BOOK REVIEWS

As well as having more reviews than usual in this issue, we continue with the venture of 'pairs' that we started in issue EA 18.2. In this issue we have 2 sorts of pairs. Firstly we have a unique book entitled *When Death Enters the Therapeutic Space: Existential Perspectives in Psychotherapy and Counselling*, reviewed by 2 reviewers. Secondly we have two books with almost the same title, *Addiction is a Choice* and *Addiction: a Disorder of Choice* reviewed by the same person. Other reviews include books on rarely covered subjects such as supervision, therapy training and child development.

When Death Enters the Therapeutic Space: Existential Perspectives in Psychotherapy and Counselling.

Laura Barnett (ed.) (2009). London: Routledge.

This fine book should be read by all students and practitioners of existential approaches to therapy and also by therapists of all orientations who work in situations where '*death enters the therapeutic space'*. It contains a treasure trove of clinical wisdom, mainly from an existential perspective, for clients facing death and other 'givens' of existence. I found the interweaving of theory and practice particularly pleasing. Each contributor introduces his/her own theoretical stance and also situates him/herself in relation to the issues which emerge in his/her therapeutic interactions, often also giving his/her reasons for choosing to work with their particular client group.

The great merit of the Editor's introductory chapter on the philosophical roots of existential therapy lies in her personal engagement with the work of the philosophers (principally Heidegger) about whom she writes and also the dialogue in which she engages between what her clients tell her and what the philosophers say; she allows the two to inform each other. Her theoretical points are often illuminated by a personal anecdote or by the experience of one of her clients. She writes with rare clarity on the concepts of Heidegger which she feels are relevant to her practice of therapy, but she does not baulk at addressing his relationship with Hitler and National Socialism. More briefly, she addresses the contributions of other thinkers and clinicians whose work informs the practice of existential therapists and she has useful sections on the relation between existential thought and psychiatry in general and the diagnosis of PTSD in particular. Her chapter offers a handy review of this topic.

There are also pithy summaries of existential concepts scattered through the book, though it's not always clear how each relates to the chapter which follows it. Laura Barnett concludes the work with a summary of her

dialogue with the contributions of her fellow authors. This rounds the book off nicely, but the preceding short chapter on Martin Buber's dialogues with Carl Rogers and Emmanuel Levinas seems out of place.

Melanie Lockett's chapter *('Reflections on Cancer Counselling')* has great power because her own experience of being a cancer patient has led her to write with great openness about her own fears and her vulnerability and has allowed her to be unusually open to the experience of her clients.

David Horne *('HIV as a Mirror to Life')* sets the predicament of people living with an HIV positive diagnosis in its cultural, social and political context. He shows how a client's response is a function of how they have construed their world and lived their lives up till now and how also they respond to the existential givens with which they are confronted. The author also shares his own response to working with his clients and shows how the challenges and opportunities which they face are not different from those with which we all have to contend.

Laura Barnett in her chapter on *'Surviving Intensive Care'* demonstrates not only that she has understood what Heidegger wrote and is able to apply that in terms of her own life and those of her clients, but also she is able to convey that understanding to the reader who may not be as well versed in continental philosophy as is she. Her love for her clients shows through in this delightful chapter.

Sanja Oakley ('*Creating Safety for the Client'*) offers us a model for working with people in the aftermath of a terrorist attack. She creates a vivid sense of the experience of Transport for London Staff who were traumatised by their role in rescuing victims of the 7/7 London bombing. She offers, too, a theoretical perspective and shows how her findings were different from that which she had anticipated.

Dick Blackwell ('*Mortality and Meaning in Refugee Survivors of Torture and Organised Violence'*) outlines the various complex challenges which are faced by refugee survivors of torture and organised violence and their families and he offers an account of the impact on him of working with this group of clients. He describes the theoretical tools with which he has sought to make sense of his own experience as well as the experience of his clients and the peculiar demands and challenges of this work. I feel that the use of well-chosen clinical vignettes to illustrate his points would have enhanced this chapter.

