



Podcast Transcript



Online Professional Development for Mental Health Practitioners

Book Club: Reflections on Psychotherapy from Jerome D. Frank's 'Persuasion and Healing'

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Host (00:01):

Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

Dr Rick Yeatman (00:18):

Hello everyone. Welcome to the Book Club, my name's Rick Yeatman. I'm a psychiatrist and I've been working in the area since the mid 1980s, and today we'll be discussing a classic textbook called Persuasion and Healing by Jerome Frank. This book came out in three different editions, one in 1961, one in 1973 and one in 1991. And I've heard that this is not the only time Mr. Frank's going to be discussed on the Book Club. I've heard that there is another learned duo who are going to discuss some of his work as well. My guest, Dr. Paul Cammell.

Dr Paul Cammell (00:54):

Hello. Thanks for having me.

Dr Rick Yeatman (00:55):

Paul, I'm so glad that you agreed to do this because I think you're the guy that's going to help me understand my feelings about the particular book. Before we talk about the book, tell us a little about yourself.

Dr Paul Cammell (01:05):

Very good. So, we met five years ago when I came across to Victoria to work at Royal Melbourne Hospital, and we've been involved in post emergency and emergency mental health and collaborating on that, which is fantastic. And my broader interests have been in psychotherapy for a long time. So, I've trained in psychotherapy, and I've been involved in the college and a few other places, training junior doctors, medical students up to psychiatrists in psychotherapy.

Dr Rick Yeatman (01:34):

Okay, fantastic. Now the book we're going to do is a classic text and it's called Persuasion and Healing, which I think is a fascinating title for a book, Persuasion and Healing. What have they got to do with each other? And it's written by a man called Jerome Frank, and it was first released in 1961, and there's been subsequent editions, and they're different. They've been updated in 1973 and 1991. So, this is going to be a good old fashioned chat, fireside chat, about psychotherapy and what it all means. And certainly, Paul and I have been reflecting on it when we talk about how you help people who have been suicidal who come into emergency departments. Obviously, there's no magic pill for those people generally. So, it's all to do with talking to people. And so, we're hoping to learn from our discussion with each other, and we're hoping everyone enjoys it.

(02:22):

Why are we doing this one? Well, first of all, I think the name in itself is very interesting, Persuasion and Healing. What's persuasion got to do with healing? That's the question, I guess, and it's an interesting title. I first read this book, Paul, back in the mid 1980s. A bit like you, I was just trying to discover what this whole field of science and health and healthcare, et cetera was, and someone put me onto it. What Jerome Frank does in this book is he kind of does a deep dive into psychotherapy and what it's all about. Obviously in his mind he probably had, I reckon, two things. He kind of touches on this throughout the book. One, the first thing was that people can change the way they think and behave, and people do. And so that's a positive thing, because people can get over difficult mental and behavioural attitudinal issues. But he also realises it can happen when people are getting formal assistance for their psychological problems, but also people can change due to non-healthcare interventions. And he talks in the book about secular, religious and other kind of ways of changing people's minds and how they think. The second thing was that he comments that there was hundreds of schools of psychotherapeutic thinking, and none of them seem to be any better than the others when it comes to outcomes.

Dr Paul Cammell (04:12):

The original book's got, I think, in each chapter, and I think all of the editions do quotations from Alice in Wonderland. And he uses that notion of the dodo bird verdict, of every player wins a prize, and every psychotherapy seemingly works, but maybe they're all similar, more similar than different, and they all work in a similar way. So, we should focus more on the common factors and understand what they are. That's kind of what he's saying, isn't he?

Dr Rick Yeatman (04:38):

He is, I mean, I want to get onto those common factors, but there's a couple of things. One thing he does say, is that he had never heard of a school of psychotherapy that had actually closed its own doors saying, we're inferior to the others, which is interesting. I haven't heard of any, but maybe they have. And I just want to quickly touch on the main chapters of the book. He has an introduction. We're just talking about these common features of psychotherapy. He has a section on religion and it's ways of religious ideas can influence people's thinking. He talks about what he calls religio magical healing, and this is all the things from shamans in undeveloped countries through to, he has a large section on congregations of people going to Lourdes in France and being healed. He's got a section on the placebo effect. He's got a section on the qualities of the therapist, and he also has sections on each of the types of psychotherapy or the major groups, psychotherapeutic schools.

