



BOOKS



WHAT IS NORMAL?
ROZ CARROLL AND JANE RYAN (EDS)
Confer Books, £19.99

REVIEW BY: Liz Jeffries UKCP, psychotherapist and supervisor, Manchester

I was intrigued by the title of this book, as often the frame of reference for the nature of psychotherapy comes under review. What is understood as therapeutic? Are we seeking change, or trying to resolve pathological states? I've often wondered if there is a quest for normality in those who seek therapy, and so was curious about whether this book could provide answers to some of these questions.

As I read, it quickly became apparent that the book does not seek to uncover some elusive definition of normality. For this reason, it may well be appropriate for trainees and novice practitioners, as well as those with many years of experience as counsellors and psychotherapists. Practitioners at all levels of experience may find opportunities in it for comfort, challenge and outrage in equal measure. Interest in the uniqueness of individuals may be refreshed, and time for reflection on the complexity of normality may be appreciated.

The 20 brief chapters offer contextualised explorations of what may, or may not, be considered normal. Three examples illustrate the diversity of contexts included: a calling for trauma to be considered normal by Tania Glyde; a discussion of experiencing Bell's palsy not feeling normal during that time by Doris Brothers; Susie Orbach's exploration of the therapeutic dyad and how curiosity can support understanding, which may initially be incomprehensible to the therapist.

The book does offer some definitions of 'normal', but they are not in competition with each other. Indeed, Orbach presents normality as 'an ever-changing concept'. In fact, the notion that there is not a single set of criteria representing normal, and the diversity of contexts through which normality is explored, are key strengths of the book. The chapters present multiple views, as if through a window,

for observing social life and for witnessing the challenges and limitations of how norms are socially constructed.

For some, however – perhaps those who are seeking exploration of psychological theories about normality or a more research-oriented exploration of this concept – the book may be perceived as a somewhat meandering, ponderous narrative of personal experience. Nevertheless, with chapters focusing on couples therapy, gender and sexuality, and the normality of therapists and clients, there is ample material in here to encourage practitioners to reflect on their own practice and how their own perspectives on what is normal shape their work.



SEDATED: HOW MODERN CAPITALISM CREATED OUR MENTAL HEALTH CRISIS
JAMES DAVIES
Atlantic Books, £10.99

REVIEW BY: Jeff Weston, writer, existential psychotherapist and the author of *WAGENKNECHT: all men crack up at forty*

The title says it all, but this book is so much more as it questions the very edifice on which the mental health profession stands and everything we've been taught. Following in the footsteps of his great psychiatry, sociology and philosophy predecessors – Szasz, Laing, Goffman and Foucault – Davies challenges the foundations of not only the biomedical model in treating patients and clients, but the wider structures of society.

We used to be OK. We lived in a post-war Keynesian environment – one typified by humanistic psychology or the belief that '...once our basic human needs had been satisfied [then] self-betterment of oneself and others became the highest occupation of life'. Then a kind of turbo-charged greed arrived, which started to frame everything differently – people, work, health, what it is to care.

Davies pinpoints the year 1980 when two key things occurred: Ronald Reagan was elected as President of the United States (the year after Margaret Thatcher became UK Prime

Minister); and the publication of *DSM-III*, which medicalised, for the first time, workplace underperformance. This may appear on the surface a convenient piece of political chicanery, but Davies does ample digging and clearly shows that modern institutions (education, law, media, medicine), through their conformity to an economic system shaped by politics, benefit handsomely.

Put simply, Davies argues, neoliberalism – catapulted by the theories of Friedman and Hayek – managed to make itself invisible by becoming common sense, to quote Jeff Sugarman. It managed to do what religion once did – sedate the masses, '...teaching people to accept and endure rather than fight and reform'. It put the emphasis on the individual. A new kind of person was to be born – a resilient and optimistic individual, no matter what hardships, adversity, inequality, exploitation and workplace boredom existed.

We were to consume – goods, antidepressants, propaganda – and such things would make us content and alleviate our troubles. Except they don't, Davies contends. They merely paper over our deeper issues and depoliticise our discontent. The state wants two things: for us to be productive and subservient to the status quo; this now 40-year experiment, which has damaged innumerable lives and swept aside real concerns about the value, virtue and purpose of man (or woman).

Davies aims sure and unequivocally when it comes to the sodden landscape that mental health provision has become and the implications for wider society. His chapters on 'The new culture of proliferating debt and drugs', 'The new dissatisfactions of modern work', 'The new back-to-work psychological therapies', 'Deregulating the so-called chemical cure', 'You only have yourself to blame' and 'The social determinants of distress', alarm and inform in equal measure.

As Davies explains, 106 mental disorders were believed to exist in the 1970s. Today, that number is 370. Around three-quarters (21 out of 29 members) of the *DSM-5* panel reported ties to the pharmaceutical industry. There has been an 11% increase in suicides since 2006 for people who use mental health services. *American Journal of Psychiatry* research showed that, after six years, antidepressant users were three times more likely than non-users to have suffered a cessation of their principal social role, and nearly seven times more likely to become incapacitated. MRI scans reveal that long-term use of certain

antipsychotics is associated with smaller brain tissue volumes (shrinkage). Meta-analysis concerning recovery from depression shows that 23% of people spontaneously overcome their symptoms within three months *without* treatment – a figure that exactly matches the IAPT's 23% recovery rate.

We're not improving as a nation. In fact, we're getting worse, as psychiatric drug prescriptions skyrocket (an increase of 500% since 1980). Davies asks some serious questions about the 'unholy alliance' between drug companies and psychiatrists. He also points out that PHQ-9 and GAD-7 questionnaires were designed by Pfizer and introduced into the NHS in the mid 2000s, with an incredibly low bar in terms of patients receiving Effexor and Zoloft (anti-anxiety and antidepressant drugs) manufactured by the *same* company.

As therapists and counsellors, I think it's incumbent on us to know about the wider world – its motivations, dealings and false claims – and share such knowledge with our clients.

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