

BOOK REVIEWS

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The four reviews contained in this issue sample the range of information available for individuals who assist people in their recovery process. Anthony, Cohen, and Farkas (1990) describe the philosophic foundation of rehabilitation services as well as systematic procedures for initiating and sustaining quality support services. Haas (1990) provides an insightful account of his experiences as a beginning professional in a mental health institute. His comments may not be welcome news to many service providers. Millet (1990) takes the reader on an historical journey as she copes with rebuilding her life as a recipient of services. Finally, Sher and Gottlieb (1989) provide excellent suggestions for the development of success teams to support each of us in our quest for quality-of-life outcomes. My sincere appreciation is extended to two of my colleagues, Pat Harder and Sue Tharnish, for their excellent contributions to this issue.

PSYCHIATRIC REHABILITATION

W. Anthony, M. Cohen, and M. Farkas

Boston: Boston University Center for Psychiatric Rehabilitation, 1990. \$39.95, 283 pp.

Several articles that have appeared in professional journals are combined within general topics to provide readers with current, up-to-date information. These 12 chapters cover the range of service delivery from basic philosophy of support to a vision of the future for individuals with psychiatric disabilities. The opening quote in Chapter One sets the tone for the flavor of this book:

How many times it thundered before Franklin took the hint! How many apples fell on Newton's head before he took the hint! Nature is always hinting at us. It hints over and over again. And suddenly we take the hint. (Robert Frost)

General highlights

- A specific distinction is made between treatment and rehabilitation and the need for professionals from both services to collaborate with each other.
- Commonly held myths are detailed using documentation to refute the misunderstandings that surround individuals and the services provided to them.
- Social skills programs must have a multi-component orientation with specific plans for generalization to natural, community settings.
- A strong emphasis is made that outcome measures for success be more practical, meaningful, reliable, and valid.
- Nine basic principles of psychiatric rehabilitation are listed with brief explanations for each.
- Examples are provided to illustrate the rehabilitation process of diagnosis, planning, and intervention.
- The authors explain the relationship between psychiatric rehabilitation technology and the mental health culture.
- Recommendations are provided for the rehabilitation-diagnosis process.

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- Personnel involved in the rehabilitation process must have sufficient knowledge and experiences to assist individuals in the achievement of their outcomes.
- Mission statements are the foundation upon which successful services rest.
- The combination of mission, structure, and environment compose basic programming principles.
- A comprehensive discussion centers on the need for a systems-change philosophy to effect long-term change.
- Recommendations are provided for a consultative model to change service systems.
- Insightful vision statements are included in the final chapter to lend direction for future efforts.

Specific areas of excellence

- Three of the vision statements that deserve mention include:

We envision a mental health system that is driven by the clients' goals rather than by the system's goals.

We see a mental health system that creates new programs rather than new labels for clients and their families.

We envision a society that places a greater priority on life enhancement than on cost containment for persons with psychiatric disabilities.

- The following quote in the concluding paragraphs of the book sums up the perceptive focus of the authors.

The key to coming closer to one's vision is action. The price of vision, the fee for dreaming, is acting on one's hopes and dreams. We must follow through and do the hard work that is both stimulated and made easier by our dreams. Dreams without action can be deceiving; action without dreams can be erratic and mindless.

- A clear distinction is made among the terms *impairment*, *disability*, and *handicap*, with examples from the field of psychiatric rehabilitation.
- There is a coordination of content from diverse sources under one cover, in a systematic and orderly process.

Areas in which this publication could be improved

- A section of recommendations for support persons to deal with the common myths would have been extremely helpful.
- A chapter by consumers with psychiatric disabilities to give their perspective of the specific content would have been enlightening.
- A companion workbook would have been useful for service providers who could respond to the content by drawing upon their current personal experiences.

Common threads throughout this publication

- There is a continual focus on enhancing the quality of life for persons who experience a psychiatric disability.
- The emphasis for services evolves around the person and supports are individually developed to best suit that person's needs.
- Respect and dignity must be maintained for all individuals who are assisted in the psychiatric rehabilitation process.

Recommended usefulness for rehabilitation professionals

- The vision, principles, and operating procedures contained in this book must be read by all support persons. If the reader is already familiar with the journal articles from which much of this book originates, he or she will still find this content an excellent source of topics for discussion with colleagues.
- The authors are to be commended for this insightful and comprehensive material all under one cover.

