

Book Forum

Nancy C. Andreasen, M.D., Ph.D., Editor

PSYCHOANALYSIS

Psychoanalytic Practice, 1: Principles, by Helmut Thomä and Horst Kächele; translated by M. Wilson and D. Roseveare. New York, Springer-Verlag, 1987, 403 pp., \$49.50.

This book is quite expensive, but it is worth every penny. The focus of the book is on the psychoanalyst's contribution to the therapy process; in the opinion of the authors, who are German psychoanalysts, the psychoanalyst influences all aspects of the treatment continuously. The book also presents the special ambiance of psychoanalytic psychotherapy and psychoanalysis in postwar Germany. This is definitely not a book for beginners. It is quite scholarly and some of the sentences become additionally difficult in translation. It assumes a considerable knowledge of the field and a substantial acquaintance with the psychoanalytic literature. However, for advanced therapists it is remarkably provocative and always interesting. The authors manage to bring up almost every currently controversial topic in the field.

One is not surprised in a German text to find the subject of interpretation as hermeneutics and the work of Gadamer mentioned early in the book. But the authors show only a passing acquaintance with continental philosophy and at times seem unaware that the hermeneutic approach to knowledge cannot easily be integrated with scientific empiricism.

The first chapter of the book is the most difficult and probably the most provocative. Parts of it are quite dense and would have benefited from elaboration. For example, in their review of metapsychology the authors state, "Our own studies have convinced us that Rapaport and Gill's (1959) interpretation of metapsychology and its position in Freud's work is evenhanded, giving equal weight to the various metapsychological points of view" (p. 21). They do not elaborate on the 1959 view of Rapaport and Gill (1), apparently assuming that the reader is familiar with this difficult paper.

Remarkably, they view the work of Popper and Eccles, presented in a far-out book published in 1977 (2), as valuable for psychoanalysis. It is doubtful that many readers are familiar with the speculations of Popper and Eccles, and even if they were they would probably not agree with that fanciful point of view. Thomä and Kächele call on it because they hope to reject Freud's "materialistic monism" and to drop Freud's theory of instincts, which they regard as "mythology."

A crucial orientation of this book, presented in chapter one, is how the psychoanalyst's preliminary theoretical conceptions influence his or her listening and actions. Similarly, for these authors, psychoanalytic interpretation in practice is "embedded in a network of supportive and expressive techniques" (p. 41) that cannot be separated from it.

Although the authors are well acquainted with the different psychoanalytic theories, they state without evidence, "We believe we are justified in speaking of *convergences* between the different schools within psychoanalysis and also

between psychoanalysis and neighboring disciplines" (p. 44). Certainly this will be a much disputed statement. In fact, some might argue that these schools and theories are diverging and polarizing rather than converging.

An interesting description of the different concepts of the baby from different theoretical models is presented in the first chapter, but the authors reject both Kohut's baby and Klein's baby because they claim that Kohut's baby is based on Freud's theory of narcissism and Klein's baby is based on Freud's theory of the death instinct—that is to say, both are based on "instinct mythologies."

The remainder of the book deals with different aspects of the psychoanalytic process. There is not enough space in this review to cover them all so I will mention only the most salient points that impressed me. In their discussion of the transference and emphasis on beginning interpretations with the here and now, the authors are in agreement with the views of Gill and Hoffman. Their approach to countertransference is not far from the ambiance of Kohut's self psychology; they believe that the patient should always be able to depend on the analyst's humanity and they object to the Kleinian idea that all countertransference is placed in the therapist by the patient.

Chapter four, on resistance, is the most controversial and interesting discussion in the book. It begins with the authors' contention that the analyst must always ask, "What am I doing that causes the patient to have this anxiety and provokes this resistance?" and "What do I do to contribute to overcoming this resistance?" The authors stress what they call the "interactional" aspects of the psychoanalytic process throughout the book. They believe their stress on the interactional aspects is much deeper than Sullivan's interpersonal theory, which, they say, neglects intrapsychic factors and does not recognize that the analyst's "participation" constitutes intervention from the very beginning of treatment.

Their view also requires an abandonment of the death instinct. They believe that the focus on the study of the negative therapeutic reaction leads away from the death instinct and to their interaction theory, which is based instead on the patient's need for mastery and autonomy. There is a fascinating discussion of the Holocaust (p. 126), which the authors (correctly, in my opinion) claim has contributed to the revision of the psychoanalytic theory of aggression. They contend that human aggressiveness and destructiveness lack the features of an instinct because there is no organ, energy, or object involved—a view they attribute to Anna Freud. Their point is that aggression is reactive and that what is central to understanding it is the degree to which the individual is personally affected or feels injured. Aggression for Thomä and Kächele is beyond biological explanation. National aggression involves regarding groups of target humans as subhuman, made so with the aid of propaganda.

In attempting to reformulate the psychoanalytic concept of aggression the authors lean heavily on what they regard as "a differentiated phenomenological and psychoanalytic analysis of the situational origin of aggressive impulses and fantasies"

(p. 128). They conclude from this analysis that human destructiveness is a correlate of self-preservation, an extreme extension of Freud's concept of self-preservation. When individuals feel threatened by the target of their aggression they feel they must wipe out the "enemy" in order to survive. This is a more extreme view than Kohut's concept of narcissistic rage. Kohut's work would be subsumed under it, but the authors stress a reactive element in the fear of threats to the self because of the regressive increase in fantasies of grandeur, which they say accompanies the danger posed by imagined enemies. This produces a vicious circle that transforms imagined enemies into more and more dangerous opponents who must be destroyed for survival. The purpose of this theory is to remove the death instinct as a postulated source of aggression, but, opposing Kohut, the authors view aggression as more fundamental than a breakdown product of normal assertiveness.

The technical consequence of this theory is very important, since it implies that the more insecure the patient feels in the psychoanalytic session the more aggressive and negative the transference. Thus, again, for Thomä and Kächele the transference begins and is centered on the here and now. In agreement with Kohut, they believe we must identify the perceived injury in the here and now and relate it to the childhood injury and consequent revenge fantasies. But they go beyond Kohut in their concern over omnipotent fantasies that arise interactionally—as a consequence of the childhood powerlessness induced by regression in the psychoanalytic situation.

The authors criticize Kohut because they feel that his notion of self-disintegration requires much more explanation, and they appeal to Erikson's notion of "identity resistance." Although they realize that Kohut's and Erikson's theories are based on different conceptions, they maintain that self-feeling and identity "can hardly be differentiated phenomenologically" (p. 135). What the authors have done in this text is to try to integrate the traditional psychoanalytic approach and the continental phenomenological approach in order to decide which psychoanalytic theories are best applicable to the actual technique and practice of psychoanalysis. They promise a second volume of case examples to illustrate their principles.