(05:44):

Anyway, let's hit common features. I've put it down into two things that he mentions. First of all, he talks about, that all the psychotherapies have focus on emotions, cognitions and behaviour. And the difference between them, it's got something to do with what the emphasis is on. So, this is a very big, broad, kind of simplistic view of the psychotherapies, but it's important, because he mentions that a number of times in the book. He then goes on to talk about what he feels are the common features in all psychotherapies, I'll go through them. The first one he describes is an emotionally charged, confiding relationship with a helping person. I just want to make a little note of the "emotionally charged", because he makes a point later on, especially when he's talking about cults, and people being recruited into cults usually happens in a highly emotionally charged state of mind.

Dr Paul Cammell (06:44):

People are primed, and suggestible, and they engage, and they're influenced.

Dr Rick Yeatman (06:48):

And he also makes a comment that one of the ways people used to try and avoid brainwashing and things in previous eras was to remain unemotional. So, emotion to him is a very important factor in the psychotherapeutic situation.

Dr Paul Cammell (07:06):

Just to make a brief comment about that, I think that's, as a psychotherapist, you notice the significance and the power of the context that you work in. And you're always aware of how privileged you are, because people are in that primed state when they come to see you, and often you haven't done anything at that point, but they're kind of in a state of preparedness and readiness and being primed when they come through the door. And you're aware of that context, and what he talks about there, of how ready a person is and emotionally charged they are, to reveal things to you and talk to you. So, they're kind of primed when they come in. It's very powerful, very powerful.

Dr Rick Yeatman (07:40):

That kind of rawness, of the initial interaction with a stranger. Yeah, no. The second thing he talks about is a healing setting, and he talks about that both in a formal therapist type of situation, but also in other religious and secular kind of settings, where the aim is to try and change people's way of thinking. And so, he talks about the setting. The third is that there's a rationale behind the therapy, and a conceptual scheme. He also calls this, interestingly, in the 1991 version, he also uses the term the myth of that particular psychotherapy. I don't know whether that's particularly apt, but what he's saying is there's got to be some kind of concept there, which people can actually feel and believe that it makes sense.

Dr Paul Cammell (08:33):

You're communicating a rationale. And I guess the myth side of it is that idea that you have faith in it as a practitioner, or believe in it, and you're communicating that, and that's where the persuasion comes in. That idea that you have a rationale and approach that's going to help the person, and you convey that when you see them. And as a practitioner then, you're buying into it and asking the person who's emotionally charged and primed to see you to buy into it as well. So, there's that exchange. That's where the persuasion comes in, I guess.

Dr Rick Yeatman (09:01):

Yeah, well, I think that's probably right. The word persuasion really struck me when I first read, and saw the title of this book, because you always think of the term persuasion as someone trying to talk you into some snake oil kind of thing, but I think he means in a different way, that people can influence other people.

Dr Paul Cammell (09:22):

That's right. It's not necessarily about manipulation, is it? But it's something about two people buying into something together. And I suppose the practitioner, whether they're ascribing to a belief about what they have to offer or a myth about what they have to offer, but they're really conveying that they're convinced that it's going to help, and that expectation of something being helpful and the person engaging in that, I think.

Dr Rick Yeatman (09:47):

Yeah. And the fourth one is that there is a ritual or a procedure that goes with the therapy, and he makes a point that there has to be active participation between the person receiving the therapy and the therapist. These are the common features. So, just going through them again, emotionally charged, confiding relationship; a healing setting; a rationale concept; and a ritual or procedure. So, Paul, your involvement in psychotherapy is far more than just having an interest. You're actually, what's your actual role in terms of the psychotherapy world in Australia at the moment? Official position?

