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Book Review: “Mental illness in the Family: Issues and Trends”

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Excerpted Book Reviews

Interviewing in Health and Human Services

Krishna Samantrai
Chicago: Nelson-Hall Publishers, 1996

Reviewed by Kathryn A. Gregoire

IN A CLEAR AND CONCISE STYLE, Samantrai compresses the essentials of common practice knowledge, values, and skills into four comprehensive chapters on the basics of interviewing in our multicultural society, with special attention paid to the complexities of working with resistance and children. Rooted in generalist social work, the text is designed for use by beginning health and human service practitioners, undergraduate students, and by those who supervise and teach.

Major strengths of the text include the dialogue of actual case interviews in each chapter, effectively illustrating principles, content, and techniques. Through the use of process recordings, analyses, and structured exercises, the author teaches her readers how to critically examine the interviews of others, and eventually their own. This feature makes *Interviewing in Health and Human Services* a particularly effective teaching and learning tool.

In chapter one, Samantrai presents the purposeful interview, the basic tool of all professional and paraprofessional helpers (p. 1). She describes seven principles of interviewing that reflect the social work belief system: individuation, acceptance, nonjudgmental attitude, purposeful expression of feelings, controlled emotional involvement, client self-determination, and confidentiality (pp. 3-10).

Chapter two explains the structure and purposes of the three interview phases in detail, with extensive examples of useful techniques and strategies to apply to assessment, intervention, and termination on micro, mezzo, and macro levels (pp. 54-56).

Chapter three focuses on resistance as a natural part of the change process, experienced by clients and workers alike. Manifestations of resistance, why it exists, and techniques to manage it are offered. Samantrai weaves information about diversity throughout the book, but she does a particularly excellent job of discussing the role of cultural differences as it relates to the concept of resi-

tance (pp. 94-96).

In addition to the usual index and bibliography, the appendix contains a glossary of "Interviewing Techniques — Definitions and Descriptions" and a "Quick Reference Guide." The glossary and reference sections have the makings of a familiar companion for the beginning practitioner. Valuing the reader's uniqueness, Samantrai informs beginning professionals about the basics of interviewing and the process of developing and refining skills through critical thinking and challenges the reader to develop his or her own unique style.

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Mental Illness in the Family: Issues and Trends

Beverley Aboosh & April Collins, eds.
Buffalo, NY: University of Toronto Press

Reviewed by Jill Littrell

MENTAL ILLNESS IN the Family: Issues and Trends is a collection of papers originally presented at a conference hosted by the Clarke Institute of Psychiatry in 1991. Overall, the contributions are well written and generally informative.

The pieces by Bachrach, Walsh, Trainor, and Butterfield and Patterson primarily focus on schizophrenia, and of these, three of the essays provide historical accounts of the professional mental health community's changing view of the family's role in schizophrenia. These chapters describe the field's movement away from the assumption that family dysfunction causes mental illness to the recognition that families can influence the course of mental disorders.

Trainor (p. 39) describes the earlier approaches as "excluding families to protect the patient or restructuring them to root out disturbance." Walsh (p. 31) expresses the more contemporary view of the goal in family thera-

py as being the “we need to emphasize the family’s crucial role in caregiving and problem solving.” Several of the essays note the relapse precipitating effect that the expression of resentment and criticism by family members can have on the outcomes of major depression and schizophrenia.

Barankin and Greenberg’s contribution focuses on the impact that an affective illness in a parent has on children. The authors (p. 111) appropriately point out that although the mental health outcomes of children whose parents are depressed are not as good as children of normal parents, 54% of these children are doing well. The literature on resilient children and the buffering impact that the presence of a nurturing adult can exert is reviewed (p. 111). Barankin and Greenberg conclude that the case for heritability is well established. Unfortunately, like most others in the field, the authors appear to have aggregated outcomes for manic depression and major depression. Although there is consensus on this issue for manic depression, in several of the studies cited by Barankin and Greenberg, the findings did not support the case for inheritance of major depression.

Several of the essays examine legal issues. Swirsky focuses on family members’ interaction with the court system when pressing charges against a violent, mentally ill member of the family. She (p. 68) sensitively describes the anguish the process can bring to families who desire effective treatment but confront a system which offers two mutually exclusive tracks (punishment or treatment).

Many of the chapters offer case presentations. Unfortunately, these case presentations fail to provide specific description of the behavior patterns or offer subjective statements from the patient’s perspective. Rather, they offer an interpretation of the dynamics in the case, consistent with the author’s assumptions about the nature of mental illness presented in the beginning of the chapter. Instead of enriching the perspective of the reader, the case presentations simply reiterate the perspective the authors had advanced earlier.

On the whole, the book suffers from a problem often encountered in anthologies. The reader confronts diverse frames of reference whose contradictions are never confronted within the book. For example, the beginning chapters by Walsh and Trainor chronicle the field’s evolving perspective away from the view of family dynamics exerting a causal role in the emergence of mental illness. By contrast, the Collins essay does a very good job, in the context of a case analysis, of conveying the (perhaps) previously assumed perspective in the family-therapy; that triangulation and the lack of a well-differentiated paren-

tal subsystem (p. 82-83) are factors in the family life of the schizophrenic.

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Learning and Teaching Therapy

Jay Haley

New York: Guilford, 1996

Reviewed by Neal A. Newfield

WHAT DO YOU DO AFTER you have helped found family therapy, introduced the notion of family development to the field, worked as part of the Bateson team that created the double bind theory, served as the founding editor of a major family therapy journal, and developed your own model of family therapy? Jay Haley is his own hard act to follow.

Many family therapists, including Haley, have lamented that family therapy is no longer exciting. No new ideas are being developed. Family therapy has evolved from its adolescence of exciting finds and rebellious posturing toward individual therapy and entered its middle years of respectability. *Learning and Teaching Therapy* is a respectable book; although this book is respectable, it certainly is not boring. In place of the highs of adolescence, you get the subtle tapestry and rich view of a master clinician/supervisor who has practiced and taught his art for more than thirty years. The vehicle for conveying this wisdom is a laconic style of writing that is peppered with interesting clinical anecdotes and a dry wit.

One of Haley’s contentions in writing this book is that “it is possible to consider the techniques of therapy and the techniques of supervision as synonymous” (p. 163). Therapy and supervision are isomorphic to each other. A hierarchically oriented and directive therapy that emphasizes action, avoids interpreting and philosophizing about why people have problems, and stresses change, should evoke a similar type of supervision with its trainees. In talking about trainees, clients with problems, and the need for a supervisor to direct the trainee, Haley states that “Discussing ideas and ideology leads to more discussion or ideas and ideology,” (p. 164). Haley’s book parallels the type of therapy and supervision he advocates. This book does not delve into the ideology of