useful aspects of their approach are not overshadowed completely by these issues.

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