Reviewed by Ernest L. Pancsofar

HEARING VOICES Reflections of a Psychology Intern

Scott Haas, Ph.D.

New York: Penguin Group, 1990. \$18.95, 196 pp.

Scott Haas shares with the reader an *emotional awakening* as he describes his experiences as a

first-year intern in training to become a psychotherapist. In this fascinating and insightful account, he relates his experiences while at the Commonwealth Mental Health Institute, a state hospital that is also one of the Harvard Medical School's "fiefdoms" in Boston, Massachusetts. His experiences begin with an orientation to the facility. He quickly discovers a frightening world that sometimes appears to be more a battle zone than a treatment facility. What begins as a simple site orientation, becomes the origin of Haas's transformation from student to therapist when he is assigned his first in-patient, a man placed in a locked observation who is considered dangerous. His journey takes place within the confining walls of a mental hospital. His experiences force him to take a close look, not only at his patients, but at himself.

In *Hearing Voices*, Haas discovers the emptiness and hopelessness felt by individuals with mental illness. He finds, "They are numb to experience because their involvement with others, and with the world, has been empty. . . . [Mental illness] is all they have to anchor them to life." He becomes aware of the effect of stigma and the impact of a psychiatric label on individuals with mental illness, and how this label affects their social network, their support network, and their place in society.

Mr. Haas experiences his feelings from a new perspective and shares with the reader how they impacted his work and interactions with patients with whom he worked at the hospital. His struggle with being aware and sharing his feelings was made more difficult by the effects of the "institutionalization" and the non-emotional relationship required by the profession: "It is difficult to show feelings around institutionalized (or semiinstitutionalized) people whose emotions are often strange or guarded. . . . It's like having a meal in front of someone who's hungry and not offering anything to that person to eat."

Written in four sections, *Hearing Voices* looks at the first year of Haas's psychology internship, beginning with a description of his orientation to Commonwealth Mental Health Hospital and first contact with staff, fellow interns, and pa-

tients. He describes his involvement and experiences with four in-patient individuals whose care he was primarily responsible for during his internship. Throughout this account, he weaves the memories of his father and their struggle to develop and maintain their relationship. He sees similarities in his "therapeutic" relationships and his "real-life" relationships and struggles to bring an honesty and openness to his interactions with patients.

His experiences with each patient also heighten his awareness of what life is really like for individuals with severe mental illness and what working within the mental health system is about for those who provide treatment and services to them. Haas experiences the rift between psychiatry and the medical model and psychology, and the disparity of the status of their professionals. He questions the reasons for this disparity while recognizing the implications of working within the medical model. He guesses that "psychiatry's successful grab for power in the field of mental health is probably a response to their low position among fellow physicians." He further observes that psychiatry residents, while knowing how to "do" intakes, "rarely treated anyone who is strictly in need of psychological care." By comparison, his training was not medically oriented, and he could not function with ease in a medical hospital.

It quickly becomes clear to Haas that "supervision" would be based on the personality of the supervisor. The "professionals" view people with mental illness as unable to control their lives or to participate in decisions about their life. The mental health professionals are charged with being the experts: to identify what is "wrong" and to "fix it" based on their expertise and not what "they" [people with psychiatric labels] tell them.

In the last section, he relates his struggle with "termination," the clinical term for the point at which a therapist departs the patient's treatment process. He sensitively describes his awareness as a therapist as he moves on while in-patients simply change doctors, each new face representing a new loss as their therapists and hospital workers move on to other jobs and

lives. He recounts a fellow intern's observation that, while the hospital psychology staff individually are "great," the "department that was supposed to protect and promote our needs in the hospital . . . [was a] real failure." In the psychology department's final termination meeting, this intern dared to publicly challenge the lack of initiative and power of the psychology department; to publicly deplore their unwillingness to assert themselves within the hospital power structure; and, finally, to criticize the training deficiencies as interns were left to the whims of the psychiatry staff. He indites professionals who succumb to the axiom that "it's always been that way," and challenges them to become more aware of and involved with new trends in treatment for people with psychiatric difficulties and to stand up assertively to challenge the medical model of treatment.

