

REVIEWS

Independent comment on audio-visual and print materials

BACK TO REALITY: A CRITIQUE OF POSTMODERN THEORY IN

PSYCHOTHERAPY. Barbara S. Held, NY, Norton, 1995. Hard cover. \$54.95. ISBN 0 393 70192 1

This is a very scholarly and thoroughly researched book. Held uses her sound theoretical understanding of ideas about 'knowing' to explore and critique the current postmodern, poststructural trend in therapeutic practice. Given that, in the Australian context at least, this trend has taken hold with very little critical response and challenge, the time for such a book is ripe.

Held begins by suggesting that the postmodern or narrative movement in therapy (Anderson and Goolishian; de Shazer; Frank; Gergen and Kaye; Hare-Mustin and Marecek; White and Epston, among others), while also part of a more widespread trend in thinking, has developed in response to a problem long unresolved in the therapeutic arena: how to create a 'system' of therapy which does not subsume 'the unique individuality of each client' (15). Held outlines the ways in which the Eclectic Therapy Movement in the USA (Prochaska and DiClemente; Beutler; Lazarus, among others) has developed in response to the same problem. The central difference between the two movements lies, Held claims, in their theoretical stance about knowing: the latter being 'realist' and the former 'antirealist'. Where a realist approach to 'knowing' assumes there to be an objectively knowable reality that exists independent of the knower and about which generalisations or truth claims can be made, antirealism assumes that 'knowing' or 'narratives' (as the linguistic manifestation of knowing) will always intervene between knower and known, and that therefore reality is not knowable in any direct, objective or 'true' sense.

The body of the book is devoted to a deconstruction of the narrative movement's claim to 'anti realism' and its claim, more implied than explicit, to be antisystematic (and thus more individualised). In this very adept teasing-out Held highlights the ways in which both 'realism' and 'systematicity' appear in the writings of the narrative movement in ways that contradict the professed intentions and theoretical positions of its proponents. Among the examples she cites: 1) 'narratives' themselves are 'linguistic entities' which, because they endure through time, must be understood to exist independent of the knower. Because both therapists and client refer to these 'narratives' there is the implicit assumption that they can be known in a direct sense. 2) Narrative therapists make claims that their interventions bring about changes, not just in clients' 'stories' but also in behaviour. To claim such effects and that such effects can be known is to claim objective knowledge of an

extra-linguistic reality. In short, Held suggests the narrative movement participates in at least a 'modest' realism.

Held momentarily suggests that narrative therapy may more accurately be characterised as 'antisystematic' than 'antirealist', which would seem to concur with its desire to individualise. However, Held's following analysis of the structure of therapeutic models renders dubious even this characterisation. She notes that earlier models of therapy have consisted of three distinct components: A—a theory about 'problem causation', which determines the content of therapy (e.g. biological, intrapsychic and sociopolitical factors); C—a theory about 'problem resolution' including a prescribed method of intervention (e.g. challenging irrational thoughts); and B—an intervening 'client (problem) category' (e.g. personality disorder, phobia etc). Held suggests that narrative therapy clearly contains component B, a theory-cum-method of problem resolution, which she summarises as follows:

interventions such as deconstructing/challenging/questioning old narratives cause the co-construction or reconstruction of new stories ... and can cause the experience and perception of new options and potential solutions ... (202).

However, she continues, where narrative stands apart from traditional models is in the absence of categories A and C, evidenced in the belief of its practitioners

that there can be no general, predetermined categories of clients (problems), because each client's problem (description) is indeed uniquely his own, with unique causes or explanations that cannot be captured by any general, predetermined theory of problem causation (63).

Astutely, however, Held points out that the absence of component A in narrative therapy may be more apparent than real, that 'despite its best intentions, it does indeed have a predetermined theory of problem causation', and that is, that 'the client's story is the cause of the problem' (77; 110). This along with other 'objective or truth claims' of the narrative movement, Held suggests, have 'managed to escape the attention of the members of that movement' because their 'expression' is 'implicit' rather than explicit (89). At this point the book tests our intellectual flexibility when we find ourselves confronted with the paradox that while the content of the claims of the narrative movement are antirealist (as in the theory of causation above), in the sense that they propose a 'truth' about human experience, such claims are as 'realist' as those of any other non-postmodern theory about human nature.