Dr Paul Cammell (10:25):

Yes. I'm a passionate advocate of psychotherapy, particularly for psychiatrists in training, and seeing that as an essential part of what psychiatrists need to learn and how they need to practice. So, I'm involved in advanced training of psychotherapy for people that want to subspecialize in that area, but also in the

general aspects of College of Psychiatry training, which have to do with psychotherapy. So, I've been in a number of committees and had chair roles with the College, and locally in Victoria, and previously South Australia, I've had training director type roles in psychotherapy. And I try to demonstrate and reflect where psychotherapy can fit in, not only just doing pure psychotherapy in private practice, but also in these types of roles. We've worked together in the HOPE programme, where you can have a psychiatrist, psychotherapist in the trenches in an emergency department, or seeing people after they've come out of hospital immediately, and you can apply psychotherapeutic principles into the management. And another area that I think is really important, which presents very, very commonly in those kinds of areas is personality disorder as well, where psychotherapy is the key treatment, and really getting a sense of, again, not only specialist psychotherapists off in isolation doing that kind of work, but also how we can all apply psychotherapy in our practice. And that can be GPs, mental health nurses in the emergency department, and general psychiatrists.

Dr Rick Yeatman (11:55):

So, as a person who's been really, as I said, you're an author, you've thought about this as being such a huge part of your career, how do you feel about what some would see as, he's kind of stripping things down to such a simplification and kind of saying, well, maybe this is it in a way. I mean, it is actually far more to it than that. Just let me make a comment about the book. It's actually really easy to read. It's not like reading something like UpToDate or something like that. It doesn't have a whole of stats and bits, it's a conversational book

Dr Paul Cammell (12:32):

Really.

Dr Rick Yeatman (12:33):

But nonetheless, I think when we were talking about this before the show, there are some people who would've taken offence at his statements. I mean, from your perspective, what's your thought there, what sort of emotions did it arouse in you?

Dr Paul Cammell (12:48):

Well, I think I agree with how he writes and, dare I say it, I think he's quite persuasive. So, when you read it, you get hooked and you buy into what he has to say. And he's an eminent psychiatrist. He was a professor of psychiatry at Johns Hopkins. He's writing about the field of psychotherapy as a psychiatrist. So, there's a sense of a foot in two camps. He's looking at it from the outside, but he's also looking at it as a practitioner. What I connect with a lot, which I have in common with him I think, is this idea that he's contextualising psychotherapy practice, and he looks at it historically and looks at links with, as you say, shamanism, religious practices, mind control in communist countries, advertising. And then he goes into more of the medical field and looks at things like the placebo effect.

(13:41):

He's looking at these kinds of phenomena and saying, well, in contemporary society, psychotherapy is very, very pervasive now. And how does it work? He looks at it in an anthropological way; we're doing a lot of this now. What does it mean that we're doing a lot of it, and how does it work, and can we apply a

sceptical or a kind of critical eye on it? I guess one of the questions I'd have about it, as a psychotherapist now, is the idea that he's kind of promoting. With common factors there's this idea, well, yeah, he's distilling something down, and that's very important, and that's done even today when we look at personality disorder, for example, where there's all of these impressive, highly sophisticated brand name therapies. But there's really important thinking about, well, what common factors, approaches in personality disorder treatment. There's a similar kind of thing that's done there. That's really important to do, but you can equally then become very relativistic about this.

(14:36):

Well, they're all much of a muchness. You don't really need to think about excellence, or technique, or applying things in a tailored way in specific situations. And I suppose, looking back at the book, it's interesting. I think towards the end, the common factors really comes at the end. He gets to it right at the end, and he kind of says, well, maybe there's just one situation where one therapy is more important than other types of therapy. And he talks about phobias and desensitisation. Whereas I think, nowadays, we've got a lot more of a stratified approach to different problems than just reaching that conclusion. I think there's a lot of domains of problems where certain therapies are better than others, and I think the science of empirical research, which he's very good at distilling down in his book for his arguments, I think is really, there is some science to look at different approaches, but there's always the importance of saying, well, it's not just about being evangelical about an approach and saying, because I've trained in this and this has got all of this evidence, it's better than everything else. You always need to look at common factors, what differentiation, what might be important and better.

