some bearing on certain kind of moral discussion, for instance, 'Results of an Audit of Living Related Renal Allograft Donation from a Single Centre', all the way to those which are more or less entirely moral philosophy, though having some bearing on what one should or should not do in transplant surgery, for example, 'Is There a Universal System of Ethics, or Are Ethics Culture Specific?'

There is an attempt here to cover all of the current ethical debates in transplantation medicine; the book includes papers related to living donor organ donation, to the buying and selling of organs and the growing international business in transplantation, to the problems associated with cadaver explantation, and to the difficulties of fair distribution of the restricted numbers of organs available for transplant. At the same time, the volume gives an idea of the state of the art in transplant techniques, and some sense of where the cutting edge of this branch of medical science might be. Partial liver transplants, domino heart transplants, pig-person transplants, fetal tissue transplants, all have articles devoted to them in these pages. An omission, however, is any direct consideration of the current position on artificial organs.

Organ Replacement Therapy, looked at as a philosophical discussion of moral issues, will inevitably leave something to be desired. The arguments of the lawyers, theologians, philosophers and doctors, are unavoidably underdeveloped. The first, and more significant, consequence of this is that fundamental assertions made by contributors sometimes escape scrutiny. For instance, in the discussion of brain death (is it tantamount to death?) all participants base their arguments on the distinction between 'person' and 'human being' and the impression given is that this is a settled fact of life. It is nothing of the sort. A second, less serious, consequence is that where other assumptions (for instance that clinicians should be involved in organ allocation decisions) are put under the microscope, and subjected to useful inspection, the discussion is shortlived and inconclusive.

It is perhaps most accurate to describe this book as a panoramic snapshot (if that is not a contradiction in terms) of the huge and complex scenery of transplant medicine and ethics at a particular moment in its evolution. Most interestingly, that

panorama shows distinct and, on occasion, contradictory, cultural perspectives. One instance of this is the discussion of the morality of rewarded gifting (that is, offering an organ donor something, over and above compensation, for the donation of his or her organ). Into this discussion are fed views from India, Iran, and Pakistan, as well as the perhaps more familiar perspectives of Western Europe and North America.

The value of *Organ Replacement Therapy*, then, lies not in its taking a moral idea and subjecting it to rigorous and careful philosophical scrutiny, but rather in its being a source book of differing points of view and rich examples, worth extended philosophical reflection.

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The values of psychotherapy

Jeremy Holmes and Richard Lindley, ix + 256 pages, Oxford, Oxford University Press, £7.99

Inside an offputting black and white striped cover is a very solid, clear and intelligent book which argues the case for psychotherapy from the combined experience and perspectives of an analytic psychotherapist and a philosopher. This is a useful book for those who want to know more about what distinguishes the different forms of psychotherapy (there is a clear description in the first chapter and the glossary at the end is helpful). It is also useful in dispelling many of the anti-psychotherapeutic myths and prejudices that still lurk in our culture, – providing a response to those who argue that psychotherapy 'promotes dependence', is an 'interminable', 'expensive' and 'elitist' form of treatment. It addresses all these issues and many more. It sees the promotion of emotional autonomy as the core value of all psychotherapeutic treatment and from this perspective makes out a cogent case not simply for it to be made more widely available in the health service but for psychotherapy to be recognised as a necessary and integral part of what the health service

should provide for every citizen of a civilised democracy.

In the first chapter the authors describe the task they have set themselves in the first half of the book: 'We shall present a philosophical, ethical, technical, economic and political case for seeking a wide expansion of publicly funded psychotherapy'. First of all they pose the question 'What is psychotherapy?' and define it as 'the systematic use of a relationship between therapist and patient . . . to produce changes in cognition, feelings and behaviour'.

They claim that the common ground or essential elements present in all psychotherapies are structure, space and relationship, and go on to classify the different therapies and their trainings with this in mind. I think it is in this area that the book runs into some difficulties. In order to make their case, they have to emphasise the common ground between therapies and minimise the differences. Not wanting to identify with what one might call the psychoanalytic purism or elitism of parts of the psychoanalytic establishment, they have bent over backwards to take an eclectic and even-handed stance, implying that all forms of therapy have equal value and that the important thing is that the range and diversity is available.

In effect, in many parts of the book, for example chapter 6, the book is arguing its case from the perspective and experience of analytic work so it is a little surprising that it doesn't make more explicit what is of particular value in applying psychoanalytic insight to the assessment and treatment of patients even if not in pure form. Is it really not of great importance or significance that some trainings do not require the trainees to undergo therapy themselves? Is the promotion of emotional autonomy of central and crucial significance to all different forms of therapy or do other values in some cases supersede this?