The same definitive interactional viewpoint applies to other chapters, such as those on the interpretation of dreams, on rules, and on process. For example, the authors maintain that research has proven Freud's view of dreams as the guardian of sleep to be wrong. They oppose "evenly suspended attention" as a myth based on an epistemological weakness in Freud's thinking as well as a lack of realization that perception is always theory laden and always involves explanatory models. They regard Reik's notion of the "third ear" and Bion's approach as mystical. They fall back on the need for mastery rather than Freud's id resistance or death instinct as an explanation of working through.

A very difficult chapter in the book is on models of psychoanalytic process. This includes the interesting Ulm model followed by the authors, in which transference is seen as an interactional representation. This model is carefully and lucidly presented. In the progress of the text the authors move farther and farther away from traditional Freudian psychoanalytic theory and deeper and deeper into their own model of psychoanalytic process, which they feel constitutes an advance over Freud and subsequent psychoanalytic theorists.

In the final chapter they conclude that psychoanalytic knowledge is acquired in a hermeneutic circle, but they insist that truths which are "dyad-specific" and acquired in the

hermeneutic circle must then be tested as they are applied in the psychoanalytic process and putatively produce effective cures. Their emphasis on the testing of effectiveness of psychoanalytic treatment by research scientists is consistent with their discussion of the situation of psychoanalysis in Germany, which is supported by third-party payment plans. In that sort of medical system these processes must be empirically demonstrated to be effective in order to convince the agencies that pay for them of their value.

At the same time, the authors straddle both sides of the fence between a hermeneutic approach to psychoanalysis and an empirical approach, mixing together Gadamer, Habermas, Ricoeur, Eagle, and Grünbaum without sufficient realization, in my opinion, that these authors strongly contradict each other and claim that their orientations exclude those of their opponents. Either Thomä and Kächele do not have a sufficiently deep understanding of these continental and scientific points of view or they have glossed over some of the striking discrepancies between different conceptions of what constitutes psychoanalytic truth and how the results of psychoanalysis are to be validated.

Thomä and Kächele are to be congratulated for producing an interesting and important book that stimulates the reader on every page and survives translation at least to the point where their basic conceptions are not hopelessly lost. The book is highly recommended for advanced students of the subject.

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RICHARD D. CHESSICK, M.D., PH.D.
Evanston, Ill.

Freud and the Rat Man, by Patrick J. Mahony. New Haven, Yale University Press, 1986, 241 pp., \$23.50.

Patrick Mahony's bold and imaginative analysis of Freud's analysis of the Rat Man proceeds, like the original, on multiple levels and tracks that reflect each other. Taken all together they create fascinating revelations of Freud, the 1907 Rat Man case, and the topic of obsessionality, which is shown here to have touched both participants. The enormous importance of the case is highlighted by the fact that Freud published only five full case histories, and the Rat Man is the only successful therapy directly treated and written by Freud. It provides the cornerstone for all his subsequent theories of obsessional neurosis and contains an exposition of most of the defense mechanisms of obsessionality known to this day. In addition, it was here that Freud differentiated primary from secondary defense maneuvers, and the structural theory, not formally proposed until 1923, is clearly identifiable. Mahony's reminder that Freud tackled the uncharted territory of Rat Man's complex and mystifying illness virtually alone helps the reader fully appreciate the stunning creativity of Freud's accomplishment and hold in proper perspective the flaws of his work, illuminated now with the brilliance of 80 years of collected hindsight.

Mahony first identifies the Rat Man and provides a detailed biography that enables the reader to follow his reconstruction of the analysis; this is a brilliantly detailed formu-

lation. Mahony synthesizes broad sweeps of dynamic reconstruction with particles of linguistic analysis. His microscope reveals the lake in a droplet, a panoply of anal erotism in the minutia of a grammatical construct. He also shows that Freud exaggerated the length and depth and thoroughness of Rat Man's analysis, probably to promote the cause of his new science. Although Freud said that the analysis lasted "nearly a year," Mahony reveals that regular and frequent sessions took place for little more than 3 months and then the work continued irregularly and infrequently for another 7 or 8 months. A textual analysis shows how Freud chose words and phrases that suggested a much slower and more gradual analytic process than was, in reality, possible.

The Rat Man improved dramatically in consequence of his analysis, but this cannot have been on the basis of resolution of his transference neurosis or a true working through of achieved insights, as Freud claimed. This becomes especially apparent when Mahony examines Freud's technique and differentiates his theory from his practice. In truth, Freud had little interest in therapy, and in his clinical work he was impatient and patriarchal. The Rat Man's "cure" was clearly a transference cure in response to the reassuring authority who explained, praised, encouraged, and gratified his passive patient. But all things considered, it is remarkable how much improvement took place. The analysis worked, but not for the reasons Freud gave.

Next Mahony tacks into the textual and linguistic analysis of Freud's work. He explores the influence of the oral-aural tradition. The written word differs radically from the experience of the spoken word, and Freud was a speaker who left indelibly powerful impressions when he spoke. Even his memory was phonographic, and he could reproduce verbatim accounts of lectures he had heard. Mahony shows a vast area that has been ignored in our science—the influences of sound and the transforming, constricting effect of writing that which has been spoken. Writing leads to abstraction and to formal deadness, made worse for Freud's readers by Strachey's "standard" translation. Throughout the book the limitations and taming influences of Strachey's work are noted. Mahony's judgment is severe: "When one studies Strachey's annotation (of Freud's process notes, for example) the term 'Standard' becomes more and more a glaring misnomer" (p. 21). Strachey sanitized Freud.

Freud recognized that Rat Man's verbalized obsessions split affect from meaning, and he deprived the obsessions of their despotic force by sounding them out and making them "experience-near." Thus he afforded his patient the stance of analytic comprehension and self-reflection, an agency that we have come to know as the observing function of the ego. Mahony goes on to review the progression of Freud's theories of obsessional psychopathology in detail. As early as 1906 Freud saw the origins of orderliness, parsimony, and obstinacy in anal erogeneity of early childhood, but he delayed spelling out that discovery until 1913. There had been much public derision of Freud's ideas on anal erotism expressed in the 1905 paper "Three Essays on the Theory of Sexuality." But that is not all. Freud complained of his great difficulty writing this case, and indeed the paper is disconnected, fragmentary, and aphoristic. Mahony argues that these problems, as manifestations of his own obsessional, his countertransference, and the inevitable limitations of his self-analysis, reflect Freud's overinvolvement with the Rat Man. Mahony's reconstruction is that Freud had not yet discovered the essence of obsessional neurosis to be a regression from oedipal conflict to anal erotism; therefore, he remained vulnerable to a return of his own repressed mental

contents. In an argument not totally devoid of obsessiveness itself, Mahony links the defensive isolation of obsessiveness with mental representations of the anal aperture. Lack of connection is rife in Freud's writing style, but so is its opposite—a concordant "processiveness" that connects disparate elements with each other and with realms of experience.