Dr Rick Yeatman (15:49):

Yeah, I mean, one of the things that's always struck me about psychotherapy is the therapy comes from a hypothesis. Someone strongly believes that a certain element of the human condition is malleable through some technique, and most core texts on any particular psychotherapy are big tomes.

Dr Paul Cammell (16:16):

Yes.

Dr Rick Yeatman (16:16):

If I think of the psychotherapies that have been kind of invented in my career time, probably got there just at the start of the CBT movement. You move through the DBTs, and the mentalizations, and the mindfulnesses, and the axe, and there's all this type of stuff. I mean, the primal scream probably preceded me a bit, but I was a Beatles fan, so I knew about it. So, the thing, by distilling it down, you're kind of saying, that big tome with all those big words and all those invented words, a lot of them have got a whole lot of neologisms in them.

Dr Paul Cammell (16:56):

Indeed.

Dr Rick Yeatman (16:56):

And, do you really need to do that? Do you really need to do that hard yakka? And all of us have cracked open a book like that in the past, and not been able to keep your eyes open after about 10 minutes. So, to some extent, what you're saying, I get to some extent, it leads a slightly, I suppose, sceptical, lazy person to jump over the hard bits, to hurdle all the hard yakka that comes with kind of truly understanding a psychotherapeutic technique. Look, I want to get back to that, but I'd love, in my edition of the book, he talks about two things, which I found really quite interesting. And I know that you've thought about these things far more than me, with all the reading you've done, but firstly, it talks about the therapist being a rhetorician. So, using rhetoric.

Dr Paul Cammell (17:50):

And that's where persuasion comes into play, isn't it?

Dr Rick Yeatman (17:51):

Yeah. I want to just talk about the, he quotes Aristotle, that someone who uses rhetoric seeks to influence hearers by evincing a personal character or ethos that will win the confidence of the listener. So, in other words, they have to be able to work with the person who's listening, and understand where they're coming from so they can then deliver their view. The second thing, engaging the person's emotions. And the third thing is providing a truth, real or apparent, by argument. So, being able to convince someone that this is the way. Now rhetoric, most people use that term now in a very kind of derogatory way. It means, rhetoric means empty, airless.

Dr Paul Cammell (18:39):

Again, it's probably the negative or pejorative sense of persuasion, isn't it? Whereas there might be something positive or constructive about persuasion.

Dr Rick Yeatman (18:48):

But what he's saying is that if you represent a certain psychotherapeutic style, you've got to some extent to sell it to the person. And what he's saying is that probably the really effective therapists are able to probably do that slightly better than some, so they're better at the use of rhetoric. That's what he's saying. So, I'm interested in that. The other term he used is the term hermeneutics, which I'd heard before, but I hadn't really, it's not really something you talk about, hermeneutics, over your breakfast every day. But the idea becomes how you interpret a text, and he talks about the patient as a text. So, the patient is someone who has a story about their history or their symptoms or whatever, and it's up to the therapist and the patients to come to some kind of interpretation. And it's probably got to be shared. You've got to be able to share that interpretation, to some extent. So, you come to me with your panic attack, and we talk about your history, and the terrible thing that happened to you at school or whatever, and we start developing an interpretation of how it all kind of works out. So, those two things, which are kind of driven by the therapist, I was very interested in. I'm just interested in your views.

Dr Paul Cammell (20:11):

Hermeneutics is very close to my heart. So, some of my writings about hermeneutics, and hermeneutic philosophers like Martin Heidegger, Hans-Georg Gadamer and Paul Ricoeur, all of those philosophers engaged with psychiatry and psychoanalysis to varying degrees and wrote about it. And yes, hermeneutics was originally the discipline of studying texts and interpreting the meaning of texts, originally scripture. And then it expanded out into thinking about how we interpret other things. And there's still these notions of meaning, textual meaning, and narrative that are imposed on situations, so human situations. So, all of those thinkers think about, well, what does interpretation mean in a setting like psychoanalysis or psychiatry, where we are narrativising, we're creating a story, or a textual meaning or an interpretation of what's going on for a person. And that's a big part of psychotherapy, is this idea of coming to a common understanding of what's going on for the person and helping them create or construct a meaning and a narrative about things.

