

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.

RACHEL PICK

*Psychotherapist,
Imperial College Health Service,
14 Prince's Gardens, London
SW7 1NA*

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,

Jecker's book leads the reader through a varied thicket of perspectives on aging and the old. One comes away not only with a clear sense of the issues at stake in health care debates but also with a strong incentive for reflecting on our general assumptions about senior citizens, assumptions that often exert an insidious influence on social policy.

Among the book's many strengths is its insistence, filtered through several essays and authors, on confronting the philosophical complexity beneath many of medicine's most disconcerting practical problems. In deference to this, the editor has buttressed the more applied essays at the centre of the collection with distinctly reflective pieces at the volume's beginning and end. This thoughtful arrangement reveals the connectedness of concepts about aging, health and the meaning of life in an effective and compelling manner.

Section one, 'The aging individual' offers insight into the place of an older person's viewpoint on the value of a life seen as a whole. The essays reflect the calm distance of analytic philosophy and the sweeping vision of social survey; they weave classical myth and modern living, and explore the phenomenology of the aging body. Sally Gadow's 'Recalling the body in aging' strikes a provocative chord in its juxtaposition of the persistent inner self with social expectations, as they act upon the outer self of a changing body.

In 'Aging and filial responsibility', the book's second section, several diverse essays stress the increasingly strained relationship that often obtains between the elderly relative and the family caregiver in home-based care situations. Among the themes considered are shifting autonomy for some older persons, duties owed to one's parents and duties owed as well to the overwhelmingly female home-caregivers who almost always remain unacknowledged and unpaid. Themes of responsibility and justice broaden in scope in section three, 'Distributive justice in an aging society', which includes seminal papers in the debate over health care rationing and other public funding and resource problems. One emerges from this section with the bleak realisation that the challenge of marrying justice and health care, not least for the elderly, increases in magnitude as medical research and technology become more sophisticated. Nowhere is our capacity to meet this challenge in the near

future asserted with total confidence.

The final section 'Philosophical reflections on aging and death', renews the discussion of senior citizens as inhabitants of individual worlds, before and beyond their place in the multitude of health care participants. Lawrence Schneiderman's portrait of age and the loving relationship draws on the author's own experiences as a doctor, as well as on classical myth, and the result is both touching and optimistic. This light-hearted and yet earnest reflection on the more affective aspects of gerontology acts as a kind of antidote to the overwhelming difficulties discussed in earlier essays. It makes a strong emotional impact without removing its attention from the necessity of re-thinking social attitudes and medical policies towards elderly individuals, and holds out some small hope for understanding how we might begin to come to terms with the complicated ethical questions arising in relation to modern medicine.

While the volume as a whole has a predominantly American texture, the issues raised in its pages have undiminished relevance for all aspects of modern health care practice and policy. Its inclusion of voices from nursing as well as philosophy and medicine is to its credit, as is its focus on the personal as well as the political side of health care issues. *Aging and Ethics* offers a broad spectrum of topics, eloquently considered, with many excellent essays, united by a willingness to face the unique needs of the aging and elderly patients of modern medicine.

CHERYL FOSTER
*Assistant Professor of Philosophy,
University of Rhode Island, USA*

Antenatal diagnosis of fetal abnormalities

Edited by J O Drife and D Donnai,
363 pages, London, 1991, Springer-Verlag, DM 190

This book is the proceeding volumes derived from the 23rd Study Group of the Royal College of Obstetricians and Gynaecologists. The three-day workshop on which it is based brought together experts from many fields of clinical science and related relevant disciplines and each chapter has appended a transcript of the discus-

sion arising. The work is divided into seven main sections, dealing with epidemiology; special techniques (two sections); DNA analysis and cytogenetic and biochemical disorders, an inevitable conglomerated section entitled counselling, economics and ethical issues and lastly service provision.

Although there are chapters dealing with intrauterine therapy (Rodeck and Fisk) and with diagnosis of genetic defects in eggs and embryos (Monk) it is evident throughout the technical sections that the current emphasis in antenatal diagnosis is on reducing the incidence of birth-defects by their early detection and the performance of abortion on affected pregnancies. This is made clear from the opening chapter, Trends in prevalence of congenital abnormalities (Nevin), and tables 1.5 and 1.6 show the lack of reduction in birth-prevalence of abnormalities if abortion is not readily available. It is therefore understandable that the study group should have sought a contribution from a philosopher-ethicist and further, that his chapter, Ethical aspects of prenatal diagnosis (Harris), should concentrate on a defence of aborting fetuses with known abnormalities. Harris does this with his usual succinct and eloquent ease. He predominantly concentrates on the 'aborting Beethoven' argument and declines to accept that allowing the suffering of abnormal and handicapped individuals is justified either to retain the works of those artistic geniuses who might have suffered such a handicap or, a superficially more rational but scientifically less well-founded argument, to maintain the diversity of the human genome and its evolutionary potential.

However, Harris's chapter is not the only one giving rise to ethically relevant questions. Not surprisingly, the cost of extending prenatal diagnostic services to screen women at relatively low risk, or for relatively less common conditions, has to be addressed and the difficulties in fully assessing tangible and intangible benefits of such a programme are enumerated in the chapter on Economic aspects (Henderson). Here we are weighing the cost for society of nurturing an affected infant against the cost of providing for diagnosis and abortion. Not all these costs are easily assessed financially, for example the grief caused by delivery and rearing of an abnormal child and the anxiety aroused during the diagnostic process. This latter issue is also