

BOOK REVIEW

VERED SLONIM-NEVO, ITZHAK LANDER: *Stories We Tell Our Clients: Alleviating Suffering and Understanding Classic and Innovative Therapeutic Approaches*. Russell House Publishing, Dorset, UK, 2008, 175 pp, \$37.95, ISBN 978-1-905541-19-5.

Vered Slonim-Nevo, who specializes in family therapy and is a peace activist, is an associate professor of social work at Ben Gurion University in Israel. Itzhak Lander is a lecturer in social work at Sapir Academic College, also in Israel. He specializes in child therapy and is a long distance runner. Together, they present here a book intended for social workers, psychologists, family therapists and counselors. There are ten chapters in the book and each story deals with a different problematic theme we may encounter in the quest of helping our clients. Crisis, trauma, traumatic bereavement, intergenerational transmission of conflict, loss, death, social rejection, self destructive sexual behavior, eating disorders, loneliness, isolation and suicidality, amongst others, are presented and the dynamics that lead to pathology are researched meticulously and explained extensively by Slonim-Nevo and Lander. Each chapter of the book is divided into three parts: a unique story of a clinical interaction, followed by an analysis of the client's situation using theory and research, and finally an explanation of the specific intervention used in each case with a focus on rationale, theory and empirical basis for the intervention chosen.

The highlights of this short book are the stories of the patients themselves. These stories are unique to the clients and to the land of Israel, but the themes are universal for those who work in the mental health field. Each chapter has an intriguing name such as "The Young Man in a Room," which is about a 24-year-old man who, prior to his compulsory army service in the Israeli army, has barricaded himself in his room for two years. The therapist decides to reframe his situation by admiring the young man's integrity and his change strategy is to lecture the patient on psychological development, almost like taking an introductory course at the university.

The stories presented here are certainly evocative and the interventions nonconventional. "The Man Who Went Bankrupt" tells the story of a formerly successful businessman who went bankrupt, was divorced by his wife, and is now seriously depressed and considering suicide. The intervention is to bring him to a hospital to hear the stories of patients in a cancer ward to demonstrate that his situation, in contrast to a person with cancer, is not that bad. "I Forfeit My Life for Mommy" tells the story of a thirteen year old who refuses to go to school. She lives "in an ok house with ok furniture and ok food and a seemingly ok mother but . . .

nothing at all was ok.” Her father and mother are divorced and she lives in an unhealthy dyadic relationship. The therapist responds to this patient by telling a story about himself and his difficult family situation. When he finds out that the patient’s father was a tennis champion, he embarks on years of “tennis therapy” and eventually pays for the patient’s father to travel over and play tennis with the patient.

“Heavenly Father I am Sinking” tells the story of a devout Christian “girlish woman, naïve and pure . . . tall and skinny, blonde wispy hair in pigtails” who, as a child, discovered her depressed mother hanging from a beam in her bedroom a suicide. Her father, while superficially caring about the family, becomes more distant and remarries, only to have his second wife die in a car accident. The patient decompensates after revealing this to the therapist “she was transformed almost overnight from nice little daddy’s girl to a vixen, getting deep into alcohol and sex,” plagued by depression and suicidality. After a particularly troubling session, the therapist decides to call in uninvited at midnight at her apartment, but “in no uncertain terms I was here with only her best interest in mind”. He sits on her bed, she gets on her knees in front of him, he puts his hands on her shoulders as she tells him how she wears her dead mothers dress while trolling the local bars to find men to give “the blowjob of their life” in the bathroom. She then throws herself to the floor before the therapist calls the local psychiatric emergency department to have her hospitalized. The therapist reaches out to the client’s distant father, imploring him to come to the hospital; after an intensive session, the two are reunited.

“The Goalkeeper from Second Grade” tells the story of an overweight, socially rejected and overly pathologized second grader who is helped by “simply being a kid with other kids” as the therapist invites children from his school into the therapy session. “The Bullet that Transformed Our Lives” tells the story of a boy whose father is killed in a terrorist attack. In an effort to cope, the boy dresses like a vampire and even kills a rat in a ritual. Through play therapy, sharing the story of his own family, and even jogging together, the patient improves and is able to cope with his loss.

The author wonders if his storytelling about people and despair is like a midday TV shows, entertaining but forgotten within the hour, or if it is an opportunity for growth and movement both in the reader and the client. The answer is probably a little bit of both. The intersubjective space between therapist and patient happens in real time. That is to say, we do not have time to reach into our theoretical teachings when faced with a clinical decision. We often do not know what is right but as we become experienced therapists and through study and trial and error, what to do and how to intervene in a patients case becomes almost instinctual. We hope that we provide the proper therapy for our patients. Sometimes, to get to the difficult patient, we have to do things that we are not accustomed to. After all, it is said that the definition of insanity is to do the same thing over and over and expect a different result. The authors write that a

clinician's overriding loyalty to therapeutic convention may "oversimplify people, narrow opportunity for change and promote technical rigidity." This may be true. However, the title of this book could have easily been "stories we tell ourselves." It seems that in certain instances boundaries are crossed, whether it is playing tennis with a patient, paying for the patient's family to come visit the patient, or even finding oneself uninvited at midnight at an attractive patient's doorstep. In retrospect we may tell ourselves that our decisions were grounded in strict theory, however, the reality is that boundaries have been crossed. This book is not only useful in teaching therapists what to do in difficult situations and how to use unconventional techniques to help clients, but also in revealing how boundaries can be crossed—even by experienced therapists—and how to avoid potential pitfalls in therapy. A study of these cases maybe extremely useful in the classroom setting because of the useful clinical material and the discussion of therapist motives, countertransference, and therapeutic boundary limit violation.

Bronx, NY

NOAM FAST, M.D.