

BOOK REVIEW**DROP THE DISORDER****Edited by Watson, J.: (2019);**

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My first impression on reading this book is that it is full of people who simply “get it”—and this instils a profound sense of relief within me. There's not simply a rejection here of what is currently known, but also a thoughtful, intuitive knowledge of what it is like to be a client/patient/service user in the current medicalised system of mental health services.

In the very first chapter, Lucy Johnstone writes about what I learnt to be true in my own journey through trauma recovery. In the beginning, I searched for many years before finally finding a book (Atkinson, 2008) that approached healing in a trauma-informed manner. At a very basic level, trauma-informed approaches acknowledge that distress, even prolonged distress, can come from traumatic events. Up until this point I had been trying to seek help in a system constantly asking me what was wrong with me: “Why does this still bother you? There must be something wrong with you!” However, the teachings in that book (and from a subsequent online community of people who had read the book and wanted to connect with other trauma survivors) were greatly at odds with what I was experiencing when I attempted to seek formalised help via counselling and talk therapy services. My most ironic memory has to be the psychiatrist who declared that my suicidality was normal given the context of rape trauma—that is, “normality” as a source of reasoning to discharge me from the service, as opposed to “normality” as a source of reassurance that I was still deserving of help.

In the second chapter, Pete Sanders briefly opens up a concept that is at the crux of my experiences within statutory services: the weighting of “outcomes” over “process.” Such is the onus on proving value for money in services (for example, Improving Access to Psychological Therapies (IAPT) in the UK, or charities needing to demonstrate the usefulness of their work to funders), there exists a plethora of “outcome measures,” statistical measures of distress that are taken at different points during the therapeutic work. We now know that these stats are often “gamed” (Cotton, 2019) to make the therapy appear to meet outcome targets. The necessity for this subterfuge lies mostly in the systems which ignore the glaringly obvious: that the process of therapy is NOT linear, and it doesn't fit neatly into the statistical charts which supposedly measure effectiveness—none more so that the nuanced complexity of trauma healing. As someone who has spent the last decade on this journey of recovery/healing, I can say that my own process was definitely not linear, and to try and place people into such a restrictive measurement completely ignores all that the trauma-informed approaches can teach us. It is this focus on the human rather than the statistically measurable that is focused on throughout *Drop the Disorder*.

I don't agree with everything written in the book, but I don't think that it is necessary to do so for this to be a valuable resource. *Drop the Disorder* is a thought-provoking read; one which challenges its therapist readers to reflect upon their own views. It challenges practitioners to truly assess how trauma-informed their practice is beyond theorems and models. Do they wholly inhabit this knowledge, or do they still pick and choose what feels most relevant to their practice right now? For survivors/clients/service users, the book challenges and

inspires us to look at what we want to hold on to and why we want to hold on to it. For those of us who inhabit the dual identity of both survivor and practitioner, the book offers resolve in challenging the practices that seem at odds with what we have found to help us. In the development of the Power Threat Meaning Framework (Johnstone et al., 2018)—an alternative to psychiatric diagnosis—many social media responses centred around what the alternative might be, what label would individuals have then? If all psychiatric labelling was removed, how would they identify themselves? The book doesn't necessarily answer that, but it does challenge the idea that a label should be the source of identity in the first place.

What is perhaps missing, for now, is how all of this aligns with the natural process of identity formation. For example, as part of my own journey I have needed to identify in a multitude of ways over the years. First and foremost, as a victim of abuse. Once I recognised that I needed to actively do something to recover, it helped me to have a name for what I was experiencing: PTSD, dissociation, flashbacks. This new vernacular became immensely important and whilst my therapist's question should always remain along the lines of "What happened to you?", rather than "what is wrong with you?", the very question that brought me to seek help in the first place and what led me to experience great leaps and bounds in my recovery process was the question, "What is wrong with me?"

One of the frustrating things sometimes, when trying to seek help, is the clash of ideologies. When you feel something is wrong with you because you're not functioning as you feel you should vs. the ideological "There's nothing wrong about this reaction." The challenge is not that there is an alternate view, but that there is often a lack of willingness to bring these two together to broaden understanding and compassion. At a grassroots level, it can feel like people with the power and privilege to say there is nothing wrong are also the gatekeepers to the accessing of treatment. What should be empowering becomes disempowering. I'm not sure this is adequately addressed in the book. But it may prompt discussions on how we transition from one ideology to another, because if I did not live in a world that sought to medicalise my distress, would I have still been asking "What is wrong with me?"

It is the legacy of this book that it prompts deep thinking and more philosophical questioning. Its crowning achievement is that it paints just enough of a picture of an alternate reality that the reader begins to wonder: what would it look like if we lived in this alternate reality? Would I still feel I needed a label? Would I still talk about myself and my experiencing of the world through the lens of symptoms and mental illness?

Across the chapters of the book very few stones are left unturned: from power dynamics and language construction through to hopes for the future and what good care should look like. As a professional you ponder: what would my practice look like if I fully discarded the medicalised language? What if I stopped seeing client presentations through these blocks and stopped searching for how to work with that particular symptom? What if I got back to working with people?

Despite the philosophically weighty content, the book is deceptively light and easy to read; especially to those familiar with counselling and psychological theories. At times it is a bolstering rally cry and at others an emotive journey through the good, the bad and the ugly of our mental health systems. You may not agree with everything within its pages, but this doesn't lessen its value—and it is certainly a book to keep coming back to over the years.

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Tara Shennan is a psychology undergraduate and qualified counsellor whose work has focused primarily within the field of sexual violence. She works as a project manager with Counsellors Together UK, an organisation which campaigns to eradicate exploitation of counsellors and increase access to psychological support for all. At the time of writing, Tara was researching the compatibility of anxiety and depression scales for her undergraduate dissertation.