

reviews:

Good Enough for God

Anne Townsend. Triangle (SPCK), London. 1996. 121pp. £5.99 Pb.

Our image of God, the pursuit of perfection, and holiness are examined and reinterpreted in the light of psychology in this latest book by Anne Townsend, a doctor and former missionary in Thailand who is now a psychotherapist and an Anglican priest.

The author sees people undergoing psychoanalysis as searching for something similar to sanctification - 'a searching for the holy grail of wholeness, completion and healing'. In this book she attempts to merge the insights of psychology, particularly those of Carl Jung, with Christian beliefs to help people become 'increasingly whole, moving towards integration, becoming more and more the people we truly are'.

The examples she uses are probably painfully familiar to any who have dealings with emotionally distressed Christians, and all of us will recognise elements of our own struggles in them. We may all be reluctant to enter dark areas of our personalities and Christians are not immune from using spiritual language 'to avoid facing the reality of what they themselves are really like under the outer respectable mask they wear most of the time'.

Through psychoanalysis and psychological insights Anne Townsend sees a way to face this reality. She sees most people as suffering from emotional hurts experienced from infancy onwards, and many of us as needing deep healing of the kind she believes can be provided by the psychotherapeutic approach. Psychotherapy or counselling from well-trained professionals, who are not necessarily Christian, is seen as complementary to Christianity, not in competition with it. It can provide understanding of emotional and psychological struggles and help with them. Anne Townsend speaks of her own crisis of faith and period of despair, and how she came to a faith rather different from her previous evangelical certainty - one in which she finds more room for doubt and

uncertainty, with a view of God less influenced by the projections of internal conflicts and more in harmony with people's emotional needs.

Freud suggested getting rid of God. Anne doesn't see that as necessary but it is as if religion is but one way to find help in the journey of self-understanding, and so the uniqueness of the Christian gospel and of Jesus Christ are diminished. Jesus is considered a symbol - in Jungian thought a symbol is something rooted in the unconscious mind with power to bring order out of inner chaos. The insights of psychoanalysis seem ultimately more important than the biblical revelation and objective truth takes a back seat to the driving power of the symbols, archetypes and metaphors of psychoanalytical thinking.

However, the author gives the final word to John Calvin who advocated first beholding God's countenance and then contemplating self as the way to self-knowledge. If we can behold God as he is and face the reality of our inner selves in the light of that, we should find we are becoming more and more the people we are meant to be - truly good enough for God. This book will help some to do that, particularly if they are interested in Jungian psychology, and can give all of us valuable insights into our own views of God and of ourselves.

Evelyn Sharpe

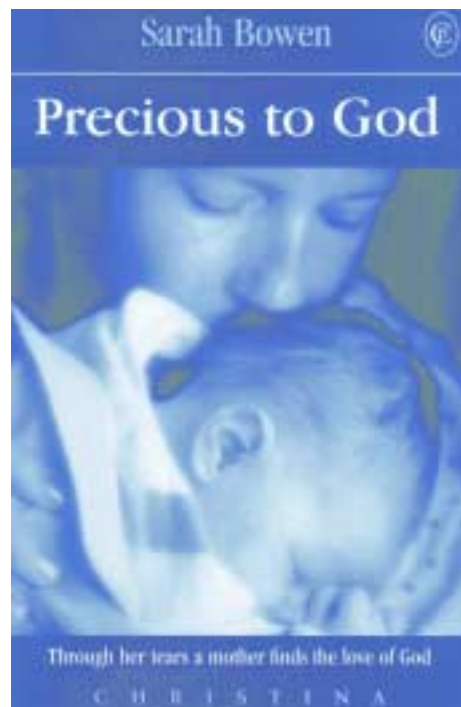
(Consultant Psychiatrist, InterHealth)

Precious to God

Sarah Bowen. Christina Press, Crowborough. 1997. 124pp. £5.99 Pb.

Coming to terms with one child with cerebral palsy, let alone two, is an achievement in itself. Being able to share the pain, the frustrations, the joy and the love in such a highly readable way is remarkable. Sarah Bowen's book vividly describes the all-too-short lives of Claire and her brother Jimmy. She shares with humour and honesty the trials and tribulations of having two children with severe physical and mental handicaps. Her book gives a very good insight into the realities of life with two handicapped children, with all the practical problems and stereotyped attitudes from some people, including health professionals.

As a nurse myself, it was salutary to read the approach of some of the professionals whom Sarah and her husband Dick encountered. When one or other of their children became ill, there were doctors and nurses who clearly thought that 'they knew best' and did not listen to the devoted parents who cared for the children day in and day out. On the other hand, the understanding and the sensitivity of several GPs and the calm continuing presence of their consultant paediatrician shine through as great contrasts to other colleagues' insensitivity.



The book is also about a journey in Christian faith from the desperate prayers in the first few days of Claire's life when she started to have convulsions, through the lifting to God of the heavy burden of caring, to a quiet acceptance of death when it came first to Jimmy and then to Claire. 'Claire and James brought the love of God into our lives - that is the greatest gift that one person can give another.'