John Heaton ('*Reflections on Suicide and Despair'*) offers some practical advice for responding to suicidal clients. He draws a very valuable distinction between an existential-phenomenological approach and other approaches (including both CBT and psychoanalysis) which draw on a natural science model, and he examines despair from an existential-phenomenological viewpoint using Kierkegaard as a starting point. He offers a profound mediation on the problem of despair and

suicide and the therapy of despair. After reading it I felt that my understanding of despair had been deepened.

I do, however, take issue with him when he writes:

> *I shall not give case histories of despair as I agree with Hans Cohn (sic) that case histories are deeply misleading. They are always written from one point of view, the therapist's usually, to illustrate his technical skill and often what a 'kind' and 'understanding' person he is. It assumes that the goal of the patient and the therapist is the same, it ignores their different perspectives. It mystifies the norms of the therapist which may conceal his interest and those of the group to which he belongs.*
>
> (p.123)

To me, that *'case studies'* can be one-sided, may be misused by the therapist and may not represent the views of the client is not a reason not to use them. A case vignette may express the client's point of view and the therapist can get the client's approval of the accuracy of what is written. It need not be subverted to the therapist's ends. Indeed, all but two of the contributors to this volume do use case vignettes, and in each case I feel that the snippets of dialogue bring life to the experience of the client.

A case in point is the beautifully-written chapter by Paul Smith Pickard (*'The Experience of Working with Clients with a Short Prognosis'*) which is constructed entirely around three case vignettes. In each case the author's encounters with his client is moving and memorable.

Sarah Young's chapter (*'Working with Bereavement'*) is also very well-written. She offers a thoughtful and thought-provoking account of her work as a bereavement counsellor, working within a Heideggerian framework. She sets bereavement counselling in its historic context and her own work in its personal context.

Ann Chalmers (*'Working with Bereaved Parents'*) describes and illuminates a variety of reactions to the death of a child, including the impact on the therapist. As is the case of many of her fellow contributors, she sets her work in the context of her own motivations for entering this field and the emotions which the work engenders in her.

The only chapter which left me feeling unsatisfied was that by Bernice Sorensen *('And When the Therapist or Supervisor Dies…..'*). She raises a very important topic – the impact on the client or supervisee when the therapist or supervisor ends the contract unilaterally and prematurely because of sickness, death or some other contingency, and what the therapist or supervisor can reasonably be expected to do to ameliorate the impact of such an invent.

Sorenson begins well enough by describing the action she took when she was diagnosed with breast cancer, and her sense that she could have

handled the situation better. Though she does not say so explicitly, the lesson seems to be inform *all* one's clients as they will have a sense of something going on anyway and allow plenty of space for clients, trainees and supervisors alike to process their feelings about what is happening. The author goes on to describe a piece of 'research' she carried out, of which she gives but scant details. All we are told is that she sent out *'information about the research'* to colleagues who had experienced the loss of a therapist or supervisor by death or who knew someone who had. Of the 22 respondents 17 had lost a supervisor and 5, presumably, a therapist. It is not even clear whether she interviewed her respondents face to face or what (if any) questions she asked. There is a sloppiness to the research in that there seems to be no attempt to discover whether or not the death of a supervisor is experienced differently from the death of a therapist nor whether it is important how the loss occurs: by death, retirement or the therapist/supervisor moving away.

The author also refers to research by Diana Voller but the details of this work are even less adequate: *'(h)er research was solely on clients whose therapist had become ill'*, and so there is no context within which to evaluate the *'eight clusters of themes'* which emerged from Voller's findings.

I would have hoped that Sorenson's investigation would have aimed to tease out from her respondents what are the factors which make it more or less likely that such an ending would be experienced as traumatic, and what actions (or inactions) by the therapist/supervisor would help mitigate (or exacerbate) such an impact. But all we get is the general statement that *'preparation, contingency plans and an acknowledgement of our own vulnerability make a significant difference to clients and supervisees.'* (p.205)

Having said that, reading this chapter reminded me to update my list of people to be notified in the event of my death or my becoming unfit to practice. It also made me think about when and how I would inform my client/supervisees if I were unable to practice for a while and what means of communication I would set up for informing them of my progress.

If, as it deserves, this book eventually goes to a second edition, I hope this chapter will be substantially revised.

Nick Kirkland-Handley.