Having exposed both its multifaceted realism and systematicity, and in so doing characterising narrative therapy as much less radical than it purports to be, Held, clearly motivated by her position as a scientist practitioner, devotes the last part of the book to suggesting

ways in which the narrative movement (which she by no means dismisses) could make itself more scientifically rigorous, and thus more efficacious. She proposes three more overtly systematic models of narrative therapy which, she claims, also retain the capacity for individualising therapy.

The final chapter deals with what Held sees as a number of very difficult ethical dilemmas for a therapy movement which, apparently believing itself to be anti-realist, is able to 'deceive' itself about its own authority or engagement in the expert position. This is probably the most professionally challenging chapter of the book. In summary, *Back to Reality* can be utilised in at least two important ways. First, for those interested in taking a more critical look at the narrative trend, it is invaluable as it stands or as a starting point for further critique (scattered among Held's central arguments are the seeds of related critical discussions waiting to be developed). Second, those who wish to improve the efficacy and ethics of their narrative therapy practice are likely to find her suggestions for making interventions more systematic, thought provoking, and her discussion on ethics challenging. Though *Back To Reality* is intellectually dense, I think it is well worth the effort.

BELINDA SANDERS

Adelaide Hills and Southern Fleurieu Community Health Service

STRANGE ATTRACTORS; CHAOS, COMPLEXITY, AND THE ART OF FAMILY THERAPY. Michael R. Butz, Linda L. Chamberlain and William G. McCown. NY, Wiley, 1997. Hard cover, 267 pp, \$69.95. ISBN 0 471 07951 0.

This is not an easy book to review because the subject is complex and demands some versing in the physics and mathematics of chaos. Nonetheless, the authors do well to explain basic constructs for the average punter. Their work is a collective based on impressive clinical experience, education and research into the chaos of family therapy. Readers of this *Journal* will note the generous citation of three Australians who have published on chaos in these pages, Gibney (1987), McLeod (1988) and Stevens (1991), and may benefit from another glance at these applications in the field. I won't attempt to explicate terms like bifurcation, irreversibility, self-organisation and so on, but limit my remarks to the book's application of chaos to family therapy.

The authors begin with a history of family therapy in terms of what they call the five paradigms: 1) Bateson and double-bind theory; 2) the Milan group's 'respect for the family's own unique harmony as a totality' (12); 3) Bertalanffy and open systems theory, which recognises stability and change; 4) Maturana and Varela's autopoiesis; and 5) *voilà!* self-organisation and chaos theory. At this stage, one of my gripes is the glaring omission of the narrative paradigm (this is 1997!), apart from a single line footnote to Michael White. How social construction approaches are or are not relevant to chaos

systems would have made an interesting discussion. Also, I found the author's contention that paradigm 5 is what family therapy has all these years been developing into, presumptive and irritating. I had the growing impression that much of this book is revision and very much situated in the systemic 1980s. Many of its references come from this era, starting with Dell and Goolishian's (1981) seminal article again in this *Journal*. With respect to chaos, the authors anticipate a future paradigm shift in family therapy that has already happened, and that for some is already history, viz. the post-systemic narrative theorising of Anderson and Goolishian, White and others.

Chapter 2 introduces chaos and complexity theory, which is grounded in a systemic therapy context in chapters 3 and 4. Here, the mysterious concept of the strange attractor emerges: 'fantastic, complex maps that capture the interplay between stability and change in systems' (68). The role of the therapist is to challenge existing patterns and pull or attract the family into change, redirecting their 'turbulence' or energy. Part 3, the core of the book, is titled: 'Catching the Butterfly—Chaos in Therapy.' Guidelines for treating enmeshed families, and those with members showing suicidal behaviour, are presented. With the former, the therapist strategically introduces a destabilisation technique, while with the latter, intervention is minimal and the family is somehow kept 'near chaos but not actually in chaos' (137). This section of the book has many case illustrations, interspersed with therapeutic principles many of which echo basic systemic theory and practice, as well as borrowing from psychoanalytic theory. Thus, transitions in the family life cycle become 'developmental bifurcation points', and statements like: 'Those behaviors that appear the most chaotic are also the foundations for stability and order' (189), while valuable, are not exactly radical. Throughout, the authors hint that chaos therapy may one day replace the dreaded managed mental health care system, which sounds a trifle evangelistic.