This chronicle of Scott Haas's experiences offers a unique and open look into an often avoided and forgotten world. His insight and questioning will hopefully inspire all providers of "treatment" to reevaluate their methodology. He makes us all aware of the fragility of "mental health" and brings to the reader his realization of the humanness of those people labeled "mentally ill." He discovers we are all human beings struggling with the same issues, although on different levels; we are ultimately more alike than different. Haas experiences a sense of incompleteness and fragmentation. He expresses frustration with knowing the ending of therapy is often an ill-timed, unnatural break in the development of a trusting therapeutic relationship that is just beginning.

General highlights

- Scott Haas captures the isolation, despair, and hopelessness felt by people who experience psychiatric difficulties.
- Haas clearly describes the tremendous pain and awareness of his own strengths and weaknesses during the internship, how they related to other important areas of his life at the time, and how they impacted his "therapeutic" interactions. He recognizes that his anxieties create barriers for him within the process of trying to make connections with patients. He recognizes the importance of his continued awareness of where his feelings end, where the patient's begin, and where they must meet to achieve meaning.
- Haas shares with the reader the realization that we may not know enough about individuals with mental illness and their world to change it or to make it disappear; he becomes more interested in understanding mental illness than changing it.
- Haas vividly describes the frustration associated with knowing the importance of developing a trusting relationship and with how often this relationship is "lost" and "devalued" during the treatment process.
- Haas discusses openly the difficulty with the interpretation, diagnosis, and treatment of people's dysfunctional behavior and recognizes that treatment may lead to the diagnosis of the problem, rather than the other way around.
- What does supervision mean, what and who is it for, and how does it all end?

Specific areas of excellence

- Discovery that the "them and us" mentality prevails in the mental health professions. "If we view madness on a continuum, we have to become aware of those features of our souls that we would rather pretend do not exist. There is nothing remote about their suffering. In many ways, *They* are just like *Us*. Their misery and their madness are fundamentally human experiences."
- Honest exploration of personal anxieties and of the anxiety about how to "cure" people. Discovery that accepting individuals as they are and understanding the individual could possibly remove the barriers created between the patients and himself.
- Descriptions of the supervision and advice given during his internship: "Within reason we are free to work as we like, to develop our own clinical styles, and to make our own mistakes (as long as there is no possibility of harm coming to the patient). There is more than one way to try and help someone in pain."

- Excellent opportunity for professionals in the mental health service system to read how someone else examined their interactions and values concerning providing services to people who experience psychiatric difficulties.

Areas in which this publication could be improved

- The challenge will be made that Scott Haas became too personally involved with the people with whom he worked and did not maintain the necessary “professional distance.” His approach to the provision of services, while on the forefront of progressive trends to provide more “human,” personal-treatment modalities, is very much out of sync with the accepted teaching of the professions.
- As do all first-person accounts, Haas shares with us his perception without providing to persons of opposing views an opportunity to share their perspective. He strengthens his message by including the views and reflections of other first-year interns with whom he shared this experience.

Common threads throughout this publication

- Insightful first-person account of the experiences associated with a first-year psychological internship. “I’ve learned to experience differences more than ever before.”
- The questioning of the ability of the medical model to provide effective treatment modalities to people who need assistance with psychological difficulties.

Recommended usefulness for rehabilitation professionals

- Scott Haas shares the ups and downs of hospital life as he discovers what it means to be human. It is essential reading for psychiatrists, psychologists, would-be psychologists or psychiatrists, social workers, mental health workers, and anyone interested in the workings of human relationships.

Reviewed by Patricia J. Harder

THE LOONY BIN TRIP

Kate Millett

New York: Simon and Schuster, 1990. \$19.95, 316 pp.

Kate Millett provides the reader with an eloquent account of her “Trip.” She takes us on a sojourn into the depths of her psyche, a journey into the terror society knows as “mental illness.” She relates her experiences with the mental health system, her encounter with and acceptance of a psychiatric label and all that that implies, and, finally, the process of her recovery.

The Loony Bin Trip is not a gentle name; it captures the scorn and stigma associated with mental illness by our society. We are all susceptible to it; everyone is influenced by how the medical community has for years defined and described mental illness. We know of its hopelessness and its devastation to life; we also know of the difficulty of rebuilding a life and of recovering from the symptoms labeled by the medical community as mental illness.

