BOOK REVIEW SECTION

Twerski, A. J. *Like Yourself and Others Will Too . . .* Prentice-Hall, 1978, 260 pp.

There is a twinkle in this book. Gone are the jargon and pomposity of traditional psychological writings. In are a down to earth yet sober language, a sadness tempered by humor, a delightful mixture of psychiatric knowledge and Hassidic wisdom.

The author keeps his theoretical pronouncements to a minimum and offers, instead, in the first part of the book, a series of examples and vignettes which show the effect upon people's lifes of a defective self-concept. The theme, of course, is a variation of the propositions advanced by theorists of the self such as Rogers, Syngg, Combs and others. The vehicle chosen, however, is one to which professional as well as lay people can relate. These exquisitely chiseled vignettes reveal not only a thorough knowledge of human nature but also an uncanny sensitivity to every aspect of people's lives, their trials and tribulations, their sorrows and joys, their hidden and public experiences. There is a curious mirror-like quality about them. It is impossible to read "Like Yourself and Others Will Too" without thinking, at one moment or another, "He must have been writing about me".

Part 2 deals with causal factors and the author transcends the traditional psychiatric habit of reducing all causality to inter-personal and intra-psychic factors. There is a fascinating and thought-provoking chapter on the possible effects of social, cultural and religious changes. Whether one agrees or disagrees with Twerski's philosophy becomes immaterial. One's thinking is stimulated. The chapter is written without dogmatism, with some wistfulness, is more descriptive than advocating. The reader experiences a deep sense of conviction, but neither a need to nor an attempt at conversion.

The last part of the book tries to answer the obvious question "What do I do now?" Although offering a couple of practical suggestions on how to enhance one's self-concept, it avoids the trap of becoming a "do it

yourself" manual and wisely steers the reader towards professional help, giving a glimpse of what professional help can be like and what it can do.

The strengths of "Like Yourself and Others Will Too" constitute, at the same time, its weaknesses. The professional reader, while captivated by the careful etching of the vignettes, may feel that Part 1, while deepening one's understanding of human behavior makes no significant addition to existing knowledge. Part 2 leaves that same reader with a sense of incompleteness. It is enough to whet but not satisfy one's appetite and one wishes that the chapter on social and cultural causal factors was greatly expanded.

Be it as it may, to read "Like Yourself and Others Will Too" was a joyous experience.

Ray Naar, Ph.D.

Glassner, Barry and Jonathan Freedman, *Clinical Sociology,* New York: Longman, Inc., 1979, 422 pp.

Envious of the technological advances made by the Physical Sciences, the Social Sciences, in the latter part of the 19th Century, attempted to emulate the hard sciences by borrowing their methodological model of Scientific Investigation.

This tendency has affected the Social Sciences in at least two ways:

—Social Scientists became largely interested in quantitative data which are amenable to measurement and testing. The goal of social science research became to develop general laws that will help us control and predict human behavior as is evident in the advent of "Behaviorism".

—The role of the Social Scientist as "philosopher King" who activates change by considering what "ought to be" was replaced by the social scientist as objective empiricist who supports the status quo by describing and organizing knowledge about "what is."

We can clearly observe these tendencies in the field of Psychotherapy. Psychotherapists faithful to behaviorism and the Freudian medical model have, by and large, sacrificed the value questions for the quantitative data, and their role as change agents for their role as "social supporters" of the status quo.

Ignoring the social ethical nature of mental illness, they chose to play the role of "social controllers" of the so-called "deviant-problem-individuals."

Clinical sociology, Freedman and Glassner suggest, attempts to deviate from traditional psychotherapy in two ways:

—It seeks to understand individuals within their sociological situational context, and hence emphasizes the social-ethical dimensions of their difficulties.
—Through the systematic application of sociological knowledge, it helps agonized individuals and group members, by diagnosing the intertwining web of their difficulties, and devising treatment that will help them change their social situation, rather than merely adjust to it.

As a form of therapy, clinical sociology is not new. J. L. Moreno, one of the first clinical sociologists, developed his sociometric methods, as early as 1917. However, clinical sociology has not yet received the recognition it deserves as a distinctive and relevant form of therapy.