At the beginning of the book Mahony states his aim: "to write a coherent narrative enlightened by a synthesis of psychoanalytic, historical, literary, and textual approaches." No mean feat. At the end he extends that goal: "By the joining of ourselves as readers with Freud as clinician and author and with his patient . . . and by the interfusion of subject and object . . . Freud's own processes become the matter of [our] investigation." He has succeeded on both counts and made the enterprise fine reading in the bargain. In 1909 Freud revealed the Rat Man. In 1986, with Mahony's scholarly assistance, the Rat Man revealed Freud.

JUSTIN SIMON, M.D.
Berkeley, Calif.

PSYCHOTHERAPY

On Being a Therapist, by Jeffrey A. Kottler. San Francisco, Jossey-Bass, 1986, 163 pp., \$19.95.

The perils facing a psychotherapist in life and practice—broken marriage, being seduced or sued, substance abuse, suicide or homicide—have been well publicized. The occupational hazards of a psychotherapist, including boredom and burnout, self-deception, and the phenomenon of one-way intimacy, have been noted in connection with patient treatment in the clinical literature. In *On Being a Therapist*, however, Jeffrey Kottler, a warm and articulate psychologist, intimately describes these hazards and then gives empathic advice to therapists on how to prevent and to cure them.

In a major section of the book, the symptoms of burnout, a common consequence of practicing psychotherapy, are described: the therapist's daydreaming and escapist fantasy; multiple clients complaining of hopelessness, frustration, pessimism, and doubt in the psychotherapeutic process; sessions losing their spark, excitement, zest, and spontaneity; and the therapist's feeling reluctant to call the office or to return calls, feeling excessively relieved when a client cancels, falling behind in billings and paperwork, being unwilling to discuss work in social and family circles, showing a clear preference for passive entertainment, feeling that the alarm clock is less a signal to begin the day than an order to resume his or her sentence, and manifesting cynicism about therapy.

Kottler describes the causes of burnout and then, in a personal and pragmatic fashion, sets out its prevention and cure. His easygoing and convincing suggestions for prevention are in essence to perform therapy differently, to teach others, to take personal responsibility, and, finally, to confront the source of stress.

The chapter on "Lies We Tell Ourselves" includes some lies that are necessary and others that are therapeutic, taking up the games therapists play as well as the myth of neutrality. According to this myth, the psychotherapist is expected not to engraft his or her own values on the client or even to represent, by actions or words, that values are a good thing. (In past times, this phenomenon of fibbing was noted by Epimenides, who said that all Ephesians are liars; it was discovered, however, that Epimenides was from Ephesus.) In

Kottler's book, the therapist's question of to lie or not to lie is proposed with warmth and with grace, making it easy for the reader to decide.

On the therapist's making errors, Kottler writes, "Although it is laudable to work toward greater consistency in the way we treat clients, a therapist is a fallible human being, one who is subject to quirks, biases, errors, misjudgments, and spectacular distortions of reality. Even with the best education, training, supervision, study, and self-analysis, a therapist is hardly the anonymous, perfectly stable, neutral, all-knowing and accepting creature that clients prefer to see."

Kottler discusses risking and intimacy as features of the transference in psychotherapy with humane, rational respect for both parties in the relationship. Discussing the transference, he personally and warmly reports a positive solution to the ubiquitous struggle between psychotherapist and client for power and influence. He also discusses the countertransference in difficult cases as well as the rewards of a psychotherapist's practice and closes with a stimulating chapter on creativity.

This is a how-to book, written for psychiatrists, social workers, family counsellors, psychologists, psychiatric nurses, and mental health technicians who practice long-term psychodynamic therapy. It is well written and attractive in format. Because of its excellent substance and charming style, I recommend this book to mental health therapists.

WARREN F. GORMAN, M.D.
Scottsdale, Ariz.

Handbook of Psychotherapy and Behavior Change: An Empirical Analysis, 3rd ed., edited by Sol L. Garfield and Allen E. Bergin. New York, John Wiley & Sons, 1986, 886 pp., \$95.25.

The important questions in the field of psychotherapy—How effective is therapy in general? How effective are specific techniques such as cognitive, marital, or brief therapy? What are the mechanisms of therapeutic change?—are discussed in this edited volume by well-known researchers. This *Handbook* offers comprehensive reviews of a vast literature that will be welcome to specialists in psychotherapy research as well as to readers who want an overview of the field or want to keep abreast of the latest research findings in a particular area.

Limited space precludes a comprehensive examination of a wealth of material contained in 19 chapters and organized within five sections; I will therefore highlight some of the more important material. The first section covers historical, methodological, and conceptual foundations of psychotherapy research. An introductory chapter by the editors discusses current trends in the field, including the growth of brief therapies, the development of treatment manuals, the concern with efficacy and cost effectiveness, and the lack of demonstrated superiority of outcome for any particular therapeutic technique. A chapter by Kazdin covering research design provides an excellent overview of issues involved in planning and evaluating empirical studies.

Reviews of the literature on the process and outcome of psychotherapy are contained in the second section. Strong empirical evidence for the effectiveness of psychotherapy is supplied in a chapter by Lambert, Shapiro, and Bergin. They review the evidence accumulated in more than 475 controlled studies demonstrating that at the end of psychother-

apeutic treatment, the average patient is better off than 80% of untreated individuals. Research suggesting that treatment gains are more likely to be maintained if patients attribute change to their own efforts and if the therapist helps them to anticipate how they might react to crises and relapses in the future is also reviewed.

The relationship between the process of psychotherapy and the outcome—a research area of considerable relevance to the practicing clinician—is reviewed in an excellent chapter by Orlinsky and Howard. Their summary of the literature identifies a large number of therapist and patient influences on outcome, only a few of which can be mentioned here. Therapist confrontation, interpretation, and exploration were often associated with positive outcome, whereas reflection, advice, and self-disclosure had little differential effect on outcome. Additional therapist interventions that proved effective were focusing on affect and reactions to the therapist. Patients who exhibited greater immediacy of affective expression and who were open and nondefensive had better outcomes. The authors suggest that, to be maximally effective, therapeutic interventions require an "open" state in the patient which both influences and is influenced by the nature of the therapeutic bond. They conclude their exhaustive review of the literature with a comprehensive model of psychotherapy that recognizes the complex interaction between patient and therapist in producing a positive outcome.

Section three covers behavioral and cognitive therapies. The effectiveness of behavior therapy in the treatment of a variety of disorders is reviewed by Emmelkamp. He points out that even though behavior therapy is thought of as being very technique oriented, recent studies have shown that in behavior therapy as in the verbal expressive psychotherapies the therapist's qualities are more related to the outcome than is the treatment technique. The application of cognitive therapy to depression and other disorders is addressed in a chapter by Hollon and Beck. The field of behavioral medicine, including studies on the Type A personality and compliance with medical regimens, is also reviewed.