The second chapter looks at the case against psychotherapy and questions whether it is scientific and testable. It looks at arguments and counter-arguments in a coherent way and comes to the conclusion: 'It is extremely difficult to form a balanced, objective view of the scientific status of psychoanalysis and psychotherapy' and later on 'But is psychotherapy effective? This for most people is the decisive issue, rather than whether psychotherapy is strictly speaking a science, a pseudoscience, or perhaps

an art'. It then looks into the empirical studies of the value and effectiveness of psychotherapy, accepting that while it can be argued that psychotherapy research is difficult, this does not mean that it is not worthwhile. In fact they argue that it is crucially important to attempt to do this. They look in particular at a study made at the Cassel Hospital, London, which showed: 'Where the outcome of psychotherapy was successful, patients reduced or stopped all together their involvement with helping agencies and many obtained jobs. The saving in public expense produced by a good outcome far exceeded the total cost of treatment.'

The third chapter looks in more detail at the underlying value of emotional autonomy in psychotherapy and argues that psychotherapy is an activity of substantial importance for individuals and for society. They argue that psychotherapy enhances autonomy because 'it brings these internal "external" forces within the orbit of the acting, thinking, and (we would add) feeling, responsible self. This idea is contained in Freud's imperative definition of the aim of psychoanalysis as "Where id is, there ego shall be".' They employ the argument of JS Mill that without personal autonomy it is impossible to attain the other constituents of a good life. At the end of the chapter they draw a useful analogy between psychotherapy and education and conclude 'Although the "distressed and dissatisfied" can *survive* without psychotherapy, it may well be that they are being denied something which is at least of comparable value to standard medical care and basic education'.

Next, the authors address the issue of the unjust distribution of psychotherapy and the geographical and class factors which influence access to health care, including psychotherapy. They show that the need for psychotherapy is found across all social groups and classes. They quote the George Brown and Tyrrell Harris study on depression, *The Social Origins of Depression*, London: Tavistock, 1978, to argue that psychotherapy may be needed more in working-class groups who have less access to private psychotherapy and less capacity to demand more appropriate provision. So far, so good. However, the line of argument they then move onto is essentially quite crude and highly contentious: that working-class patients who use what

Bernstein would describe as a 'restricted' code of language are unlikely to be suitable for analytic psychotherapy and therefore need to be offered a broader range of therapy options.

As a child psychotherapist trained to work in the public sector, with a number of years' experience in child guidance settings, I would argue that this is simply not the case and moreover, it is taking a narrow view of what the analytic psychotherapist has to offer. Whether it be with a depressed working-class mother, a child who is an elective mute, autistic or the victim of emotional or sexual abuse, the analytic therapist's task is to make some emotional sense of what is being communicated, to find a way of understanding and transforming each patient's experience and to find a way of putting that back to the patient in a language that will make sense to her or him. This may be more challenging than making classic interpretations to an articulate middle-class patient but it is also entitled to be called analytic psychotherapy. While agreeing that it is important to offer a range of therapies and to be flexible and imaginative in the developments of one's understanding and technique, it is important also not to pre-judge what is going to be suitable on class lines.

The next part of the book looks at the ethical complications and dilemmas encountered by different psychotherapists in different contexts. There is a chapter looking at the significance for the analytic psychotherapist of understanding transference and counter-transference. Its conclusion is: 'The most important ethical safeguards in analytical psychotherapy as we see it are, first, the therapist's capacity to understand transference and counter-transference, second, the safety net of her personal stability, third, her own therapy, finally, supervision'. It is interesting that the first and third of these 'ethical safeguards' are not bound to be present in other forms of psychotherapy, yet throughout the book the impression given is that a broader, more eclectic, open stance with the patient is preferable to one where this unique and crucial tool of analytic understanding and technique is employed. There are some interesting deliberations about particular moral issues confronting psychotherapists – confidentiality, sexual boundaries, the use of strategies involving untruths such as those used by behaviourists and family

therapists, and the practice of psychotherapy in coercive contexts such as prisons, and in child care cases. They tend to take a sensible, pragmatic line on each of these issues, recognising that there are no easy right answers to these controversial problems. For example, on confidentiality: 'The general principle underlying the limits of confidentiality should be that confidential information given to a therapist by a patient in therapy is the property of the patient and should not be divulged to a third party unless this is judged by the therapist to be necessary for the protection of someone's safety'.

The book's penultimate two chapters advocate the establishment of a broad-based profession of psychotherapy with a unifying code of practice 'which, we believe, would be of far greater value for psychotherapy than a more general or abstract code of ethics'.

They also argue in favour of indicative registration according to which 'only those who received a recognised training would be entitled to call themselves psychotherapists although anyone would be free to psychotherapise'.

Overall, this is a thoroughly readable book with an easy, fluent style, blending theoretical and practical arguments in a convincing way. I found the epilogue particularly challenging and imaginative, stirring one to question the prevailing political and social mores and to think in a more far-sighted way about the contribution psychotherapy has to make. It ends on a positive note, generating a sense of optimism about the possibility of the growth of psychotherapy.

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Aging and ethics

Edited by Nancy S Jecker, xi + 394 pages, Clifton, New Jersey, USA, 1992, Humana Press, £36.95

This comprehensive anthology of essays should be invaluable to anyone concerned by the challenges lying at the intersection of medicine, ethics and gerontology. More than a straightforward compendium of views about health care for the elderly,