Not so far from the end, the authors ask: 'So, what does understanding chaos theory and self-organisation theory do to help us with families in therapy?' (188). For me, this question lingered for some weeks, bringing its own chaos into any cosy pretensions about myself as a chaotician-at-work. While reading Part 1, I very nearly mounted the wings of a butterfly, casting therapeutic stability on the edge of uncertainty. What held me back? Why was this book not a strange attractor for me? Was it simply cowardice about the prospect of guiding families through transformational chaos? To confess, I balked at the idea of 'making *interventions* based on the perspective of chaos theory' (57, italics mine). A miracle or surprising order when it happens is one thing, engineering it another! The notion of catching the butterfly and harnessing it even for therapeutic ends is for a narrativist like me, too chilling a project. The most I could attempt would be to flap my wings and watch a family self-organise out of my office. Seriously, I'm not at all sure how family therapy and the new science of chaos can mix.

However, as far as I can glean, co-evolving with families is not about expertly applying the latest findings in chaos science (e.g. 'nanostructures') but creating a space for understanding and meaning to grow in the therapeutic relationship. The danger is that the chaos therapist enters the session armed with complex equations, rather than demonstrating a readiness to hear the family story. To the authors' credit, they do advise caution in applying chaos to complex systems like families, the general principle being that the less a therapist intervenes, the greater the likelihood that a family can self-organise. But the question they beg is whether families are systems at all, to whom chaos techniques should be applied.

In conclusion, this book is an attempt to take family therapy into the 21st century on the wings of chaos. But, as the authors admit, 'family therapists already think like chaoticians' (132), and have done so for more than a decade. Meanwhile, there has been the narrative post-systemic revolution which may not be too friendly towards a 'treatment based directly on fractal geometry' (116). Nonetheless, it is well worth reading, for the same reason a film like *Bladerunner* is worth watching: to help us focus on the ethics of playing dice with the world. The message of the book is more important than the science or the therapy: that if we are humble and patient enough, order will arise out of the seeming chaos of family therapy and astound us.

References

- Dell, P. and Goolishian, H. 1981. 'Order through Fluctuation': An Evolutionary Epistemology for Human Systems, *ANZJFT*, 2, 4: 175-184.
 Gibney, P., 1987. Co-evolving with Anorectic Families: Difference is a Singular Moment, *ANZJFT*, 8, 2: 71-80.
 McLeod, W. R., 1988. Epistemology and Constructivism: Some Implications for Therapy, *ANZJFT*, 9, 1: 9-16.
 Stevens, B. A., 1991. Chaos: A Challenge to Refine Systems Theory, *ANZJFT*, 12, 1: 23-26.

GLENN LARNER

Nowra Community Health Service, Nowra, NSW

HUMAN CHANGE PROCESSES: THE SCIENTIFIC FOUNDATIONS OF PSYCHOTHERAPY.

Michael J. Mahoney. NY., Basic Books, 1991. HB, 590 pages, \$99.00
 ISBN O 465 03118-8.

You, the reader, are always 'in the text', and your reading is not a mechanical processing of information but an organic participatory relationship that changes with the dynamics of your own unfolding experience (including the acts of reading and re-reading) (376).

Mahoney here makes explicit what the reader has already discovered in the previous 375 pages: this is no dry, scientific text, but one which involves responding at both an intellectual and feeling level. There are similarities to Gaarder's *Sophie's World*. Both writers construct a sweeping and analytical history of ideas with logic and lucidity, while simultaneously creating a work

of art. In *Human Change Processes* the movement is both linear and spiral, the tension this produces being one way in which the author draws us into a 'participatory relationship' with the text. In thus integrating art and science, Mahoney is writing for three 'broad clusters of people': graduate psychology students, fellow psychotherapists, and research scientists. Whether read (and reread) as a consecutive narrative, or dipped into as a reference text, this is a book of enormous significance for anyone working in family therapy.