Section four examines research on children, adolescents, couples, and families. Gurman, Kniskern, and Pinssof review the effectiveness of the marital and family therapies for different disorders. The field of brief therapy is reviewed in an excellent chapter by Koss and Butcher. They describe the common technical characteristics of brief treatment and discuss the empirical literature on the process and outcome of short-term therapy. A review of pharmacotherapy by Klerman covers treatment for specific disorders as well as research that compares and combines drugs and psychotherapy. Other chapters cover group therapy, vocational counseling, therapy with the disadvantaged, and research on teaching psychotherapeutic skills.

The notable strength of this volume is the high quality of its comprehensive and up-to-date reviews of the literature. My major criticism has to do with the insufficient emphasis on psychodynamic treatment and issues. The editors deleted two excellent chapters by leading psychodynamic researchers that added enormously to the previous edition: an overview of the field by Strupp and a chapter on research on psychoanalytic therapy by Luborsky and Spence. In addition, in this edition references to psychodynamic therapy are scattered throughout the book rather than presented within one integrated chapter, as was done for the other theoretical orientations. Despite this flaw the excellent quality of the individ-

ual reviews allows this volume to retain its place as the best single guide to the empirical literature on psychotherapy.

SAUL E. ROSENBERG, PH.D.
San Francisco, Calif.

The Structure of Individual Psychotherapy, by Bernard D. Beitman. New York, Guilford Press, 1986, 330 pp., \$30.00.

Dr. Beitman's motive for producing this book was to contribute to integration and systematic eclecticism in psychotherapy. He attempts to describe the common factors that define the nature of psychotherapy, dividing each psychotherapeutic relationship into four stages: engagement, pattern search, change, and termination. Each stage has characteristic goals, techniques, content, resistance, transference, and countertransference. Beitman concentrates on therapy, not theories of psychopathology. He believes we need no further schools of psychotherapy but, rather, a better sense of what we are doing. Because eclectics predominate among therapists, Beitman suggests that many therapists believe in a common (yet to be elucidated) base on which contributions of the different schools may be placed.

Beitman's search for commonality is motivated by the intent to liberate therapists from their dogma. But how many therapists wish to be so liberated? In my opinion, a therapist's favorite theory serves as a transitional object comforting him or her during times of separation from any possible clinical certainty. Although admirable from a scientific point of view, integration in psychotherapy seems to face as much resistance as does the clinical absorption of the findings of psychotherapy research itself.

Dr. Beitman wants therapists to recognize when they are making choices and to learn to understand their choices as functions of their personalities and therapeutic intent. He is forthright in citing examples from his own experience, including his errors as a therapist and why he once quit therapy as a patient. An example of failure to engage a patient comes from his report of his own rigid adherence to a structured research interview that led to the patient's fleeing to her family physician. He reports a countertransference dream and a period of sleep disturbance while he was treating a borderline patient and reveals how his failure to deal with the countertransference led to a hospitalization and unsuccessful termination of the psychotherapy.

In the pattern search section, Beitman applies seven different theoretical perspectives to the case of a man with bondage fantasies and a need to go to pornographic movies. Throughout the book, while he discusses a point of view he tells us what complementary notions other views can contribute. Eclecticism has its weaknesses, too, however. At times, Beitman presents comparative positions thinly, in a manner approaching name dropping.

The section on pattern search methods is particularly good and sophisticated, discussing listening, questions, and the linking of content to interventions. Beitman sees the patient's resistances to pattern identification as exceedingly useful because these resistances provide directly observable examples of key behavior patterns. He wisely reminds therapists that resistances, although very frustrating to them, usually represent the patients' best efforts at conforming to the expectations of therapy. Countertransference is particularly well discussed. Unfortunately, Beitman introduces but fails to clearly present the important work of Heinrich Racker on complementary and concordant countertransference. More exposition would have been welcome.

The book contains a lengthy section on change. Beitman takes us through the possible use of exhortation, interpretation, self-disclosure, the description of alternatives, modeling, direct instruction, and change facilitators. He claims that therapists use change techniques as a way to teach their own values and coping strategies. This is frequently true, and Beitman's volume does much to bring this to the reader's attention. That reader is most appropriately a resident or younger therapist whose identity as a therapist is still forming. More senior therapists might benefit from reading the book as well but are less likely to give it a try. Its richness lies in the large number of important aspects of individual psychotherapy discussed with plentiful clinical vignettes, a wide representation of recent psychotherapy literature, and an unabashed presentation of much of the author's personality and clinical experience.

JEROME A. WINER, M.D.
Chicago, Ill.

FAMILIES AND FAMILY THERAPY

Object Relations Family Therapy, by David E. Scharff, M.D., and Jill Savege Scharff, M.B., Ch.B. Northvale, N.J., Jason Aronson, 1987, 494 pp., \$40.00.

There has been a regrettable but remarkably persistent antagonism between the fields of psychoanalysis and family therapy. Many of the early pioneers in the family therapy field have been psychoanalysts: Jackson, Stierlin, Bowen, Wynne, Lidz, and Fleck. Yet mutual enrichment between the two fields has been slow to develop. The family therapy movement flourished in a climate that was decidedly anti-medical and antipsychoanalytic in its antipathy to the labeling of one member of a dysfunctional system as the patient. In psychoanalytic circles, focus on the family has tended to remain adjunctive and largely unacknowledged. Only recently have the two disciplines begun to approach each other and hold out the possibility of useful synthesis drawn from both fields.

Particularly useful for any efforts at such a synthesis of psychoanalysis and family systems thinking have been concepts drawn from object relations theorists, especially Melanie Klein, Wilfred Bion, W.R.D. Fairbairn, and Donald Winnicott. Klein's concepts of splitting and projective identification are the crucial bridges to a deep appreciation of the connection between archaic and unintegrated facets of the personality and the collusive transpersonal defensive operations that, in clinical practice, prove such stubborn obstacles to treatment. Bion's notion of containment—the empathic, tension-absorbing “reverie” that renders archaic tensions symbolizable, speakable, and “metabolizable”—adds a major contribution to the understanding of the therapeutic experience as one that enables individuals or families to gain control of their painful and unproductive cycles of repetitive symptomatic collusion and to move beyond them. Fairbairn evolved a schema for representing repetitive conflicts centered around internal objects. His schema, based on actual failures in the supporting environment, is well suited to conceptualizing work with families. Winnicott drew from Klein and Fairbairn to develop a unique view of the human predicament. He recognized both maturational processes and the facilitating human “holding” environment; his concep-

tualization of the therapeutic process has much in common with Bion's.

