

## BOOK REVIEW: 'Crazy' Therapies

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By M. T. Singer & J. Lalich, San Francisco: Jossey-Bass, Inc. (1996)

This book describes some of the origins and rationales underlying several less well-known therapies and provides case studies illustrating their use (or misuse?). Some of the therapies which aim to enhance a person's well-being include: rebirthing, past-life regression, hypnosis, chanding, primal, reparenting, psychodrama and neuro-linguistic programming. Also included are therapies aimed at enhancing the development of children/adults with physical and/or intellectual disabilities – facilitated communication and neural organizational techniques.

The authors strive for excellence in therapy and therefore seek to alert readers of the potential harm that can occur by engagement in what they term 'crazy' therapies. They state,

*To society's loss, there is an alarming laxity with the mental health professions when it comes to monitoring, commenting on, and educating the public about what is good therapy, what is negligent behaviour by trained professionals and what is or borders on quackery (p.21).*

This aim to achieve excellence is laudable and those engaged in professions and activities

involving human relationships have every reason to support it, given that a great deal of attention has recently been focused on actual or alleged abuse in schools (Cropp, 1991; Petrovic, 1995), child care (McLoughlin, 1996), therapy/counselling (Webster, 1991) and pastoral care (Boland, 1994; O'Hare, 1996).

That said, however, I as one reader, I found the book disappointing. While some therapies did indeed appear alien or perhaps 'crazy' e.g., abduction by extraterrestrials, I feel that the authors have "thrown out the baby with the bath water" in that they have made this class of therapies too broad. They have included a large number of less well-known or traditional therapies in this category without considering their potential merits or the fact some therapies may be beneficial to individuals at various stages of their healing. The book's title, 'Crazy' Therapies prejudices the therapies from the authors' (experts') points of view, before the reader has read the text and hence been able to reach her/his own conclusions. This in itself legitimates the knowledge of a more powerful group (authors/therapists) over that of a less powerful group (consumers of therapy), an issue that will be taken up in more detail later.

Overall, there is generally insufficient descriptive information to provide the reader with an overview of what each therapy entails. Only 8 lines are devoted to psychodrama (describing its origins only) and the reader is left wondering how the theory translates to practice and eventually, therapeutic outcomes. There is considerable literature underpinning

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primal therapy (Janov, 1980, 1991; Osborne, 1980; Lair, 1980) which has evolved through practice and ongoing reflection over time. Yet, Singer and Lalich only cite Janov's earliest work (1970) and provide the reader with isolated, disconnected details concerning primal therapy as opposed to a coherent overview. While I recognise the limitations of primal for some individuals (e.g., it does not deal with how consistent stressors affect the acquisition of normal developmental tasks or self functions necessary for a stable sense of self), I would not categorise it as 'crazy'. The theory is based on sound principles of human development such as the importance of having one's infantile needs met (Erikson, 1968; Miller, 1987; Montagu, 1971; Stern, 1985) and deals with the likely implications when such essential needs are not met. Singer & Lalich make no reference to this underlying theory and mislabel primal therapy in the same category as those without any discernible theory – 'crazy'.

The case study examples do not necessarily illustrate the 'craziness' of these therapies. Alternative explanations are possible. When the authors suggest that facilitated communication did not 'work' for 9-year old Tad (and other children with communication disorders) because when their mothers used the procedure they had observed the facilitator using, the children became distressed and unco-operative, they offer one interpretation. No account is given to the differences between how the parents and facilitators used the procedure and the difficulty of the children in communicating their reactions. Similarly, no account is given to the change in context (different setting, facilitator, relationship and

so forth) which may have affected the children's inability or willingness to use the newly learnt procedure with their parents. Any of these or other factors may affect responding. Halverson and Waidrop (1970) studied mothers in a structured interaction session with their own and then later with other preschool children, and found they showed significantly more positive, encouraging statements with other children and significantly more negative sanctions with their own children. Maybe the parents of the disabled children cited by Singer and Lalich also inadvertently displayed such behaviours and hence made their children feel less safe and less willing or able to use facilitated communication.

A major frustration with this book is that the authors do not make it clear from the case studies whether the case studies adequately represent the particular therapy or merely illustrate a therapist who has misinterpreted the therapy. In other words, is it the therapy per se that lacks a sound, theoretical basis and appropriate practice and is therefore labelled, "crazy" by the authors or is it a particular therapist's interpretation of a therapy which results in the process being non-therapeutic and possibly harmful?

The authors also consistently link abuse with these 'crazy' therapies. This misleads the reader into believing that such abuse is an essential part of the therapy. While unfortunately, abuse does occur in therapy including these non-traditional therapies, there is no evidence to support the authors' view that abuse is any more likely to occur in these 'crazy' therapies. I have yet to find the rationale of any therapy, which explicitly states that the behaviours which constitute physical,

emotional and sexual abuse are an essential component of the therapy. Furthermore, it has already been documented that abuse can occur in any therapeutic relationship (Webster, 1991) even in the more conventional methods promoted by the authors such as cognitive therapy which they describe as a therapy that "...really works with depressed people" (p. xv).

I feel that the authors present a somewhat naive picture of what are essentially complex issues. For example, stating that cognitive therapy is effective for people suffering from depression fails to take into account the root of the depression. Surely if the depression is due to an abusive childhood and the issues associated with this are never addressed, cognitive therapy is unlikely to be very effective in the long-term. Some of these body therapies (e.g. rebirthing, primal) and action methods such as psychodrama may well have a place in enabling people to locate the source of their problems whilst other therapies may be useful at different times of the healing process.

The book also makes authoritative claims that cannot be substantiated such as,

*over the years, reliable statistical techniques, objective criteria, and structured, standardised interviews have been devised in order to allow us to research and evaluate the effectiveness of psychotherapy* (p. xvi).

The notion that there is one objective reality out there that can be effectively measured by expert researchers is increasingly rejected by many researchers in the social sciences

(Ballard, 1989; Heshusius & Ballard, 1996; Paechter & Weiner, 1996; Epston, 1986; Epston & White, 1990). As Ballard notes,

*All of us, researchers included see, interpret and understand our world through lenses coloured by our culture, gender, values, beliefs, prejudices, passions and experiences* (p.22).

This probably explains why so many minority groups such as women, ethnic minorities, parents of children with disabilities and adults with disabilities, consumers of therapy, health and/or welfare services and so forth who have been researched by a dominant majority frequently state that their experiences are negatively interpreted and misunderstood. (Cameron, 1985; Klein, 1983; Tumbull, Blue-Banning, Behr & Kerns, 1986; Caron & Christy, 1997). Research which allows one group to dominate what is appropriate for another as suggested by the authors of this book, "... allow us [my emphasis] to research and evaluate the effectiveness of psychotherapy" (p. xvi) only allows the voice of the majority to sound legitimate, but at what cost? Such views emphasise the pathology of the individual and ignore the meanings the minority individual or group ascribes to her/his/their experiences, thereby maintaining their minority status and legitimising the voice of the majority group (Langness & Levine, 1986; Chamberlain, 1990; Howard, 1991).

Surely, in a book about therapy aimed at helping, "...consumers become aware of the vast array of psychotherapies being offered" (p. xi), the authors would be prepared to suspend their dominant positivist view long

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enough to critique both the positivist view and the alternative theories. Unfortunately, the authors have not adopted this procedure and the result is a text that does little to empower the reader to respect and value her/his own interpretations and decisions and does everything to limit her/his choice of therapies.

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