The book is organised into three main parts, followed by a substantial scientific appendix, and a 120 page bibliography. Part I raises the three questions fundamental to Mahoney's inquiry: Can humans change? Can humans help humans change? Is some form of help better than others? Mahoney traces the origins and development of these questions about 'human plasticity' across three millennia.

This conceptual history then leads, in Part II, to a survey and analysis of the main twentieth century schools of psychological thought. Part III moves from theory to issues of practice. Using the questions as scaffolding and wearing his science hat, Mahoney raises yet further questions and outlines areas for urgent research. However, in his collegial role, Mahoney does give the reader some valuable guidelines for practice.

In his role as therapist, Mahoney emphasises the individuality of each client. In the role of author he also stresses the individual nature of the 'participatory relationship' each reader has with the text. Influenced, then, by '(my) own unfolding experiences' I select for mention Mahoney's discussion of the centrality of emotion in the change process, finding his guidelines for practice both confirming and challenging. While he shares specific techniques that facilitate a client's expression of affect, Mahoney is clear in his dislike of technolatriy. He emphasises the quality of the therapeutic alliance: the therapist needs to provide a 'safe, flexible and caring environment', and his/her ability to do so is directly influenced by the person he/she is. Like Schnarch in *The Sexual Crucible*, Mahoney sees the creative potential in a client's anxiety or distress. It is therefore vital that the therapist have the maturity, wisdom and self-awareness necessary to create a holding environment for such difficult emotions. The therapist also needs the wisdom to recognise that (sometimes) the processes of human psychological development may best be served (or at least, be less violated) when the quest for change is appreciated in a context broad enough to include and respect change-resisting continuities (375).

An outstanding feature of *Human Change Processes* is the way Mahoney's style and presentation match his content, the medium being integral to the message, even an enactment of it. The reader is continuously aware of the writer's persona and is invited to respond on both an intellectual and feeling level. This literary relationship mirrors the therapeutic relationship described in Part III. The author-therapist demonstrates openness and respect towards the reader-client. For

example, Mahoney is clear about his biases and enthusiasms: 'Some of the proposals of constructive metatheory are music to make us dance' he declares. The metaphor, with its appeal to the senses, conveys movement and excitement to the reader. Mahoney uses metaphor a great deal and deliberately, again matching form and content. Describing himself as 'an inveterate conceptual pilgrim' he illustrates the power of the journey metaphor while commenting on it as a therapeutic tool which 'lends itself well to the inevitable separation process at the conclusion of treatment'. And part of its attraction for him is the fact that so many clients fall naturally into speaking about their experiences as a form of journey. Moving to the level of analysis he comments that metaphors tap into

the many ordering processes that are beyond our capacities to verbalize Ö the middle ground between our explicit rules of conduct and our tacit experiential processes'.

Mahoney's own theoretical perspective is visualised as 'a conceptual base camp'.

Mahoney is an excellent teacher. He helps us clarify and consolidate information through tables, figures and other visual aids. Small touches help the reader feel respected and considered—for example, terms such as 'hermeneutics', 'axiology' and 'ontology' are bracketed with their definitions until the reader is deemed to be familiar with them. Thus difficult ideas are made accessible without compromising their complexity. This is a magnificent book. On my shelf it is lodged next to Yalom's *Existential Psychotherapy*, for the authors share a rare blend of practice wisdom and love of abstract thought. And whether as teacher, colleague or researcher, Mahoney speaks firstly to our humanness. This is a book for anyone who works at the coal-face of change.

References

- Gaarder, J., 1995. *Sophie's World*, Phoenix House.
 Schnarch, D., 1991. *Constructing the Sexual Crucible: An Integration of Sexual and Marital Therapy*, New York, Norton.
 Yalom, I., 1980. *Existential Psychotherapy*, New York, Basic Books.

MARGARET HILL

Private Practice, Robina, Qld

WE'VE HAD A HUNDRED YEARS OF PSYCHOTHERAPY—AND THE WORLD'S GETTING WORSE.

James Hillman and Michael Ventura, New York, HarperCollins, 1993. ISBN 0-06-250661-7. \$22.95.

I'VE READ A HUNDRED BOOKS ON POSTMODERNISM AND MY HEADACHE'S GETTING WORSE!! Being slightly disillusioned with the amount of hype within family therapy at present I have put down nine pertinent reasons to read this book.