The profound, depth-psychological insights of these theorists have enriched family therapy with an expanded understanding of collusion and the nature of transpersonal defense, reactivity on the part of the therapist (countertransference) seen as a response to splitting and projective identification, and the phenomena of vicarious participation and repetition of pathological themes seen intergenerationally and intrafamilially. These developments have borne fruit. Recently, important efforts at rapprochement between psychoanalysis and family systems thinking have appeared in papers by Zinner and Shapiro and books by Sander (1), Box (2), Slipp (3), and Zilbach (4).

Object Relations Family Therapy is the latest and most comprehensive contribution to the synthesis of the object relations point of view with family therapy. The authors are prominent figures in the Washington School of Psychiatry's program in psychoanalytic family therapy, a program drawing from object relations theory, the group relations contributions of Wilfred Bion, family systems theory, psychoanalytic developmental psychology, and the pioneering work of Zinner and Shapiro on family psychopathology and treatment.

The book is Fairbairnian in its theoretical outlook. The authors state,

The object relations approach to families provides emotional space for a rediscovery of each other and of the lost parts of the self that have been put into each other. These projected parts of the self may have been put into others for safekeeping, as in the case of the good part of the self that is threatened by one's hate, or for good riddance, as in the case of a hated and rejected part of one's self. The space we offer provides the basic safety for the family to sort out, modify, and re-introject projections in a metabolized form. Object relations family therapy works to understand these projections and the failures of the family's holding capacity that have resulted from and contributed to them. (p. 169)

As with any form of family therapy, symptoms are seen in the family context:

The symptomatic individual may be viewed as holding a compromise between his individuation and the solidarity of the group. Symptomatic family patterns can also be viewed as a compromise between the family's goals and those of the previous generation. And symptom formation can be seen as a signal of anxious unrest in the family system, as it seeks and resists a new equilibrium appropriate to its current developmental phase. (p. 194)

The book has 19 chapters and is divided into five sections: an overview section; one on theory and development; one on technique, transference, and countertransference; a long section on specific life phases and predicaments of families coming for treatment; and a final section on terminations.

The foundation on which the book stands is less the authors' theoretical orientation than the elaborate and thoroughly first-rate clinical material, which covers a wide range of situations by no means confined to the Fairbairnian approach. Seldom have I read clinical material as empathic, mature, and psychotherapeutically credible as that which is consistently found in the pages of this encyclopedic work.

This is one of the rare books on family therapy in which the reader is offered an opportunity to identify with patients and their families rather than with hypomanic and triumphant ploys and stratagems of therapists attempting to turn the tables on those they are supposed to help. Again and again, the Scharffs illustrate what frontline practitioners know very well: that family therapy, like any other kind of psychotherapy, emerges from an enduring relationship and not the short-term power plays so overrepresented in the family therapy literature.

The book is long and ambitious in scope. It is comprehensive enough to be a sourcebook for an entire curriculum, with detailed chapters on every phase of the family life cycle, contributions from psychoanalytic theory and from group relations, and detailed discussions of technique. The splendid final chapter on "endings" is one of the few thorough sources on separations in the family therapy literature. It underscores the Scharffs's emphasis on the family's meaningful relationship with the therapist that is found throughout the book.

The book is less strong on the strictly theoretical facets of object relations theory. In my opinion, the authors give a bit too much weight to Fairbairn's contributions and not enough to Melanie Klein's and Bion's. As a result, their case material is not quite so clearly connected to an understanding of the therapeutic process as it might have been if the Kleinian notion of projective identification and Bion's notion of "containment" in the therapeutic process had been more tightly linked with an understanding of the manifestations of splitting in the clinical examples. The volume would be more readable cover to cover with a bit of pruning. It is, nonetheless, the most important contribution on the interface between psychoanalytic family therapy to appear since Henry Dicks's epoch-making *Marital Tensions* (5) appeared in 1967. *Object Relations Family Therapy* is a major step forward in the maturation of the family systems point of view to include the skills and disciplines of a truly seasoned and caring psychotherapist. It should be considered alongside Dicks's work as a standard source in the field of psychodynamic family therapy.

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MELVIN R. LANSKY, M.D.
Los Angeles, Calif.

Children, Parenthood, and Social Welfare in the Context of Developmental Psychology, by Michael Siegal. New York, Clarendon Press-Oxford, 1985, 162 pp., \$26.95.

This very interesting book is fun to read, but it is somewhat dangerous; it is written in a style that juxtaposes certain material and then subtly proceeds as if there were a cause-and-effect relationship between the material. While doing this the author also subtly and not so subtly criticizes

Freud and the medical model and sets the stage for his book to be a manifesto for a certain political persuasion relative to psychosocial economics. This book follows the author's 1982 publication on moral development (1). Drawing on studies of adults and children, Siegal, an Australian psychologist, examines development, the socioeconomic conditions of the family, parenthood, and parent-child interactions. Instead of a biopsychosocial analysis or a parent-adult-child analysis, there is a parent-child-social (i.e., the child outside the family) analysis that purports to result in an attempt to integrate theories of development. Indeed, it is the author's stated purpose to integrate theories of development toward a more complete understanding of the nature of the connections between child development and social welfare.

The children studied were 3–18 years old, spanning preschool, kindergarten, and 12 grades of schooling. The child data came from several national sources: Australia, Denmark, England, Japan, The Netherlands, the United States, and other non-Communist countries. About 400 references are listed.

The terminology of many disciplines is used, such as those of the justice system, sociological theories, and learning theory. Terms like Bronfenbrenner's exo-, meso-, and macro-systems as well as trickle down, bubble up, self-system, and self-definition are used. It appears there is a recoinage of terms such as Type A and Type B so that they involve deprivation. I did not notice direct acknowledgment of the contributions of psychoanalysis, but Freud and identification are discussed at some length in the second chapter, "Moral Development in Context."

This chapter begins to reveal the literary dilemma facing the reader. Although the professor of English may say that the progression of subjects and sentences is technically well done, one educational psychologist's assessment can only be paraphrased here by saying that the author does not write clearly and from this one can conclude he does not really understand his own material. A philosopher psychiatrist reading the following sentences expressed pity for the reader confronted with them:

A boy's desire to identify with the father and command the attractive goals which the father possesses will give rise to an important consequence of this identification: an attempt to take on what are perceived to be the father's characteristics as often evidenced in sex-typed behaviour. While the content of identification as an acquired cognitive response can consist of similarity in overt behaviour between an individual and a model, such matched behaviour is not an all-or-none process and outward similarity may mask different motives underlying behaviour.