Sarah and Dick received another gift from God - Alice, a normal daughter born the year after Claire died. Read this book. It will make you smile and bring tears to your eyes, but you will see God in what many people would regard as a double tragedy.

Sarah Whitfield

(Chief Executive, Dorothy House Foundation, Winsley, Wiltshire)

Darwin's Black Box The biochemical challenge to evolution

Michael Behe. The Free Press, USA. 1996. 307pp. \$25 Hb.

Michael Behe is an Associate Professor of Biochemistry at Lehigh University in the USA who believes that biological diversity derives from common descent but who is sceptical that the Darwinian processes of natural selection are sufficient to generate such complexity. Behe, a Catholic, does not hold to young earth creationism, but instead believes that there are 'irreducibly complex systems' in cellular biochemistry which can only be explained by invoking a God of design.

These systems, such as the clotting of the blood and the molecular mechanisms involved in the immune system, only function correctly as complete systems, and so Behe thinks they could not have evolved gradually.

Curiously this position leads Behe to suggest that 'Some features of the cell appear to be the result of simple natural processes, others probably so. Still other features were almost certainly designed' (p208). 'Design' is therefore presented as one of a range of options for explaining biological phenomena. 'The fact that some biochemical systems may have been designed by an intelligent agent does not mean that any of the other factors are not operative, common, or important' (p230).

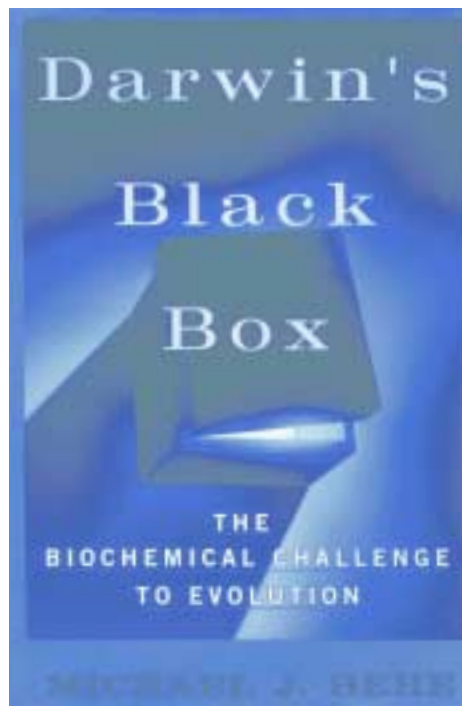
There are, I think, at least three fundamental flaws with the position that Behe adopts. First, the phrase 'irreducibly complex' simply describes our current ignorance of how a particular biochemical sequence of events evolved.

A century ago biologists were convinced that many systems, such as the molecular basis for inheritance, would never receive adequate scientific explanations, but today the complexities of DNA have been largely uncovered. To describe a system as 'irreducibly complex' is to be held a hostage to fortune.

Second, Behe's position is the classic 'god of the gaps' argument of pointing to natural phenomena which science is currently unable to explain and then presenting these phenomena as evidence for god's existence. The problem is that as

scientific explanations become adequate for the task, so the postulated 'god' shrinks in stature.

Third, design as a mode of explanation operates on a different level from biochemical explanations. It is perfectly possible to understand all the components of a molecular system in great detail and yet still believe that the system as a whole has been designed. These are complementary not rival understandings of the same entity.



Biblically minded Christians will not see the created order as divided into some portions which have been 'designed' and some which 'occur by natural processes', because they believe that its every aspect has been created by God and is continually sustained by him (Psalm 104).

The created world is a seamless cloth of God's activity. There are no 'gaps'. Scientific descriptions represent our limited human attempts to describe God's activities as truthfully as we can. Whether science can currently explain a particular biochemical phenomenon is irrelevant to our faith in God as creator.

Denis Alexander

(Head of the T Cell Laboratory at The Babraham Institute, Cambridge, and Editor of the journal *Science and Christian Belief*)

Who Owns Our Bodies? Making moral choices in health care

John Spiers. Radcliffe Medical Press, Oxford. 1997. 97pp. £17.50 Pb.

This short text is based on a lecture given to the Institute of Health Policy Studies at Southampton University in 1996 with the addition of an introduction and afterword. Overall I found the book very disappointing since I expected a much deeper and less biased examination of the ethical issues relating to euthanasia and the care of patients.

I tend to agree with the discussion of the ways in which doctors see patients, and how medical training and career progression may make it harder for the patient to be seen as a person. Also, we do need to provide adequate information for patients so they can make a decision regarding their treatment and refuse it if they so desire. However, the majority of the text is a circuitous and fragmented philosophical argument relating to personal autonomy, and is widely referenced from other works, since the author recognizes that his original training was as a historian.

Although issues of autonomy and personal choice clearly relate to the title, and have to be included in such a discussion, I found the presentation very one sided with opposing views mentioned only very superficially (if at all) and then dismissed without further comment. The author suggests there is a greater need for more palliative care, but leaves an uncertain impression of its significance since the only mention of it is in the introduction. The overwhelming emphasis is placed on 'self' and 'rights' under the politically correct term 'autonomy', with no place for 'relationship' and 'community', be they Christian or otherwise. To quote the author, is the only basis of our relationship with others 'That we should not merely live passively with a stranger'?