(21:16):

What's interesting about that is, I guess, is truth in that, is there a story about a truth or is it about coming up with a convenient fiction, or is it coming up with a myth? And they're the questions of, because I think, there's this lovely book talking about stories and interpretation you may have heard of called *The Good Story*. J.M.Coetzee, the Nobel Laureate and Arabella Kurtz, who's a psychoanalyst, having a debate in the form of writing to each other about, well, I'm a writer and you're a psychoanalyst. What stories do we tell, and how are they similar and different? You come to a story, an agreed story about a person's life when you interpret it with the person. And I write stories which are fictional, what's similar and what's different. And as therapists, are we invested in a notion of truth, a person developing insight, coming up with a truthful understanding of their issues, and working through issues to have more insight and awareness about themselves.

(22:15):

I guess rhetoric, coming into play there is this idea that what you're about to do with the person isn't just some ordinary conversation or meeting. It's the idea that there's going to be something very meaningful that's going to happen, and important and truthful that's going to happen. Whatever your method of therapy is, believing that in yourself and convincing the patient to some degree or the client to some degree, that you're going to go through that process. And some of the hermeneutic philosophers talk about, Gadamer talks about a fusion of horizons, which is this idea that you come together and your perspectives somehow meld. There's an asymmetry there, because the therapist is meant to be an expert. We are meant to be an expert in things, psychopathology or therapy, but we're not an expert in that person. So, that person's got to reveal their truth to you as the therapist, and you've got to use your expertise to fuse things and create meaning together.

Dr Rick Yeatman (23:12):

Well, that's right. I mean, is there a word for the opposite of hermeneutics? Because one of the things I've always noticed over the years, is when you, say you're in a case conference and someone says, makes an interpretation of what's going on, and it jars really badly.

Dr Paul Cammell (23:26):

And it doesn't make any sense.

Dr Rick Yeatman (23:28):

And it doesn't make sense. It might seem fine to them, but it just doesn't sit. So, it's kind of like, you kind of go, that's utter crap, in your mind. And we do it, I suppose we do it all the time in case conference. You and I at the Royal Melbourne for the last, I don't know how many years, 30 years, probably more. Every Thursday there's been a grand round, and often these moments occur, where there's an interpretation of the situation by someone.

Dr Paul Cammell (23:53):

A formulation, a conceptualization.

Dr Rick Yeatman (23:55):

And you go, kind of, what?

Dr Paul Cammell (23:58):

And that's what's interesting when you get a group of psychiatrists and/or psychotherapists in a room and they try to, so that's different to a doctor and patient, or therapist and client, that's actually multiple practitioners discussing what they think the truth is, or what their reading of the truth is. It's interesting, isn't it? That process.

Dr Rick Yeatman (24:17):

Well, and one of the things he does mention is of course, that a person's history, there's a multitude of interpretations, so there's not anything right, it's how it fits in the common interpretation between the therapist and the person receiving the therapy. Look, that was fascinating, hearing that you've been a hermaneutic, you should get a hermaneutics t-shirt. I might get you one, in fact. I'll get one to say "hermaneutics novice". Would that be all right?

Dr Paul Cammell (24:46):

Yes, please. Yeah, yeah. It's a very useful term and a useful field to think about and study, because when you think about it, that's some of what we're doing, is we are narrativising. We're creating stories, and we are trying to understand in those kinds of terms, interpret meaning, find meaning and things. So actually, going back to the philosophy or the science of how we do that, and thinking about it in that objective way, and taking that into the realm of psychotherapy is helpful.

Dr Rick Yeatman (25:18):

The other term he uses, apologia. Now, my understanding of that was that these were written by people who were sucking up to kings and queens and all that kind of thing, to write this kind of personal history of them, which was so amazingly incredible. But it's interesting he uses these terms, and it is very fascinating. I really felt that was a bit, I kind of, I know in the earlier editions of the book, he doesn't comment about these things.

Dr Paul Cammell (25:45):

No, it's interesting that there are these new layers in the later edition, and I note it's coauthored with his daughter.