1. The authors push the boundaries of thinking around the cultural impact of therapy as well as breaking the implicit censorship laws surrounding it. They do not try to sell any new brand of therapy, philosophy, or cultural theory, and thankfully don't bother arguing about distinctions between Modern and Postmodern or Structural and Poststructural. At times there are no clear conclusions to their arguments and they make no attempt to tie up loose ends. In order for therapy to become a 'cell of revolution' (38) then a great deal of our pretentiousness has to be jettisoned and they deserve congratulations in leading by example.
2. Hillman's profound insight that the suffering that life can bring may yield its own hard earned gifts gets brushed over and even lost when our focus is on dis-solving, finding solutions or deconstructing the dominant discourse.
3. Hillman says: 'part of the trouble in training is that psychotherapists don't learn enough literature, enough drama, or enough biography' (28). If those who want to deconstruct everything that moves actually switch from reading literary theory to reading literature then that's a step in the right direction. Try reading *The Re-enchantment of Art* followed by *States of Grace* as they provide a much needed antidote to the hegemony which Deconstructive Postmodernism presently enjoys in our field.
4. The discussion on how artists use imagination to deal with the very same problems other people go to therapy with is refreshing.
5. The idea that fixing the problem is exactly what is wrong with therapy, and ultimately damages people and the culture, is one that needs to be voiced. I have not heard anyone raising any questions about what might be the long term, unintended effects of having your problem externalised, or worse still bypassed, on the way to Solution City. When therapy fails to see that the pathology is part of the crack or broken window, and that something is trying to get in, then it seems to me it's creating more pathology and keeping the Gods even further away. And then they break in through the whole fucking society (173).
6. Hillman's writing has had a profoundly critical edge to it for over thirty years. If you want to experience a major epistemological shift, read *Suicide and the Soul*, followed by *Shaking out the Spirits* and then watch *Dead Man* on video. Reflect on the role of 'Nobody' as a therapist, along with the place of the 'death experience' in therapy.
7. Hillman, who is a renegade Jungian, and Ventura (a social critic) draw from, allude to, and struggle towards multiple perspectives, many far outside the current discursive boundaries of family therapy.
8. Hillman wants to move therapy out of the inner world, out past the systems approach, and cultural discourse, out into the very things that make up our environment. This is where it gets really bizarre and you may blush the next time you eat a banana but it's absolutely fascinating stuff.
9. Which brings me back to this reflection by Ventura:

Trying to break through to non-material experience is the real number one crime in America today. The so-called drug war is a war against seeing reality in any but a strictly materialist, Puritan way (149).

References

Gablik, S. 1991. *The Re-Enchantment of Art*, NY, Thames and Hudson.
 Hillman J., 1964. *Suicide and the Soul*, Dallas, Spring.
 Jarmusch, J. 1996. *Dead Man*. [Video].
 Keeney, B., 1994. *Shaking Out the Spirits: A Psychotherapist's Entry into the Healing Mysteries of Global Shamanism*, NY, Station Hill.
 Spretnak, C. 1993, *States of Grace : The Recovery of Meaning in The Post-modern Age*, NY, Harper Collins.

JEFF POWER

Lifeline, Gold Coast

MULTIPLE VOICES; NARRATIVE IN SYSTEMIC FAMILY PSYCHOTHERAPY. Renos

K. Papadopoulos and John Byng-Hall (Eds). London, Duckworth, 1997. Tavistock Clinic Series. 242pp. £12.95. ISBN 0 7156 2777 5.

This amazing synthesis comes from the august halls of the Tavistock Clinic, which has developed a reputation for innovative and mutually respectful accommodation to therapeutic styles that in other contexts would be seen as antithetical. The strong Tavistock emphasis on analytic theory and latterly on attachment theory has led to expansive and unifying perspectives within family therapy. The contributors are informed by influences ranging from Freud to feminism, from Descartes to Derrida, Plato to Palazzoli, even Wittgenstein to White. The common thread is the movement from the archaeological model of psychotherapy where the accent has been on 'historical truth' (to be uncovered by the therapist) to that of 'narrative truth' (to be constructed by therapist and patient). Although all talking therapies may be considered narrative in style at one level, family therapy has limited the term to a focus on facilitating families to develop alternatives to the dominant narrative determining their lives.