Millett recounts for the reader her feelings inspired by the first hospitalization and by all subsequent encounters with the mental health system: the terror of losing control of her life and her fate; the guilt and shame that is part of getting “caught” being less than normal; the effect and the stigma of “hospitalization,” even if only for “evaluation”; the embarrassment and shame of the label attached to a psychiatric condition; and the anger and pain of having family, friends, and lovers collaborate with those who take away freedoms relegated only to the “normal.”

Millett accepted the original diagnosis of manic depression and a regimen of lithium. But plagued by its side effects, including hand tremors affecting her painting and photography, Millett elected to discontinue the lithium that “controlled” the manic depression diagnosed in 1972. In stopping the lithium, Millett said she also “stopped the shame, the compliance” associated with it. The first part of *The Loony Bin Trip* describes her experiences following this decision. She chronicles the reactions of friends and colleagues and the seeming shift in

their allegiance and loyalty. We have only Millett's record of this period, but we have to ponder the reactions of those around her and to question the effect of the social training we all receive about mental illness and about the people who have received a psychiatric label.

In this book, Millett records for us her experiences and memories of those years of her life given to the struggle with her mind and the mental health system. Written in three parts, *The Loony Bin Trip* looks at three periods in Millett's life: first, the summer during which she stopped taking lithium, prior to her trip to Europe, which included her stop in Ireland; second, her trip to Ireland and her incarceration in an Irish mental institution; and third, her return to New York, the ensuing depression, and her ultimate journey toward recovery. Throughout this account, she weaves the memories of her first experience with psychiatry, which resulted in an initial diagnosis and hospitalization.

Part three of *The Loony Bin Trip*, which chronicles Millett's struggle to rebuild her life, begins with her return to New York. She describes vividly the settling of depression as she felt her life slipping away: the loss of confidence, identity, and feelings of worth. And she describes the ultimate loss—the loss of self. The depression resulted in her turning to the mental health profession in an attempt to regain some hold on her life. The experiences she recounts have been told by many. The humiliation associated with the necessary confession of your errors to receive “treatment” and the shame produced by the necessity of assuming the compliant role of the errant child to the clinician's role of expert are vividly recounted for the reader. This section of the book examines the effect of these experiences with the mental health system on Millett's self esteem and on her ability to determine her life direction. It recounts the toll on her personal relationships and the change in those dynamics. Millett looked within and without to try to find ways to rebuild a life severely impacted by her encounters with psychiatric labels and systems, and she provides us with a painfully recorded account of personal loss and devastation—a

plunge into the depths of hopelessness, self-doubt, and recrimination.

The chronicle of Kate Millett's experiences will speak loudly—to the proponents of the consumer movement and to the activists in the civil rights movement—against psychiatric abuse. But she speaks loudly to all of us who have ever wondered about and feared their own descent into “madness.” Millett asks us to look carefully at our perceptions of madness and at the manifestations of madness.

Not surprisingly, Millett speaks on behalf of patients who are caught in mental health systems while trying to find a starting point for their recovery. She speaks eloquently to mental health professionals. In offering a personal account of her experiences with the mental health system, Millett asks professionals to look within themselves, to find their humanistic values, and to determine how these relate to the actual activities of the mental health services profession. She asks that they examine their work within the context of the reality of patients who live within that system, most often not by choice. Millett advocates a system more responsive to the individuals who use the system, echoing the call of activists and ex-patients for choices and alternatives in treatment modalities, and she asks all members of society to examine their reactions to people with psychiatric labels and social prejudices.

General highlights

- Ms. Millett captures the despair and hopelessness felt by people who experience psychiatric difficulties.
- Clearly defines for the readers the exasperation and fear of feeling you have no control over your “fate” or future.
- Describes vividly for readers the feelings of abandonment and rejection associated with having those people closest to you align themselves with the “professionals” to do what is “best for you.”
- Captures the frustration associated with trying to tell friends and professionals what you need and want from your “treatment” to help you in your recovery.

Specific areas of excellence

- Riveting first person account of the experiences associated with encountering psychiatric difficulties.
- Clear descriptions of the reactions of people within a network of support to various decisions and actions taken by someone with a psychiatric label.
- Eloquent call for professionals in the mental health service system to examine their interactions and values within the context of providing humanistic services to people who experience psychiatric difficulties.

