# BOOK REVIEWS

*As well as having reviews of a range of books, each issue we hope to have a special feature. This issue the special feature is a review of two novels,* The Words To Say It *by Marie Cardinal and* The Other Side Of You *by Salley Vickers. In the relatively closed world of therapy and philosophy it is easy to forget that most people do not read therapy or philosophy books, nor do they think about their lives in the terms commonly represented in therapy and philosophy books. Rather than acknowledging this we tend to ignore it or to think about it as somehow less important or valid. This encourages us to split up life up into discrete sections, rather than adopting a more holistic perspective. Within the existential tradition it is even more difficult to understand because it has always used genres other than formal philosophy to represent its ideas - Kierkegaard and Nietzsche in the 19thC and Sartre in the 20thC reached out to their audiences via the medium of literature rather than academic philosophy because they felt it was better suited to what they wished to communicate. It can be argued that if philosophy is about the way we live, then the novel is better suited to represent the issues we meet in life because it is more 'experience-near' than is formal abstract philosophy.*

## The Other Side of You

Sally Vickers. (2006). London: Fourth Estate. 304pp. Hardback. £14.99

This is the fourth novel by U.K. writer Salley Vickers. Like her other novels it touches on philosophical themes but unlike lesser books hers are not philosophical works with plots or debates grafted on, they are novels in which the characters engage with profound issues of living. As she gets one of her characters to say, *'there's no cure for being alive'*.

The connection between philosophy and life as lived is important but unfortunately problematic and this difficulty illustrates how the same issues are dealt with differently by novelists and philosophers. Whereas a philosopher has to abstract in order to give a clear account of a phenomenon, a novelist can to take the ideas and explore how the characters live them. This view suggests that the novel is a better medium for illuminating the cumulative effect of the myriad choices and dilemmas we meet that come to constitute our lives, than works of philosophy. I tend to agree. This concern for what philosophy cannot handle is what gives literature a distinct role in the exploration of philosophical problems. It is not surprising that novelists sell more copies than philosophers, as they speak more directly to people's lived experiences.

In this book one of the characters says: *"Apart from the known and the unknown, what is there?"* implying that he believes that there is nothing apart from the known and the unknown. In a way this book is about the contrary, the realisation that everything that is interesting and important is lived between the known and the unknown.

Thematically in its simplest form the novel is an extended meditation on love, its presence, its nature and its absence, and how we encounter these three. With respect to the plot, even if it were possible to recount the detail it would give away much of the immediacy of the lives unfolding and discovering themselves and each other between the known and the unknown. Just as with a life lived - you have to be there.

Briefly though, the narrator, psychiatrist David McBride, is remembering from some 20 or so years distant a therapeutic relationship he had with a client, Elizabeth Cruikshank, who was a failed suicidal voluntary in-patient in a mental hospital he worked in.

The beginning of the novel moves seamlessly between this main storyline and the other characters and events which comprise David's life at the time. The later part of the book explores Elizabeth's story and the bond that grows between patient and doctor.

But just because it is from 20 years distance the prospective reader should not get the idea that it is dry and full of facile and knowing hindsight. It is not. It unfolds in an immediate way. The atmosphere of working in psychiatry in the U.K.home counties in the late 1970's is wonderfully portrayed. Incidentally, there were many valuable things about psychiatry at that time that were lost when political expediancy brought in the era of targets and care in the community. One of these was that for some patients it was truly a place of asylum where they could find a breathing space and an environment to flourish. The portrait of the schizophrenic patient, Lennie, who also works in the hospital as a cleaner is one such that will be recognisable to those familiar with the setting at that time. But to return to the plot. Elizabeth spends the majority of her time in therapy in silence. Until that is, something happens that gives rise to a session which lasts for about seven hours in which the past, the present and the future are revealed and re-evaluated.