David Campbell opens with a discussion of the development of his research questionnaire, the difference between research and therapy, and finally an analysis of the effect of research on therapy, incidentally illustrating the difficulties of research in our chosen field.

Sebastien Kraemer deconstructs the term 'narrative'. In one of the most rewarding chapters, he describes twenty years of integrating psychoanalytic and systems ideas. He thoughtfully examines attachment theory and its relevance to family therapy. The quite justifiable revolt against the patriarchal and linear attitudes of psychoanalysis in the early days of family therapy has resulted, he claims, in the censoring of some of the basic assumptions of analysis concerning early developmental influences. His own 'Pilgrim's Progress' moves through a transference-based therapy, an examination of the notions of a 'self' and his struggle with the ghastly revelations of sexual abuse. Newer therapies rightly sought to incorporate an understanding of all abuses of power

into their methods, leaving behind many of the early innovators such as Minuchin and Haley and to some extent the Milan therapists. Certainly psychoanalytical organisations have until recently seemed out of touch with social and historical abuses such as racism, sexism and homophobia.

Kraemer strongly contends that family therapy is evolutionary rather than revolutionary. Bateson, Jackson, Haley and Weakland offered a radically different way of looking at therapy; the focus then moved from mother-blaming to the dyad and beyond. Whilst family therapy is but 40 years old, psychoanalysis has reached its century, and according to Kraemer, the relationship between the two embodies all the ingredients of the classical oedipal contest—anger, rivalry, fear of powerlessness, splitting and the use of projection; family therapists attempted to escape from their historical roots until this was pointed out to them by the next generation, led by women therapists in the 1980s. Thus the prevailing ethos of modern systems therapy is a plural one. We are open to the ideas and cultures of others and compulsively curious about how they get to be the way they are. This curiosity has been translated by the Milan therapists into the notion of neutrality which seems to paraphrase Freud's notion of the 'evenly suspended attention' or Wilfred Bion's statement that the analyst should 'inhibit dwelling on memories and desires'.

I found the chapter 'Language and Narrative: Learning from Bilingualism' by Charlotte Burck extremely helpful in explicating some of the complexities inherent in therapy with those who have English as their second language. Such clients have automatically to deal with multiple perspectives through different languages. The influence of societal and personal valuing or discrediting of language is also pertinent to the bilingual narrative. Gender difference in the context of bilingualism has not received attention.

Stephen Frosh alleges that the most interesting discovery of postmodernism is not that reality is constituted in language, but rather that *it might be impossible to put into words the things that really matter*. He disputes the identification of postmodernism with linguistic relativism and hence narrative therapy, arguing that a postmodern treatment of a story does not offer the narrative therapists a tool for enabling clients to shake off constraining beliefs. Playing with stories can even be a betrayal of people in search of something more authentic. The best modernists, he says, struggle with the difficulty of living in doubt. If postmodernism is an exercise whereby one story is allowed to replace another without rhyme or reason, without debate over values and power, then it is possible that it will turn into something cynical and nihilistic. The claim that everything is the same shifts quickly into a denial that anything matters. He says postmodernism also misses the main point of what therapy offers when it works: a method of interpersonal recognition, a sign of not being alone.

John Byng-Hall makes sense of the directions that he

has taken as a therapist in terms of his own developmental influences. Gender differences are explored by Barbara Dale and Jenny Altschuler, both heavily influenced by Carol Gilligan's seminal work, and by others more recent. Anne McFadyen parallels her own experience of childbirth with her research into neonatal intensive care. Her project analysed, in terms of attachment theory, the development of mother-baby relationships in the setting of the neonate's admission to a special care baby unit. It also considered the influence on that dyad of the nurse as representative of institutional belief systems, and then considered the role of family cultural and organisational beliefs about childcare, prematurity and the role of medical intervention.