Although there are many sentences that are difficult to understand, the book stimulates many exciting and thought-provoking ideas. Perhaps the author tried too hard to be faithful to the language of his numerous sources and thereby produced a text that many times does not flow from sentence to sentence and often forces the reader to interpret the text. Nevertheless, if the author's own fallacious syllogisms are indications of his critical assessment of his sources and references, then the reader has fairly ample reason to doubt the accuracy of major portions of the book. Additionally, although I found it interesting that mother identification has been significantly associated with rule conformity in middle-class boys and father identification with rule conformity in middle-class boys and girls, I still wonder who started the

idea that rule violating is associated with father identification, development of autonomy, and separateness. A better analysis might be that children who violate rules do so because they suffer from a lack of something (father input?) and therefore are adrift, as the author says.

In chapter three the reader becomes indebted to the author for illustrating that psychological and sociological research contain their share of flimsiness, and in chapter four one notes that mothers rather than parents are consistently cited in the studies on parents, peers, and children's appraisals of others' behavior. Chapter five, dealing with morality and criminal justice, also cites mothers rather heavily, along with laxity in control and permissive child rearing as the greatest prediction of a son's delinquency. This chapter notes Baldwin's maxim that children practice in the peer group what they learn from adults. A good case is made here that children themselves will tell you they misbehave (because they have no introjects related to propriety and impulse control) because one or both of their parents were lax in control and permissive (i.e., did not set limits); the children perceive this parental behavior as their parents' not caring enough to get involved with the work of parenting. The influence of free time as an opportunity to practice delinquency is cited too.

The chapter entitled "Achievement and Economic Justice" does little more than describe some logical differences between traditional and nontraditional Western families regarding distribution of income, while some apparently pertinent Japanese family and business relations are described. My question is, Is the "traditional family" in effect a misnomer, and is that which is called the "Western traditional family" in reality just a stage of family "phylogeny" that came under study in the middle half of the twentieth century?

The seventh chapter reviews the arguments as to whether conflict is beneficial and describes associations with the developmental stage of adolescence. The eighth and final chapter is somewhat of a summary; it also emphasizes studies about changes in family structure, how working mothers are now the majority and their numbers are growing, how the instability of the father is more a factor than whether mothers work, and how "there would seem to be no reason why fathers should not perform equally affectionate and warm roles and be every bit as 'motherly' as actual mothers." Several interesting ideas about conflict and child custody are discussed, and there is an excellent diagram of parent-child relations in a socioeconomic context. The author moves to his thesis that increasing revenue in private and public sectors will result in new jobs and assist "to provide a strong basis for family relationships." He thinks similar effects occur once children enter the workplace as adolescents and may be enhanced (presumably by government money) through family support programs. His thesis seems to assume that all other factors are either equal, and therefore discountable, or at least subordinate to monetary input. There is no study mentioned that assesses how any of these adolescents or even their parents spend the money available to them.

I think that the close relationship between delinquent behavior and low socioeconomic family status could be the result of some underlying CNS or ego defects. Each can in time exacerbate the etiological CNS or ego defects as well as one another. Child abuse would be likely to be more prevalent under such conditions and would be primarily a failure of impulse control, but I do not contend that medicine holds all the answers, as the author charges. Siegal would have had a scientific book if he had been less interested in making

social and professional political statements and used better composition techniques.

The best features of this book are the extensive bibliography of psychological, sociological, psychiatric, and developmental literature and the fact that Siegal succeeds in calling attention to the effect the child has on the psychosocial systems of family, workplace, and the nation.

Although I hope that no one will use this book as an authoritative basis for federal funding of social welfare programs, I do recommend the book as very interesting albeit somewhat difficult reading. Those who know little of any of the material discussed will either find it very difficult reading or will be completely charmed and use it as a manifesto.

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LAWRENCE K. RICHARDS, M.D.
Champaign-Urbana, Ill.

Family Resources: The Hidden Partner in Family Therapy, edited by Mark A. Karpel. New York, Guilford Press, 1986, 479 pp., \$37.50.

The widening scope of individuals seeking treatment has resulted in a parallel widening of therapeutic alternatives in the mental health profession. As the nature of those seeking help has changed, the treatment modalities available have been modified, often without any acknowledgment of the way in which the new patient population has resulted in changes in technique and how these innovations relate to previous therapeutic techniques. The result, although undoubtedly beneficial for many seeking treatment (particularly if their problem connects properly with the therapist's school of treatment), has led to a surprising lack of connection between more recent pragmatic approaches to treatment and the earlier, more complex, and historically more developed therapeutic modalities. This is particularly true in family therapy as it relates to individual analytically oriented psychotherapy. Although much that family therapists do in their interventions with disturbed families is entirely understandable from the viewpoint of individual dynamics, many family therapists, rather than acknowledging a link to individual dynamic psychotherapy, have defined their work in terms that are often hostile toward and competitive with the intents of individual psychotherapy and psychoanalysis.

The editor of *Family Resources* and the contributors he has chosen are very much in the group of family therapists who disdain or lack interest in the history of psychodynamic understandings of the individual. Their lack of awareness of psychodynamically based psychiatry is shown in their choice of mentors: Milton Erickson, Boszormenyi-Nagy, Minuchin, Palazzoli, and Halley. Missing entirely is any direct or indirect reference to Freud, Sullivan, or any modern psychoanalytic or psychiatric thinker. In essence, the therapy described by the authors of this volume dates from the 1970s and has no connection with the work of previous psychiatrists.

Karpel expresses hostility to individual therapy in two ways. First, he simply doesn't mention that it has any role. Although this may be a small improvement over attacks on individual therapy by family therapists, it still fails to place family interventions in the proper perspective of individual development and treatment. Second, Karpel's emphasis on

family resources seems to split family therapists into good and bad. The "good" therapist looks for strengths in the family system, and the "bad" therapist approaches a family in terms of defining the pathology within the family system. Viewing families as pathological is seen as destructive. Psychiatry and individual therapy, with their emphasis on defining and treating pathology, are the obvious target of this attack on the legitimacy of appraising the degree of pathology in a family.

All of the contributors to this book emphasize looking for what is positive in the families who consult them, no matter how horrendous the problems they bring. According to Karpel, family resources are "those individual and systemic characteristics among family members that promote coping and survival, limit destructive patterns, and enrich daily life." It would be hard to find any basis for disagreement with the suggestion that such qualities, if they exist in a family, should be sought out and emphasized in any family treatment process.

Karpel deemphasizes the pathology that can be clearly seen in the families he describes. The therapists who present their work and ideas in this volume all share an optimistic view of family life as well as what I would consider an inadequate appraisal of the nature of the separation and individuation process in the course of healthy individual development within a healthy family setting.

Almost all of the interventions described in this book are very brief. Even those which persist over a longer period of time tend to involve very few sessions with the families. These therapists avoid the emergence of the family members' pathology in the transference by keeping the contact short-term and work against resistance by allowing the family to determine the style, length, and depth of the therapy they receive. The result of treating a family based on the establishment of such a narcissistically based alliance is, as should be expected, often dramatic in its ability to modify behavior and reverse pathological regressions and enactments. This should not be confused, however, as it is by these authors, with any substantial increase in insight or fundamental change of the barriers to individuals' "right to a life of their own" within a disturbed family matrix.