In *Clinical Sociology* Freedman and Glassner take the initial step to introduce all students and professionals in the human services field to this form of therapy. Attempting to reach a wide scope of readers, Glassner and Freedman's methodology is explanatory and descriptive, seeking to initiate and introduce rather than prescribe and indoctrinate. This is not to say that the authors conceal their individual perspective. In the Introductory chapters there is a quiet, nondogmatic, plea for a contextual phenomenological approach to the treatment of individuals and groups.

The book is organized into five major sections: delineating clinical sociology, sociological theories and methodology, vital features to consider as a basis for diagnosis, and techniques of sociological therapy. Students of the human services will find *Clinical Sociology* a relevant and comprehensive textbook, and professionals in the helping fields will view it as a helpful guide for incorporating clinical sociology within their practice. It offers them valuable guidelines for sociological diagnosis and treatment. The authors give a detailed exploration of the constructive and destructive forces of certain vital sociological features (such as ethnicity, stratification, age, family, etc.,) and suggest these as a basis for diagnosis and treatment. The last chapter offers a dearth of relevant sociological questions that, if utilized by professionals in the helping field, could enable them to incorporate the sociological perspective in their therapy.

Alia Abdul-Wahab-MA, M.S.W.

Poetry in the Therapeutic Experience, Edited by Arthur Lerner Ph.D. Pergamon Press, New York, 146 pp.

Poetry in the Therapeutic Experience is a collection of 12 essays written by professional men and women who use poetry as a healing art. In his introduction, Dr. Lerner, who edited the volume, admits that "the field

known as poetry therapy is presently composed of a wide variety of experiences and interests groping for a central theory or rationale . . . the use of poetry therapy is a tool not a school," and he hopes that "the various schools of psychology can find a place for poetry . . . in their respective frames of reference." Dr. Lerner makes no attempt to suggest a "central theory or rationale." While we await the theory, we may learn from the practice.

The book may be divided into four sections which focus on: the patient as poet, the patient responding to a poem presented by the therapist, poetry therapy in a hospital environment, and discussion of the techniques of poetry therapy in a group context.

In the opening essay Dr. Edward Stainbrook speaks of patient-produced poetry as an activity which can integrate aspects of the self and "create and maintain personal meaning." Dr. Charles Ansell treats the patient's poem as a "bridge" or collaborative creation between the unconscious and the evolving ego. He echoes his colleague when he writes of our "forever creating personal meanings out of our chosen ways of perceiving experience." Poems then become, in the phrase of Dr. Ken Edgar, "epiphanies of the self," and poetry-making the dredge and salvage process by which "unwanted emotions" may be brought to consciousness and gradually integrated. Dr. Edgar's essay is particularly rich in quotations of poetry and excerpts from the therapeutic dialogue. And in Dr. Owen Heninger's account of "the healing power of poetry" we follow the personal "odyssey" of one of his patients. Again the emphasis is on poem-making as a process leading to "insight", achieved through "the venting of potentially explosive psychic forces."

Poems are also interventions which the therapist may assign in order to stimulate feelings and open new vistas for possible exploration. Here the concern shifts to different questions: what kind of patient is most likely to benefit from poetry therapy? what kinds of poetry are most effective? And if the interpretation of the poem becomes a tool for diagnosis and treatment then how does the therapist establish interpretive norms by which to measure the "pathological distortions" (Ross) of the mentally disturbed? Dr. Franklin Berry reports on studies he ran to answer the first two questions, while Dr. Robert Ross sets forth a recondite technique for "mapping" poems in order formally to "describe relations within texts that give these texts their meaning."

Allan Abrams, Louise Davis, and Julius Griffin all describe their experiences with poetry in the hospital environment. Louise Davis works as a paraprofessional at Woodview-Calabassas Hospital, where Dr. Lerner is Director of Poetry Therapy. For her poetry had "a less threatening effect than formal psychotherapy," while one of her patients described a group

poetry experience as "group therapy, only kinder." Dr. Griffin reports on his work at a Veteran's Administration Hospital where he pioneered the establishment of a "patient literary discussion group." As a social experience alone, using literature in a hospital context appears to have considerable value. Dr. Allan Abrams' overview and conclusions accord with his colleagues: "Poetry therapy seems to be a highly compatible member of the hospital's treatment team." All three indicate that it takes time for both staff and patients to accept a new approach.