Caroline Lindsay conveys something of the struggle resulting from adoption and fostering. A new family formed through these processes must contain within it the stories of both the child and the birth family. Public parenting requires the couple to share the responsibility of parenthood with social support agencies. The social worker's recounting of the child's story to the prospective fostering or adopting family will be influenced by her agency's ethos concerning child care, by her sense of responsibility for the predicament of the child and by beliefs about family placement and family identity.

Here we have a well titled, fascinating book which should be on every bookshelf. It is as though a bridge has been built between what are often seen as disparate approaches to common human dilemmas.

BRUCE CHENOWETH

Psychiatrist, Newcastle, NSW; VMO. Community Adolescent Mental Health

CRITICAL INTERVENTIONS IN PSYCHOTHERAPY: FROM IMPASSE TO TURNING POINT.

Haim Omer. NY, Norton, 1994. Hardcover, 166pp, \$39.95, ISBN 0 393 70182 4.

This book, delightfully and engagingly written for the professional therapist as well as the nonprofessional counsellor, will be of some interest to family therapists, but will more likely have wider appeal to those engaged in individual therapy. However, the important issues of therapeutic impasse, critical interventions, narrative reconstruction, therapeutic relationships and process consultation are therapeutic dynamics common at least in part to most therapeutic disciplines.

The material is presented in a way that leads the reader in the process of understanding more fully the potency of critical interventions that result from process consultation. Omer writes, 'We must face the unpleasant thought that impasse reflects not therapeutic necessity, but only the limits of our understanding and the poverty of our acts'. Other introductory texts in therapy, while they may be excellent, often do not accommodate such depth in understanding therapy that is stuck. In general, other texts emphasise theory or research methodology, or focus on the specific areas of

interest. However, while this work is not focussed directly on disciplines, it contains sufficient breadth in its topic area that its cohesiveness ties the work of other authors such as J. Haley, A. Lazarus, S. Minuchin, J. Norcross, P. Watzlawick and J. Weakland together.

The author grounds his assumptions in the literature, and as a practising professional, he relies on vignettes to provide helpful examples of situations where therapists have become well and truly stuck in the therapeutic process. These vignettes are very helpful—mainly because of the manner in which they are presented. For instance, a case is stated, followed by analysis and highlights of the relevant critical interventions and their impact on the client. While this impact is admirably illustrated, the impact on therapists is only implied. Perhaps a direct expansion of this theme would have added another worthwhile dimension to the book.

As I read, I found myself reviewing my own work and instances when I had become bogged down. I caught myself wishing that I had the knowledge and had developed the skills to utilise the consultation process more effectively to yield creative critical interventions. Omer reminds us that creative and useful therapy is often the result of the combination of the art and technique of therapy.

Although the material presented is not new, and is widely discussed in the literature, its presentation and clarity make this effort particularly worthwhile. Each chapter is neatly divided into sections which describe concepts that provide the reader with a framework to more fully understand the case vignettes. The text has a unifying theme that readers will find useful. The major topics of discussion include Impasse and its Resolution, The Impact of Critical Interventions, Narrative Reconstruction, Modifying Ineffective Strategies, Repairing the Therapeutic Relationship, The Unifying Function of Critical Interventions, The Process of Consultation, Critical Interventions and the Modern Era in Psychotherapy, a Follow-up of Forty Psychotherapies after Consultation, References, and Index.

In summation, the format of the book is attractive and written to be read with ease. Each chapter is introduced and concluded with a summary. The comprehensiveness of the topics presented in the text make it potentially useful to professionals and to educators looking for a text to round out a syllabus.

SANDY PATTON

Private Practice, Carseldine, Queensland

THE RELATIONAL SYSTEMS MODEL FOR FAMILY THERAPY: LIVING IN THE FOUR REALITIES.

Donald R. Bardill, Haworth Press, NY, 1997; paperback, 286 pp with index, \$US42.00 quoted for hardback outside US/Canada, ISBN: 0-7890-0074-1.

