Book reviews

Patients as Victims: Sexual Abuse in Psychotherapy and Counselling

Derek Jehu, Chichester, Wiley, 1994, 238 pages, £17.95 sc

In the mid-eighties Derek Jehu published a seminal text for therapists working with adult survivors of childhood abuse. This was based on an established psychotherapy (cognitive-behavioural therapy) and was backed up by empirical findings. It was the first cognitive therapy manual to address a then contentious issue and with Patients as Victims, Professor Jehu has done it again. He addresses an important, yet frequently side-stepped, aspect of clinical work without the extremism of Masson (Against Therapy) and with the support of survey data – which makes it a very palatable text.

The book comprises chapters by Professor Jehu with significant contributions from Tanya Garrett and John Davis, on the epidemiology of therapist abuse in the UK and the US, and from Linda Mabus Jorgenson and Gary Richard Schoener, who comment on legal aspects of abuse in the USA. The entire book is interesting and parts are quite fascinating, although the wealth of facts and figures can sometimes make reading heavy-going. In particular, the contributions of Garrett and Davis summarise dissertations and, as such, they are thorough but rather dry.

The book is clearly defined in five parts: ethics, epidemiology, abusive therapists, victimised patients and the regulation and prevention of abuse. The first part is an interesting combination of review, survey data and opinion which is thought-provoking without being prescriptive, while the second section is factual, comprehensive and worthy.

The section concerning abusive therapists is most compelling. The application of Finkelhor's model of abuse to therapists makes chilling sense and the identification of risk characteristics for therapists can only benefit clinicians. The chapter concerning the management of abusers is interesting but not as immediately useful as it offers only the suggestion that a range of psychotherapies could, in theory, be applied to abusive therapists. On the whole, the relevance to this population is speculative and the efficacy of rehabilitation is yet to be established. The suggestion of the use of classic, and schema-focused, cognitive therapy in the rehabilitation of the abuser seems sensible, given that this psychotherapy has been shown to be effective with a range of psychological problems. However, this book does not comprise a treatment manual but, rather briefly, presents the possibility of rehabilitation.

Section 4 addresses the client's vulnerability to abuse, its psychological consequences and suggestions for intervention. The chapters concerning vulnerability and consequences tend to mix opinion and fact, with only limited reference to empirical findings. As the exploration of this topic is in its infancy speculation is, perhaps, inevitable and Professor Jehu's suggestions are well informed and should offer food for thought, especially for clinicians. The treatment for victims which is advocated in the book is standard, schema-focused cognitive therapy. The chapter offers insufficient guidance for the non-cognitive therapist but provides important pointers for the trained practitioner.

The final section on regulation and prevention of abuse in the US and the UK provides a legal code to the book which is well structured, helpful and realistic in recognising the restrictions and limitations of the law. The final ten pages are dedicated to primary prevention and comprise suggestions for using supervision, education and patient consultation etc to undermine abuse. This chapter is disappointingly brief but that reflects the lack of expertise in the area rather than Professor Jehu's negligence.

Overall, this is a worthy, thought-provoking book, with wise suggestions for coping with a phenomenon for which many clinicians are ill prepared.

HELEN KENNERLEY
Department of Psychology, Warneford Hospital, Headington, Oxford

A World Growing Old: the Coming Health Care Challenges

Edited by Daniel Callahan, Ruud H J ter Meulen and Eva Topinkova, USA, Georgetown University Press, 1995, 175 pages, UK £33.35, USA $42.50

This thoughtful and well-informed book is the outcome of a two-year research project on care for the elderly, organised jointly by The Institute of Bioethics (Maastricht, the Netherlands) and the Hastings Center (Briarcliff Manor, NY, USA). Representatives from eight Western countries took part, and this international perspective is well represented in the authorship of the book's fifteen chapters. The authors also reflect a wide range of professional disciplines - law, philosophy, medicine, history, social work, ethics and gerontology.

The book begins with a review of how different countries are facing the growing challenges of caring for the elderly (Mark J Hanson). This is presented only briefly, and more detailed analyses and projections are left to later chapters, which focus on the Netherlands and Sweden (Anneke
What Price Mental Health? The Ethics and Politics of Setting Priorities

Edited by Philip J Boyle and Daniel Callahan, Washington DC, Georgetown University Press, 1995, 243 pages, £34.95

This is an American book. It is part of a series on ethical issues in medicine and emanates from the Hastings Center. Necessarily, therefore, the historical, social and political material with which the themes of the book are illustrated belong to a set of traditions quite different from those in the UK. What, however, is highlighted by this contrast with the historical, social and political background to health care in the UK, is the universal nature of the ethical issues underlying the distribution of health care resources.

There is nothing new about the taking of decisions over the allocation of health care resources in general or the allocation of resources to mental illness in particular. The first part of this book describes, from a historical perspective, the various forces which have implicitly or explicitly led to determining the level of provision of those resources which have traditionally been allocated. The second part looks at particular recent examples of where the process has been explicit (Oregon), and not publicly overt (New York).

Against this background, in the third part of the book there is a discussion of the issues which have to be faced in any decision-taking process. In the first essay in part III, Daniel Callahan rejects the attempts at pseudo-objectification of health needs as exemplified by the Quality Adjusted Life Year approach. He does this on the grounds that such approaches necessarily involve questions of value (in this instance - how the quality of life is to be determined) or produce absurd results (as for example in the approach adopted in Oregon where the straightening of crooked teeth was ranked above the treatment of Hodgkin’s lymphoma) which then have to be corrected by the application of value judgments that the system was intended to avoid. Attention is drawn here, as elsewhere, to the problems of balancing resources between physical and mental illness (a dichotomy which it is argued has no basis outside prejudice), between mild (for example neurotic) and severe (for example schizophrenic) illness and between acute and chronic illness. In establishing such balances it is argued that there is no escape from “(1) stimulating public debate on some seemingly intractable and moral puzzles generated by rank-ordering efforts and in (2) creating a procedural method that will provoke a lively and perennial dialectical struggle between facts and data, on the one hand, and values and preferences, on the other”. Whatever approach is adopted there is always going to be what is called “an ideological point of departure” which can be made the subject of explicit statement and scrutiny.

As an example of the kind of discussion which might be held, consideration is given to the evaluation of “suffering”, relief of which must be the goal of any health care system. It is argued that “Our prima facie duty is towards those whose suffering is the greatest, but other considerations can lead us to qualify and limit that duty, overcoming or modifying the initial bias. Thus, if we have made a minimally decent effort to help those whose suffering is the most severe, we could then be justified in diverting additionally available resources to those who are not so badly off, even if those same resources might marginally improve the worst off. We can judge our efforts by asking whether the balance we have struck does in fact honour the initial bias, without allowing it to wholly trump all other claims”.

Further essays in part III deal again with the need to avoid separation between mental and physical health in the allocation of priorities, the problems of striking a balance between democratisation of any decision-taking process and the need for