Without the acceptance of pathology as the legitimate focus of psychotherapy, there is no perspective in evaluating what is wrong with the individuals in the family or what is the impact of the therapist's interventions. Thus, in many of the clinical examples cited by these authors, a very similar picture emerges:

A family or couple appears at the evaluation to be beset by the most overwhelming disturbances in several if not all of the members. The therapist's intervention is simple, often involving an intuitive reading of the level of intervention the family is able to use in some way. For instance, the therapist might tell an angry narcissistic husband that although his wife's request that he change is reasonable, he is incapable of ever changing. The husband reacts with angry disbelief and an attempt to prove the therapist wrong as quickly as possible. Thus, the response to therapy is a dramatic reversal of behavior and a rapid disappearance of disturbed behavior, a reversal that, depending on the establishment of a correct diagnosis, would, in fact, be close to miraculous.

The psychiatric reader has an obligation to be critical of the kind of material presented in this book; the denial of individual pathology in favor of a "systems" approach borders on the scientifically unacceptable. Repeatedly we are exposed to therapists who confuse their manipulative interactions with families, clever though these may be, with a real

understanding of interpersonal and individual dynamics. The interventions of the family therapists who present their work in *Family Resources* is undoubtedly based on a wish to be helpful, but their lack of connection with the basic tools of dynamic psychiatry makes their work appear superficial even when it is helpful. In addition, their claims of superiority for what they do over the work of individual and family therapists who emphasize the identification of psychopathology as essential for any effective psychotherapeutic intervention are both offensive and naive.

This volume needs to be read by those who keep track of the trends in the broad world of psychology and psychiatry. The antipsychiatry movement of the 1960s can be found alive and well in the group of family therapists presented here. Allowing blatant pathology to go unmentioned or uninterpreted as the price of forming a therapeutic alliance is a far cry from insisting that the pathological is benign or even adaptive. I can only recommend this volume for its clear presentation of so much that is wrong with family therapy when it derives from an anti-intellectual, anti-individual-treatment, suspicious view of individual dynamic psychotherapy. We must be vigilant in not accepting the ideas of those who attack and neglect clinical contributions that they find inconvenient.

HENRY J. FRIEDMAN, M.D.
Cambridge, Mass.

LAW AND ETHICS

Forensic Psychiatry and Psychology: Perspectives and Standards for Interdisciplinary Practice, edited by William J. Curran, J.D., LL.M., S.M.Hyg., A. Louis McGarry, M.D., and Saleem A. Shah, Ph.D. Philadelphia, F.A. Davis Co., 1986, 535 pp., \$49.00.

This textbook deals with gripping subjects: sex, violence, madness, and making decisions to rip families asunder or bind them perilously together. Consequently, I was puzzled at first when I had to struggle to stay awake while reading it. The typical textbook is bland and boring, but this one shouldn't be. How can one nod off in the midst of such issues?

The problem is only in part the creation of the book's editors and authors. In fact, they are a distinguished group, and we are not likely to see a more authoritative treatment of forensic psychiatry in this decade. The best chapters—those of M. Kindred and B.D. Sales on the developmentally disabled, C.S. Widom on juvenile delinquency, L.H. Roth on psychiatry in prisons and jails, and W.A. Kennedy on expert testimony—are substantial contributions. The chapter by C.C. Nadelson, M.T. Notman, and E.(H.) Carmen on the rape victim is a significant broadening of perspective, one not to be found in older books.

The soporific effect of this book is largely a problem of dilution. The reader must sift through too many words to extract the nuggets of useful knowledge. The problem is not peculiar to this set of writers. It is an unhappy fact that in forensic psychiatry we do not know very much.

One symptom of insufficient substantive knowledge is the considerable padding of chapters with information from neighboring disciplines, as if there were not enough truly psychiatric and psychological knowledge to fill the pages.

Consider, for example, the several chapters on psychiatry

and criminality. Sociologists have collected voluminous statistics on the incidence, prevalence, and correlates of misbehavior, especially criminal misbehavior. Judges and legislators have ground out millions of words on their side of the border between medicine and law. A textbook of forensic psychiatry needs some information from those neighboring disciplines, but only some. To be useful, a textbook has to concentrate on its own central subject. This the authors frequently do not do, and not because they are forgetful but because the primary research literature in forensic psychiatry is too thin. Thus, R.K. Gable's chapter on prediction of dangerousness reviews the sociological statistics at length but does not, because it cannot, cite much that might actually help a clinician to make a prediction (see, for example, the discussion by Curran and McGarry on pages 528–529). If Gable's chapter is of little help to the practicing clinician, it is not because he doesn't know the research literature but because he has mastered it and knows its limitations.

Many of the authors frankly acknowledge massive gaps in knowledge. On the question of whether psychiatric assessment of defendants accurately determines competence to stand trial T. Grisso and S.K. Seigel report that "the answer . . . is not known" (p. 161). A. Rosenbaum, writing on violence in the family, states that "our knowledge . . . is rudimentary and inadequate" (p. 228), and he goes on to condemn the "Woozle effect," which is especially endemic in the child abuse literature: "the repeated citing of the results of inadequate research studies until the findings attain the status of facts and the poor quality of the research is forgotten" (p. 233). As to therapy for violence in the family, Rosenbaum confesses that we know virtually nothing about what types of therapy work best, work not at all, or are even harmful (p. 242). Likewise, on a topic at the heart of forensic psychiatry, S. Dinitz frankly states, "Antisocial personality is a clinical disorder whose course, mechanism, and etiology remain unknown" (p. 391).

When the information quotient of writing is low, it is easy to write badly. A number of the authors have done so. For example, one finds such sonorous pontifications as, "Many of the ontogenic, microsystem, and exosystem factors are conceptualized as contributing to the production of marital discord" (p. 235). Deciphered, this turns out to be a platitude: married couples are unhappy for many different reasons. More often, the platitudes and tautologies are written in plain English, such as, "When there is poor agreement . . . between two persons . . . it is fairly certain that at least one of them is incorrect" (p. 133). And, "Studies have frequently reported the involvement of alcohol with aggressive crimes" (p. 139).

Even one of the longest and most scholarly chapters, S. Shah's discussion of the insanity defense, will be of only slight help to the practitioner who must evaluate a real defendant. Shah has done about as much as is possible with the available materials. The difficulty lies in the literature itself, which mostly chases the same set of abstract concepts around and around in philosophical circles without tying them to observable standards. In jurisprudence, equally abstract but necessary ideas have been given substance by the accumulation of thousands of published cases. The critical tort law boundary between "reasonable care" and "negligence," for example, has little meaning when stated abstractly. But judges have the benefit of case reports in which the issue has been decided on the basis of almost every conceivable combination of particular facts. This may be a bumbling, trial-and-error way for society to reach a consensus, but it does the job. In contrast, the psychiatrist who

confronts, let us say, his first ax murderer through the bars of the county jail has little more than guesswork for guidance if he or she wants to assess competence to stand trial and criminal responsibility by standards consistent with those of his or her peers and predecessors.