'Relational' and 'systems' are terms that have inspired some useful and dynamic theory. I was intrigued to see

what type of model resulted from simultaneously addressing both these concepts. What I found is an ambitious book designed as a basic text for family therapy students and practitioners. The Relational Systems Model (RSM) 'provides a particular paradigm for the conduct of family therapy' (publisher's description) which is grounded in the work of Murray Bowen, Virginia Satir, and, to a lesser extent, Salvador Minuchin. Their work is extended with originality and rigour by Donald Bardill, who also draws upon neuropsychology (the triune brain) and the work of Eccles. He develops a model to guide family therapists in their understanding of the realities to which each individual relates. This is also to help therapists understand and address themselves and their patterns in relationships and in families. Throughout the book, his style is the clear, concise and authoritative one of an experienced teacher. An understanding that both separateness and connection are necessary in human relationships and systems underpins the RSM. The Bowenian premise that the purpose of all therapy is a differentiated self (in relationship) is one that predates the entire book. The four realities are self, other, context (from Satir) and (refreshingly) spirituality (from Eccles). We, as individuals, need to recognise and maintain separateness and connection to all four realities. The implications of this for clients and therapists are spelt out.

This is not a book of recipes for practice. The RSM provides a model for assessment and understanding what is happening in the lives of our clients and in our own lives. Diagrammatic representation (Life Stances) and tables (Context—i.e. family) (based on Satir's and Eccles's and Bowen's and Minuchin's ideas respectively) have been developed to assist the reader. The appendices include questionnaires designed to help therapists identify life stances. There are occasional vignettes that usefully illustrate what the concepts may mean in people's lives and in therapy. There are few clues in this book on 'how to' work with families. Most of the examples and discussions concern individuals or couples in therapy. I found the chapter on the 'necessary but not sufficient considerations' for encouraging a therapeutic atmosphere the most directly relevant for therapists. Guidelines for the therapist are to ensure that the therapist is aware of his or her own relationships to the realities, and working on improving his or her own levels of self differentiation.

In the first chapter Bardill outlines a concept of human relationships, *a* concept of human systems and *a* concept of models. (The italics are mine as I appreciate the use of the indefinite article.) Using language of certainty, he discusses uncertainty; 'Relational truth in the human reality does not exist' (4). His definitions and summaries of complex concepts are among the most

useful and succinct I have read. Bardill acknowledges the constructivist notion that each individual has his/her own location or perspective, and therefore cannot know the Truth. He also makes the often ignored point that, emotionally, it is difficult to not know. There is survival value in certainty, in being 'right'. I was disappointed that subsequent chapters lost the conditional tense. For example, in chapter 5 (Life Stances) we learn that, 'The realities exist independently of whether or not we connect to them' (96). All the 'assessment tools' assume at least that an 'objective' perspective is a valid one. Their appeal seems to be to our emotional need for certainty.

The 'context' considered is the family. I wondered about the absence of discussion of sociopolitical or cultural contexts. Likewise there is no discussion of the context of therapy. These absences lead by default to a normative or prescriptive model of individuality, family and culture, and to therapy with fixed goals and only one definition of adaptive functioning. Bowenian theory has been criticised for elevating those qualities, such as low levels of emotionality, valued in 'male/patriarchal' culture. Luepnitz (1988) and others have made these and other critiques of family therapy approaches which predate the feminist or postmodern critiques. While I agree with these critiques I also think that 'modernist' models, such as the Bowenian model, are part of our rich heritage and can offer us many ideas that are useful, if not 'true'.

Systemic, conversational and narrative therapies are not mentioned, and there are no gender or sociopolitical-cultural analyses, no French philosophers—not even any Bateson. While I did not miss the impenetrable 'languaging' that often accompanies writing in these fields, I *did* miss the positioning of ideas that characterises much writing in current family therapy theory. I do not want to devalue what *is* in this book. However, it seems that uncertainty, or even just positioning of these ideas, has been sacrificed in the clarity of explanation.

This book offers what it promises—a particular model for the conduct of family therapy. It would be extremely useful for teachers wishing to teach within a Satir or Bowenian model and for those students or others in the field wishing to fill a gap in their family therapy theory background. Bardill says, 'To provide the overlay of the RSM and not *impose* it upon the client is not easy; it is necessary. It is the paradox of both holding onto the model and letting it go for the benefit of the client' (243). For those who can either accept or suspend their critiques of the premises upon which the model is based, and can follow Bardill's profound advice, there is much of value—much clarity and encapsulated experience.

VIVIEN HARDHAM

Upper Murray Family Care, Wodonga