Dr Rick Yeatman (25:52):

His daughter, yeah, the later edition. Now we're going to run out of time, and this is fascinating, but I want to talk to you about why this book influenced me so much, and kind of left me stranded in a way. One thing, I absolutely loved it when I read it. I thought the way, when he talked about religious conversion, or the way he talked about the brainwashing techniques and things, suddenly I thought, wow, it's opened my eyes. This is incredibly broad-minded, big picture concept.

Dr Paul Cammell (26:24):

Puts things into context, doesn't it? Historical context. What we're doing now isn't just about science and being a psychiatrist or a psychologist, but there's this history, and we've got a place in history. And yes, we've got more of a medical, scientific, technological culture, but it's similar to these other parts of history, religious or political movements that have had similar roles, experts with similar roles.

Dr Rick Yeatman (26:48):

Yeah, look, I read it. I loved it, and yet it left me stranded.

Dr Paul Cammell (26:53):

How so?

Dr Rick Yeatman (26:53):

It left me stranded because, I tell you what, I wasn't sure which dogma to follow from then on. I'd be dipping into a bit of psychoanalytic thinking, and cognitive behaviour therapy, and rational emotive therapy, and behaviour therapy and all this.

Dr Paul Cammell (27:10):

Is that a problem?

Dr Rick Yeatman (27:11):

It's not a problem. But I never felt, I've occasionally wanted to just be able to be converted into a particular idea and become, this is my thing. And I found myself, I was kind of always flitting around. Anyway, he actually covers this, the Rick Yeatman conundrum. I'll read it to you.

Dr Paul Cammell (27:29):

Yeah, read it out.

Dr Rick Yeatman (27:31):

"Though therapists with different training may achieve similar results, it would be wrong to conclude that training in psychotherapy is unnecessary. Most training programmes emphasise particular conceptual schemes and associated techniques. These include behaviour therapies, group therapies, and a variety of interview approaches. By teaching particular skills, all training programmes indirectly enhance the trainees ability to maintain a therapeutic attitude."

So, there he's saying, it's important to at least have a technique, I guess he's kind of saying.

Dr Paul Cammell (28:04):

And ascribe to it, believe in it.

Dr Rick Yeatman (28:05):

You can be a fast bowler, or you can be a spin bowler, or you could be a swing bowler, you can still get wickets. "In particular, they strengthen the novice's self-confidence through mastery of a procedure, induction into a professional role and status, and support of like-minded colleagues. The mastery of one or more therapies through training creates and retains the therapist's confidence, which in turn may be a therapeutic factor that enhances patient's expectations of help."

So, what he's also, he's alluding there, that by having a kind of belief system about a certain therapy, you are able to use your rhetorical skills to help have the therapy patient feel that, this is going to be good for me.

Dr Paul Cammell (28:48):

Do you think not having that, not having a particular, I suppose, orthodoxy or ascribing to a particular model of psychotherapy, you can't have that level of confidence, or persuasion?

Dr Rick Yeatman (29:00):

Well, you probably can to some extent, but it's always going to be an intellectual itch you want to scratch, because it's kind of like, am I missing something? Am I missing some secret? Something there that would get me up even to a different level, to make me better at the job. So, as I say, it kind of left me stranded for a long time, this book. I've floated around, and I would've liked to have gone to one of those, let's just say, pretend there was a big strong medical psychotherapy movement in Mildura, for example. Go to the Mildura School and learn their method.

Dr Paul Cammell (29:41):

That's what, yeah, you're a card-carrying member of the...

Dr Rick Yeatman (29:44):

Card-carrying person. And you can stand in meetings and say, well, I would do it this way. And you were all talking rubbish, et cetera. Never had that.

Dr Paul Cammell (29:52):

It's interesting. As a psychotherapist, one of the things I like, being a psychiatrist as well, is psychotherapy in the College of Psychiatry, I think, is an open church and a broad school. And it does allow for, and people have debates and ambivalence about the term, eclecticism. There's also another term that's related called integration. So, there's this idea that you can have different models that can have common factors or similarities, and you can integrate and take good parts of different models, and apply different models in different contexts well. And there's an appreciation, and I think this is where I come into things, because I've had a similar ambivalence over the years about, in some sense, if I can admire the idea of being in one school and being a total advocate of that school. But I also am suspicious of that, and I think that I could feel a bit constricted by that.