Some chapters seem to be insufficiently updated from a previous book (1). In particular, the chapter on the antisocial personality cites only one post-1977 source, and most of the citations are more than 20 years old. This chapter is perhaps the least satisfactory for other reasons as well. It presents one form of biological speculation on sociopathy, the autonomic excitability hypothesis, as if it were a reasonably well-established fact. This is one of only a few points on which the authors have overstated the certainty of knowledge.

One hopes that in a future edition the editors will tackle some important topics that the present volume slights or omits entirely: standards for civil commitment, malingering, testamentary capacity, guardianships, and conservatorships. A more practice-oriented approach also would make a more useful book. Consider questions like these: What should the psychiatrist ask a 3-year-old whose broken leg may or may not have been inflicted by her father? What should he or she ask the father? What facts should be considered in the wrenching but unavoidable decision to return that 3-year-old to her family or to place her in foster care? Such practical questions are seldom addressed—perhaps because no one knows the answers.

At least one chapter is as practical as one could desire and very well written as well. Wallace Kennedy's guide to giving expert testimony will benefit the seasoned professional as well as the novice. It contains, among other treats, perhaps the best single sentence in the book. Advising on preparation for a court appearance, Kennedy admonishes, "Take the time or don't take the case" (p. 503). If the entire book met the standards set by Kennedy, Widom, Kindred and Sales, and Roth, this textbook would be superior instead of adequate.

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EDWARD M. OPTON, JR., PH.D., J.D.
Berkeley, Calif.

A History and Theory of Informed Consent, by Ruth R. Faden and Tom L. Beauchamp. New York, Oxford University Press, 1986, 381 pp., \$29.95.

In the medical ethics literature there are hundreds of citations on informed consent. Until now, however, no one has attempted the project the authors assign themselves in this book—the provision of a comprehensive history and theory of informed consent. That they are only partially successful, particularly in the theoretical section, is testimony to the near intractable difficulty of the task.

The book is divided into three sections, of which the first, chapters one and two, provides a clear introductory-level overview of the foundations of informed consent in moral and legal theory. It was somewhat surprising to read, however, at the conclusion of chapter one, the authors' aim for the book:

We shall be arguing for the priority of enabling autonomous choice as the goal of informed consent re-

quirements. However, we shall not argue that either this goal or the underlying principle of respect for autonomy always or even generally outweighs other moral duties or goals in either medical care or research.

Is this a becoming modesty, setting the lesser tasks of description and conceptual analysis and leaving the prescriptive work for others? It does not appear so, since later in the book it becomes progressively clear that the authors have definite ideas about how informed consent should be understood and used. Hence, their stated aim seems a bit disingenuous, as another reviewer (1) has already noted.

Section two, comprising chapters three through six, is excellent. Here is a thoroughly researched and lucid history of informed consent from Hippocrates to the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (1980–1983). Most striking in this history is the observation, which the authors note but do not fully explain, that before the late 1950s virtually nothing was written about nor was there substantial attention given to the issue of informed consent within the medical profession itself or in philosophical ethics. Only in the law were there earlier stirrings of concern for the requirement of consent. The authors observe that it is difficult even to read medical history before 1950 in terms of modern conceptions of informed consent because when patients' consent was solicited in earlier times it was justified on the basis of the patients' good rather than the patients' rights or autonomy.

The third and final section of the book, comprising chapters seven through 10, is the most ambitious and the most problematic. On close examination, the concepts of autonomy, autonomous actions, autonomous persons, and, ultimately, informed consent, are exceedingly difficult to precisely conceptualize. To their credit, the authors do not avoid these complexities by resorting to simplistic abstractions. In the real world of medical care, as they are aware, these terms must make some practical sense and be capable of operational definition if they are to have useful application. The fundamental problem is, of course, that Western thought has failed to develop a satisfactory theory of human nature. Are human beings free or determined, organisms or agents, subjects or objects? Is there some content to the concept of human good or is human good whatever an individual decides, no matter how arbitrary? Faden and Beauchamp encounter these issues again and again as they struggle with the definition of substantially autonomous action, the use of subjective or objective criteria in assessing levels of patient understanding, and their attempt to find some moral basis for physicians' use of persuasion while respecting the patient's autonomy. The authors take positions on each of these thorny questions but do so without establishing the validity of their point of view.

As they do, the reader cannot avoid being troubled by a recurring circularity. This circularity arises from the authors' attempt to fashion a conceptual analysis of informed consent to rationalize a previously assumed set of outcome conclusions. For example, the authors describe as "profoundly inadequate" and "tainted by an implicit assumption of medical authority" a definition of informed consent that emphasizes only the giving of information. They also describe as "discouraging" the results of a survey in which a popular answer to the question, What does the term informed consent mean to you? was that the patient agrees to treatment by letting the doctor do whatever is necessary, best, or whatever he sees fit. Further, in providing a critique of Miller's concept of au-

thenticity in informed consent, the authors argue that such a view “risks resulting in more physician unwillingness to accept patient refusals than would be morally acceptable.” Readers will vary in the degree to which they assent to these “valuing” positions taken by the authors. But what seems odd is that the authors repeatedly use their already formed preconceptions of what is the good and proper conception of informed consent practice to drive their conceptual analysis, thereby reasoning backward from conclusions to premises. Precisely the reverse is what is most urgently needed—a conceptual analysis of informed consent that reasons forward from a theory of human nature to a plan of action that, by virtue of the analysis, is morally justified.

Finally, as a psychiatrist, I was troubled that after briefly considering a vignette of an obsessive-compulsive patient which, the authors admit, throws serious doubt on their whole conception of autonomous action, they go on to ignore its clear implication that their theory may require modification. So much for the needs of psychiatry. Nor was I

heartened to read that “inducing of guilt or feelings of obligation” belong under the broad heading of “psychological manipulation.” This I would have expected to read in a book in pop psychology but scarcely in a treatise on ethics.

Overall, this book can be recommended for those who would like a competent statement of the current status of the history and theory of informed consent. But it also has considerable potential as a stimulus to interdisciplinary collaboration. Especially for psychiatrists with theoretical interests, the book constitutes a possible conceptual bridge between psychiatry and ethics. Both disciplines require a theory of the person adequate to the needs of the times. Until now, neither psychiatry nor ethics has succeeded alone.

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ROGER C. SIDER, M.D.
Grand Rapids, Mich.

Reprints of Book Forum reviews are not available.