Areas in which this publication could be improved

- The account of the activities of this period of Ms. Millett's life is hers. While it is a message clearly needing to be heard by all people, the criticism by mental health professionals can be made that it is perhaps only her perception of the events rather than the "reality."

Common threads throughout this publication

- The insensitivity to the requests, concerns and feelings of those people providing "treatment" is consistent across Ms. Millett's account, as are her experiences with various facets of mental health systems.
- Similarly, the reactions of those people closest to her was to consistently mistrust her decisions and her responses because of a psychiatric label.
- The consistent message delivered by society in general, and her friends and family in particular was that as a result of her psychiatric difficulties, Ms. Millett was no longer capable of making decisions about her life and her well being.

Recommended usefulness for rehabilitation professionals

Ms. Millett's account will cause the reader to look at day-to-day behaviors and responses in a new light. She suggests that typical, "normal" reactions to daily life situations can be viewed as

crazy and irrational, dependent on the perspective of the viewer. Millett further demonstrates through her experiences that, once a psychiatric label is imposed by the medical community, all those people within a community, even those within the most inner circle of friends and family tend to begin to evaluate "normal" reactions as symptomatic of "illness" rather than to-be-expected reactions to daily life traumas.

Reviewed by Susan Thornish

TEAMWORKS! Building Support Groups that Guarantee Success

B. Sher and A. Gottlieb

New York: Warner Books, 1989. \$18.95, 230 pp.

This book is a sequel to the highly visible *Wishcraft* publication for career and lifestyle planning. I selected this book based on the recommendations and advice that the authors provide for building success teams. My intent for reviewing this book is for providers of support for persons with psychiatric disabilities to have their own success teams based on the model described in this book. Burton Blatt once stated that in order to assist others with their process of change, we must also be in a process of change. You will obtain many good ideas to incorporate into your interactions with colleagues as well as the recipients of your services.

General highlights

- A success team is a small group of people whose only goal is to help every member of the team get what he or she wants.
- The development and participation in success teams provide a way of focusing our natural capacities for helpfulness and resourcefulness so that it can carry us to our individual goals.
- Support persons should be able to share their process of achieving goals and dreams to the individuals for whom they provide support.

- Compares the old-fashioned barn-raising experience of pioneers to the process of assembling trusted allies to form a team to discover ways in which each team member's dream can become reality.
- Many success stories are mentioned of people who benefited from the support generated by their success team members.
- Success teams are run like a business meeting with strict adherence to time allocations to specific topics of concern including brainstorming, skill sharing, rehearsal, sharing hard times, and homework.

Specific areas of excellence

- Brainstorming, as described in this book, consists of three distinct phases: goal searching, troubleshooting, and resourcing.
- "Experts are sometimes experts on what can't be done!"
- Postcard problem shooting: developing a network of colleagues who each receive a postcard with a current challenge. Each colleague is requested to submit suggestions for what you can consider as you look for options for the challenge.
- "If you're not afraid of some of the steps you're taking, you're not taking big enough steps."
- Specific steps are identified for running from ½-day to 6–12 week seminars for how to conduct success teams.
- Seven specific recommendations are provided for success teams which function as voluntary, leaderless groups.
- Variations on the formation and execution of success teams are detailed for families, vocational rehabilitation professionals, high school counselors, and other human service providers.

Areas in which this publication could be improved

- One statement in the publication bothered me. I think there are great ideas for adapting many of the suggestions for success teams for individuals with psychiatric disabilities as well as for the professionals who provide their support. With enough resourcefulness and planning this statement need not be true:

You may want to screen potential Teammates—to make sure you don't enlist anyone with a noticeable severe psychological problem (a personal success team is not equipped to handle such problems).

Common threads throughout this publication

- When a team member experiences a problem, three questions that are commonly asked include:
 - What do you want to do about it?
 - What's stopping you?
 - How can we help?
- Being on a team vastly expands your sense of what is possible and helps to convince you of your need for—and your right to—support.

Recommendations of its utility to rehabilitation professionals

- It's hard to maintain a high degree of motivation in our day-to-day work duties. One vehicle for reinforcement is the involvement in a life-enrichment team of colleagues who are each aiming for new personal and professional goals.
- The development of success teams can be beneficial for both professionals and the individuals who seek their support.

Reviewed by Ernest L. Pancsofar