Finally two essays, "Action Techniques in Psychopoetry" by Drs. Schloss and Grundy, and "Zen Telegrams" by Mary Clancy and Dr. Roger Lauer describe practical methods for using poetry in group settings, especially as a warm-up for action therapy. Roger Lauer's "Abuses of Poetry Therapy" reminds us that no method can be a panacea, no technique work in every situation. He moderates the enthusiasms of his colleagues with three fables of excess.

This book clearly indicates that pluralism flourishes in certain quarters of the psychiatric community. These essays provide an update on the state of the art as far as poetry therapy is concerned, and if Dr. Lerner's dream of a "central theory or rationale" is yet to be realized, he and his colleagues seem to be enriching their practice without it. On our way to such a unified field theory, where might we go from here? There were certain voices missed in this volume. One was the voice of the poet, someone who has taught poetry and written it and who might be able to comment on its healing and educative functions. (To say nothing of poets for whom writing has been a lifeline.) Missed also were the voices of patients who had undergone poetry therapy as a healing experience. How might they reflect upon writing and reading poems, about sharing poetry in a group? And finally a third voice, perhaps more philosophical, which might speculate on what Shakespeare saw when he wrote in *Midsummer Night's Dream* that "the poet, the lover and the lunatic are of imagination all compact."

Peter Pitzele Ph.D.

Great Cases in Psychotherapy edited by Dan Wedding and Raymond J. Corsini. Itasca, Illinois: F. E. Peacock Publishers, Inc., 1979. xiv + 314 pp.

Judging from the cases published in academic and professional journals, case method is a research approach that is alternatingly viewed by social and behavioral scientists with either contempt or annoyance. Generally

case method has more acceptance among those with a clinical orientation, who are less involved in "doing studies" and more involved in meeting clients. This is because the way in which someone has managed a case may be instructive to someone else who has a similar case.

Say an empiricist has designed a study, filled cells, tested subjects, described behavior, run data and has convincing evidence that "disclosure is significantly associated with intimacy in marriage." What becomes of the finding? The empiricist is off designing another study, unconcerned with whether the results can be utilized in some practical situation. The clinician is faced with what might be useful to real, live people on Monday morning. How that gets accomplished is the problem.

Some theories of human behavior are so well elaborated that it is easy to imagine that they exist only in the abstract, and have no direct application to individuals. Clinical case studies serve to remind us that a complex theory grew out of repeated experiences with individuals. They also serve to illustrate how someone else has tested a theoretical approach and used the theory to produce certain results.

There are a number of reasons that case studies have not been widely used in the past. These include the lack of verbatim accounts before the general availability of recording equipment, and the confidentiality issue, but most importantly, the reluctance of therapists to expose their own professional behavior to the scrutiny of their colleagues. Subsequently, students of psychotherapy have had to learn by trial and error or from novices. Except for random successes, students missed out on what the major figures did, what worked, and how it worked.

Taking to heart Samuel Johnson's statement that "example is always more efficacious than precept," the editors of this volume have put together an interesting and illustrative collection of clinical cases as they were responded to and reported by leading representatives of the various approaches to psychotherapy. It was the purpose of the editors to bridge the distance between the vague abstraction of the therapeutic process to a clinical reality, from the theoretical formulations by which systems of psychotherapy are generally known to actual interchanges between client and therapist.

The cases are well selected, representing all the major psychotherapeutic approaches including behaviorist, psychoanalytic, and more "humanistic" methods. The major figures are included such as Freud, Jung, Adler, Rogers, Ellis, Wolpe, Perls, Moreno, Berne, Greenwald, and Glasser. The cases span time from the 1800's pioneering efforts of Pierre Janet to the open encounter of William Schutz in the 1970's.

It is generally known that academic and professional journals do not publish research "failures" such as nonsignificant findings. Apparently

this kind of standard applies to the publishing of clinical cases as well. So, unfortunately, the only cases available for the editors to draw from are "successes" which demonstrate the effectiveness of the method and the expertness of the practitioner. A beginning clinician may come to believe that only he/she is baffled, uncertain, confused, or "stuck." There is no opportunity here to learn from the failures of others. Readers will be forced to take the cases as examples of what might be done and learn from their own failures.

Alton Barbour, Ph.D.