

## BOOK REVIEWS

### A BOARDER'S LIFE

*The Dying Patient in Psychotherapy: Desire, Dreams and Individuation.* By Joy Schaverien. London: Palgrave Macmillan, 2002. 211 pp. £17.99 pb.

What can psychoanalysis offer to a person living with cancer or AIDS? And how and where can a therapist best respond to a patient who develops a terminal illness? Joy Schaverien's *The Dying Patient in Psychotherapy* offers some useful answers to these questions that might be of interest to those who find themselves in a similar personal or professional situation, on either side of the consulting room, couch, or hospice bed. For example, the book deals helpfully with the fraught ethical, professional and transference questions of when, where and how therapeutic boundaries might best be maintained and modified: when it might be appropriate to hug patients, offer them a reduced fee, tell them you love them, let them see you cry, and visit them at home or in the hospital. Schaverien also raises a series of important questions regarding the potential relationship between mind and body, depression, anger and cancer, and of therapies analytic and physiological.

Perhaps more significantly, though, *The Dying Patient* provides an intimate glimpse into the 'usually private world of the analyst's consulting room' and into Schaverien's own intimate relationship with 'James', the name she here gives to the dying patient in question (p. 1). And one of the most remarkable things about Schaverien's book is the

way in which it succeeds in never objectifying or seeming to make professional and intellectual capital out of James's experience. Indeed in a context in which the 'exploitation' of patients is 'all too common', the book successfully functions, as Schaverien hopes it would, as a powerful legacy to and of her relationship to James, which here emerges as a model not only of the best kinds of psychotherapy, but of any fully human and individuated relationship between two adults (p. 4).

In Schaverien's brave and touching account of her 'struggles daily' with her emotional, intellectual and ethical, as well as 'complex and technically skilled' responses to James, it is also hard to imagine an account that is further from the kind of 'cold, inhuman process' of therapy 'caricatured by the media' (p. 3). For example, Schaverien is not here afraid of appearing within a cloud of unknowing, of describing moments in which her 'thoughts were too unformulated to offer' (p. 66). She also advocates resisting a 'too speedy recourse to conceptual understanding' (p. 77) by describing some 'powerful bodily experiences', which she only 'later understood to be an embodied form of countertransference' (p. 137); and Schaverien repeatedly describes and evidently trusts to the 'unconscious way[s]' she still can't quite articulate of her precise forms of relationship to James (p. 137). In addition, if the personal and therapeutic are also always political, Schaverien offers a powerful, queer theoretical model of transference in which the analyst can take on a series of personae, 'irrespective of the

perceived limits of gender or sexual orientation' and of the 'predominantly heterosexual model[s] of transference' (p. 78).

However, if Schaverien imagined that her book would be primarily useful for those working in 'palliative care' or with patients 'facing a life-threatening illness' (p. 1), she is also open to the fact that her readers will inevitably form their 'own mental pictures' as they read her book (p. 47). As a result, I feel encouraged to share with you that perhaps the most interesting insight I gleaned from *The Dying Patient* was some of the detail of James having been a boarding school 'survivor' in Schaverien's important phrase (p. 33). And, again as a result of having read the book, I might now be tempted to imagine or describe myself in a similar way. For example, *The Dying Patient* made me wonder how many other people, like James, felt in response to their experience in boarding schools, 'totally unprepared for the appalling realisation' on arrival 'of utter loneliness and abandonment' (p. 24), and that this particular 'wound' remained 'fresh' for decades (p. 24). It also made me wonder how many other boarding school survivors felt 'psychologically isolated' (p. 1) or 'suicidally depressed' for much if not all of their lives and that their lives remained unconsciously periodized into half and full terms (p. 22). It made me wonder how many of my own peers felt that their sense of house and home were peculiarly intense and that they were under-skilled in mediating their own experiences, or felt a nostalgically deep yearning and vengeful anger towards one or both parents. It also made me wonder how many other survivors experienced an inexplicable, overdetermined relationship to cold, snowy landscapes; felt ambivalent about food offered by parents and other carers; and felt either a politically useful, if not entirely conscious tendency to challenge institutions or the need to sabotage their own

projects so as not to 'collude with' a system they 'despised' (p. 37). Indeed, it made me wonder how many people in how many successive generations felt that their emotional life was 'not valued' (p. 25); had 'learned not to cry' (p. 49) and/or developed a set of part physiological/part psychosomatic symptoms, which could best be described as a related lump in the throat. Along with its many other achievements, *The Dying Patient* provides eloquent and poignant testimony to the fact that, in many cases, boarding schools 'don't "build character" or "make the man", they break the child, and replace it with a coat of armour filled with fear, loneliness and alienation' (p. 33). And, with James in mind, it seems I may not be the only person in the waiting room whose boarding school experience might explain why they're particularly drawn to the snowy Canadian landscape painting of the *Group of Seven*, to the related work of Joni Mitchell, or to the account of oppressive institutions offered by Michel Foucault.

*The Dying Patient in Psychotherapy* begins with Schaverien's account of how one can never predict what kinds of relationships might develop, how far one might travel, and what kind of lasting imprint might be left by the kind of touching, chance meeting that occurred between her and James. As I read the book, this particular reader shared the poignant sense of 'privilege' that accompanied Schaverien and James on their journey together (p. 83).

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## CHOICES AND EXPECTATIONS

*How to Choose a Psychotherapist*. By Neville Symington. London: Karnac, 2003; 62pp, £9.99pb.