(30:47):

And I like the idea of openness to other models, and flexibility about other models. And also, I like the idea about complexity and room for doubt. The idea that, well, one model often isn't enough. And the idea, I'm always a bit suspicious of zeal, and people being too orthodox. I like the idea that the human condition and the work we do is very, very complex. We're always learning, and there's room for things being bigger than we can comprehend, I guess. And so, I learned from different models and I like to appreciate different models, look at them critically, but keep an open mind. So, I think that's might be a way around this sense of, well, I'm disillusioned now, and they're all much of a muchness, and the dodo bird verdict wins out.

Dr Rick Yeatman (31:36):

So, I want to ask you a question before we finish.

Dr Paul Cammell (31:38):

Yeah.

Dr Rick Yeatman (31:39):

Do you reckon this is a book for a novice, or a book for someone who's had a few ideas drummed into them to kind of then reflect on what they've learned?

Dr Paul Cammell (31:46):

I think it's good for both, to be honest. I read it as a novice before I went into clinical training, and I read it with some of the real classic tomes of the history of psychiatry and anti-psychiatry. So, I read people like Erving Goffman, and Thomas Szasz, and R.D. Laing, David Cooper, Michel Foucault, and him. And I like that perspective, critical and historical perspective. And I think it's really good for people to go in with that. But also, looking back on it now when I reread it, I really liked the way that he described the psychoanalytic training and the psychoanalytic institutes and the identification with psychoanalytic practice, and equally, people that ascribe to cognitive and behavioural therapies. And I think it really describes the cultures of them, or some of the pitfalls of the cultures of these schools, very, very well. And I think, as a psychiatrist, looking at this and having a critical perspective and open mind's really important.

(32:45):

And I think you can be reminded of that. The edition I'm reading is, that I reread, is 50 years old, and the original edition in 19-, in the early '60s, it's still, a lot of it applies. You've got the people that are evangelists of a particular school, and you've got lots of schools not agreeing and not getting along. And you've got to be pragmatic and you've got to look at the common factors. And I like that. The thing that I'd go back to is the idea that you always want to keep up to speed with developments. And I think what is good that comes out of different schools is novel research, and novel ideas, and practices and theories.

Dr Rick Yeatman (33:22):

I must admit, I've always liked the idea of people who put their own, they invent their own psychotherapy, but they pit it against another one to see whether it works, I always liked that.

Dr Paul Cammell (33:30):

Exactly, yeah.

Dr Rick Yeatman (33:33):

You might call it some kind of scientific approach, but there's something more honest about that than just continually pushing the same barrow. Look, we're going to have to finish in a minute. Have you got any other last comments, Paul?

Dr Paul Cammell (33:44):

Last comments. So, I'd encourage people to read it, and I think some of the work in the earlier editions are a product of their time, but there's still a lot of truth in them. So, I think it's worthwhile reading it. And I think, like I said, that as psychiatrists and mental health professionals, having that open mind about different models of psychotherapy, and seeing what's good in different models, and taking that out of the different models, you don't necessarily need to succumb to a kind of hopeless relativism, like, they're all much of a muchness. And there are common factors, yes, and that's really important, but there are important things that differentiate models nowadays too.

Dr Rick Yeatman (34:21):

Yeah. Okay. So, this is pretty much all we've got time for folks, as they say in the classics. This is of course the Book Club, and what a great idea this is. If you want to read more, you can go onto the website, and you can look up the links. You can find out a little bit more about the speakers in the various book club meetings and get more information. If anything we've mentioned, any other texts or anything, they'll hopefully be there, you'll be able to look them up. And be sure to tune in next time. And hopefully everyone enjoyed themselves. So, thanks very much. Thanks, Paul.

Dr Paul Cammell (34:53):

Thank you very much. Bye for now.

Host (34:56):

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