But to describe this novel as a description of a therapeutic relationship is to miss the point. It is not a therapy novel. It says as much about our ability to heal each other through remembrance and simple human interaction as it does about psychotherapy. The paradox of psychotherapy, as Lomas (1974) says, is that although it is every ordinary it is also intensely special. Running alongside Elizabeth's story is David's story of the sudden loss when he was a child of his 2 year older brother. It was this early contact with death that led him to psychiatry and although he always

knew this - he was always he realises unsure whether to live or die - we grow to learn of its significance. We gradually learn more about the space between the known and the unknown, of the other side. At the same time as the storylines unfold and the characters reveal themselves, we have a sense of something more intangible. The meeting point of these two stories and also what makes it so much more than just a therapy story is the redemptive power of art and its universal themes. The artist in question is Caravaggio and the central recurring universal image of the book which is Elizabeth's and David's story is his Supper at Emmaus (1600-01). This is about the moment that Cleophas and James realise that the anonymous and unrecognised companion they have spent time with on their journey to Emmaus is in fact their recently crucified friend Jesus, whom they obviously never expect to see again (Luke 24:13-35). At the moment of recognition however, Jesus vanishes. Similarly, both doctor and patient mourn the loss of someone irreplaceable, whose significance was unrecognised until it was too late. Through their dialogue, which as said before begins in silence and mystery and grows to accomodates an appreciation of Caravaggio and his theme, they dare to hope that redemption might be possible. But not without some other changes taking place. Such profound changes in the way one sees ones past, present and future are never simply intellectual and cognitive. If it means anything at all philosophy is about the way we live and about the courage to act.

The way the plots overlap, interlock and revolve around the central motif of the Supper cannot be adequately represented here. You have to find out for yourself.

Vickers is skillfull at capturing characters, moods and themes. Her portrayal of anguish and health, love and loss and the vulnerability of all of her characters is always believable and all too easy to identify with. She has an extraordinarily light touch and clearly has enormous knowledge of therapy and the therapeutic relationship and her writing is always as precise as the best therapist should be, and never smug, obscure or lecturing. Nor does she use art as a clumsy marketing hook to tell a story. For her the stories in religion, myth and art, are universal and are evocative because of their ability to remind us of ourselves and our choices and decisions and because of what we can learn and recognise from them about the human condition. I am aware that to describe the book as such make it seem heavy and didactic. It is not. She has an economy that many more established writers could do well to copy, if they could.

Significantly for readers of this journal, theory is almost completely absent, we do not know what theoretical perspective Mc Bride subscribes to, nor do we care. It is just not important. He is driven by a deep sense of humanity, by a belief, although sometimes faltering, in the value of the

courage to face ones demons. In this case it is Elizabeth, his patient, who has more courage than him to go to his own other side and re-evaluate his past and present and to rewrite his future. The novel is a description of the parallel journey. If only all Case Studies were written as well as this.

During reading the book there were a number of times when in spite of being gripped and involved in the story I just felt I needed a break from it to let the ideas settle and their meaning permeate through. It is similar feeling that I sometimes get as a therapist, that there is only so much that one can take at any one time of the intensity of therapy. Through many decades of reading literature I have rarely wanted to re-read a book immediately after finishing it I did with this one and it repaid the time given.

## Reference

Lomas, P. (1994). *Cultivating Intuition*. London: Penguin.

## Martin Adams

# Milton H. Erickson

J, K. Zeig and W.M. Munion. (1999). London: Sage.

This brief book in the 'Key figures in counselling and psychotherapy' series aims to articulate the therapeutic approach of Milton Erickson, as well as some commonly held concerns about his approach.

Attempting to summarise Erickson's work, which intentionally eschewed theory in place of rude pragmatism, gives Zeig and Munion both difficulties and opportunities. The difficulty is one of conveying the nature of Erickson's work without over reliance on simple description. Although the book does make extensive use of case stories, these are used in order to elucidate particular elements of Erickson's work. Even the word 'technique' conveys an improper impression of what Erickson was up to. As a psychiatrist with a longstanding interest in hypnosis, both applied and researched, Erickson followed a relatively conventional, although highly successful, academic and medical career before ill health forced him to withdraw from the safety of the institution into private practice. Thus, for a period of about thirty years, many of the latter confined to a wheelchair, Erickson saw clients in the home that he shared with his wife and children.

Without an overriding theory, what best describes the work that Erickson undertook? Three principles stand out. The first is that in contradistinction to other approaches of the time, the focus was not on the insight of the patient, but on changing the negative pattern of behaviour or negative emotional state. Thus, it was what brought the client to Erickson's house that mattered, not what had happened to them in the past, nor to any previous diagnostic labels. This did not mean that Erickson eschewed the