There seems no medical input into the text, which means that it offers very little help in tackling the difficult ethical questions around the issues of life and death. In addition there are gross inaccuracies which display a singular lack of understanding, and/or disdain for the opinions of others. There are no references to, and therefore no discussion of, the

Report of the House of Lords' Select Committee on Medical Ethics, although it is listed as other source material.

This Report clearly stated that the phrase 'passive euthanasia' should no longer be used and preferred 'treatment limiting decisions' in order to recognise that intention is of major importance and that 'double effect' should not be interpreted as euthanasia. The author has not only ignored this advice, but has also incorrectly used the terms 'involuntary' and 'non-voluntary euthanasia', leaving the reader uncertain as to his meaning.

He also discusses brain death, coma and persistent vegetative state as being synonymous and argues that death needs to be redefined. The impression he gives is that the majority of doctors still hold the view that 'everything possible should be done to maintain life'. Surely most recognize that there is a dying process and it should not be prolonged unnecessarily by instituting treatment without hope of cure for the patient? Therefore, the medical definition of death is sufficient.

Perhaps the book has the wrong subtitle and it should read 'making personal choices in health care'? Morals are personal but they have to be set out in an ethical manner to provide the basis of life for society as a whole. There are aspects of this work, which is from a health policy advisor and the Chairman of The Patients' Association, which make me fear for the future of medicine within our health service.

John Peacock
(Senior Lecturer and Consultant Anaesthetist, Royal Hallamshire Hospital, Sheffield)

Euthanasia - Issues for the Nineties - Volume 4

Ed Craig Donellan. Independence Educational Publishers, Cambridge. 1997. 40pp A4. £5.95 Pb.

Craig Donellan is an editor well-known to students of A-level Religious Studies who are following any ethics course. This volume is a collection of material from other sources, attractively presented and

illustrated, with a number of eye-catching articles. Closer inspection reveals some very interesting and often undebated aspects of the issue, such as what doctors think ('Till Death Us Do Part?') and how nurses feel ('The Quality of Death'). Certainly a number of the articles will be ones to which students and teachers have had no access.

The volume is split into three chapters - the moral dilemma, the medical debate, and living wills. Each comprises a number of related articles, which actually overlap in chapters one and two, so are not as exclusive as the Contents page suggests. These try to give a whole range of aspects, and anyone reading the volume will feel more enlightened.

The intention is to make people think, and to suggest ways in which to learn more about the various stances, once these have been demonstrated briefly. Do not expect to be shepherded through the issue as textbooks often do, nor expect to become a specialist on the subject. This volume sets out to do neither.

The article on religious attitudes is disappointing - too many groups, too few details on each. Every major Christian group has published material on euthanasia; this would have been welcome.

The language level of the articles varies, reflecting the many sources in terms of specialised vocabulary and style. This will put off most students below A-level, and teachers in schools will have to be very selective in using articles from it. A few useful addresses are included at the end, where the Christian Medical Fellowship is erroneously called 'Federation'. Students should have been directed to send an SAE when requesting information.

Overall, a useful book to have on a library shelf, but I do wonder how much use students will make of it, given its difficult language (putting off GCSE candidates) but lack of depth (putting off A-level candidates). Perhaps it needs to be in the hands of teachers.

Lesley Parry
(Head of Religious Education, Bedford High School, Leigh)

The Medical Consultation **A practical guide for the hospital specialist**

David Short. BJHM Occasional Series, Quay Books Division of Mark Allen Publishing Ltd, Salisbury. 1995. 129pp. £14.95 Pb.

This book is a welcome addition to the literature, covering as it does an area of practice which is fundamental to all clinical specialties, yet is rarely discussed and less still written about. Perhaps in this modern age of technology the importance of the medical consultation tends to be sidelined and there is a temptation to investigate before taking a detailed history. The author gives many helpful hints on establishing a diagnosis through careful history taking.

Perhaps the main benefit of the book however, is the emphasis on the medical consultation from the *patient's* perspective, with many intriguing insights into the *therapeutic* effect a caring and skilfully conducted consultation may have. It is a reminder to all busy hospital practitioners that time spent in this exercise is well spent.

The book is more than a guide to successful history taking. It also offers advice on a holistic approach to patient care. The author gives examples on maintaining high professional standards in, for example, letter writing and prescribing, and he also provides wise counsel about the general conduct and attitude of the consultant. There is a helpful chapter on private practice.

It is written in a very readable style, helped by the inclusion of chapter sub-headings and 'bullet points'. Each of the 15 chapters is quite short and is liberally sprinkled with interesting quotations, which are well referenced.

I have no hesitation in recommending this book, and think any hospital doctor would benefit from reading it - as would their patients!

Paul Stonelake
(Consultant Surgeon, City Hospital NHS Trust, Birmingham)