

REVIEWS

Independent comment on audio-visual and print materials

VIETNAMESE PARENTS AND TEENAGERS

SEEKING HARMONY. Produced by Marianne Lathan for the Catholic Welfare Bureau. 31 minutes 35 seconds. Sound and quality: good. Available from Catholic Family Welfare, 3 Wingfield Street, Footscray 3001 Victoria. Ph. +61 3 9689 3888; Fax + 61 3 9689 4901. \$40.00 plus \$4.50 postage and handling.

This video was made for Vietnamese families experiencing conflict with their teenagers. It features only Vietnamese actors and subtitles and a Vietnamese-speaking narrator. In half an hour, we see three areas addressed: communication, discipline and expectations, all of which are treated in a straightforward and down-to-earth manner.

The format of the video is simple but effective. On each of the three issues mentioned above, we see a role-play showing unhelpful and destructive ways of dealing with the conflict. Then there are comments by the narrator or others, and we return to the original role-play. At various places in the interaction, the role-play stops and each of the characters talks about their feelings, fears, anxieties and so on. In this way, the audience can appreciate each person's perspective, and gain some understanding of the frequently complex issues behind a pattern or set of responses. Then we return to the role-play again, except that this time, the issues are handled constructively and positively.

The position of the narrator is an important one. During each of the three sections and after the role plays, his role is that of educator. He gives information about Australian culture, and what is appropriate in this context and what is not. For example, he tells us that in Australia, young people are taught to express their opinions and that harsh physical punishment is not allowed. These messages are juxtaposed with role-plays in which an authoritarian, rigid father seeks to control his teenage children with both harsh words and physical punishment. In my view, this format works very well. The audience sees the conflict from everyone's perspective. Most importantly, each player reveals the underlying fears, needs and expectations influencing their response during the conflict. The reenactments demonstrate how peoples' needs are respected and taken into account. The links are clear and credible. As well, the perennially difficult issues of gender politics and power are tackled in a straightforward manner. The narrator is especially important here, as he simply states what is and is not helpful or appropriate in this Australian context.

The section on discipline highlights the strengths of this video particularly well. The scenario involves the adolescent daughter of the family receiving a phone call from a friend during the family meal. The father answers the phone, and then asks his son to speak to the caller. The father rudely and aggressively forbids the daughter to talk to her friend. When the son protests, the situation escalates and the father hits his son with his belt. The mother's inter-

ventions are futile in stopping her husband from being violent.

When we return for the replay in which we hear each character's experience of the conflict, we discover that the father feels powerless and anxious about his daughter's contact with her friends. He believes that in Australia, children can leave home at fifteen and is extremely anxious about this. He feels that he must maintain his position of power at all costs. His son acknowledges the injustice when he is allowed to accept phone calls from his friends, but his sister is not allowed the same freedom. During the segment, both the narrator and other interviewees describe and affirm the more constructive position of respect and understanding in such a conflict. The message that the father would obtain far better results if he understood his children's needs and did not use force is clear and unambiguous, and repeated frequently. The reenactment, this time with positive changes in the father's (and the mother's) response is convincing and works well.

This video succeeds because as mentioned above, the issues are addressed from an individual, interpersonal and cultural perspective. The role-plays show necessary changes not only in behaviour but also in attitude and construction of the problem. And above all, there is a consistent and yet unambiguous message that understanding, affirming and respecting children in families is always the most productive and effective response to conflict.

I recommend this video as a useful adjunct to or tool in therapy with Vietnamese families experiencing conflict with their adolescent children.

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SHE WON'T BE RIGHT, MATE! The Impact of Managed Care on Australian Psychiatry and the Australian Community. Editor and Publisher: Psychiatrists Working Group, Melbourne, 1997. Paper, 199pp. ISBN 0 6463 3838 2.

This important book describes the threat of 'managed care', US style, to the Australian health system. The book is a collective effort. I found the clearest account of US managed care, and its problems, in an appendix, a transcript of two Norman Swan ABC Radio National 'Health Report' programs.

Managed care companies compete for contracts with employers who insure 140 million Americans (40 million are not insured at all). This book explains how the managed care companies have, in the short term, cut the cost of health care by insuring the healthy, by squeezing the service providers (doctors, other professionals and hospitals) to cut costs, and by limiting the services they will fund: clinical decisions have to be authorised by clerks who adjudicate on individual patient care plans according

to protocols based on actuarial analyses, rather than professional assessments of patient need. This problem should already be well known to family therapists working in a health care setting. We, who are acutely aware of the necessity of collaborating with our clients in an attempt to develop new perspectives on an individual family's story, rather than force feeding standardised approaches, are forever having to argue our clients' needs against the simplistic reductionist claims of colleagues working from 'evidence based' biological and behaviourist models of human experience.

Psychiatric services with their associated stigma are an easy target for the funds. Services have to be squeezed: apart from the profit component, 30 cents in the managed care dollar goes on marketing and advertising; managed care companies' CEO incomes are the highest in America.

Max Charlesworth discusses the cultural context of these developments. He points to the current preoccupation with two eighteenth century myths—free market competition as the engine of economic and social change, and the push toward minimalist government. The politicians of both major parties seem uncritically attached to these myths. Martin Krygier, in his 1997 ABC Boyer lectures makes a clear and vital critique of these illusions.

While the book under review makes abundantly clear that US style managed care is a very undesirable solution to Australian health care dilemmas, the authors are less clear on better options for future funding and cost control. Their cogent arguments against managed care are, to my mind, somewhat confused by chapters criticising the recent attempt to limit Medicare refunds for psychotherapy. Whatever the rights and wrongs of that controversy, two things are clear. First, Medicare is not managed care: though it does limit costs through government control of rebates to doctors, there is no control over the fee charged. Second, doctors must face the fact that there have always been 'third' (interested) parties since the introduction of health insurance, many years ago. There is no simple choice between the 'evil' of Managed Care and the 'virtue' of a simple contract between doctor and patient, except in the case of millionaire clients and a small elite of private specialists. Even for this subgroup, the cost, and complexity, of the infrastructure required by modern medical technology ensures there will be other legitimate stakeholders.

What is the significance of all this for family therapists? For doctors, particularly those involved in private hospitals, this book makes clear that it is vital, in the interests of our patients and our professional integrity, for us to cooperate in finding solutions other than managed care. For other professionals, managed care may seem attractive. In the US it has expanded opportunities to contract with the managed care funds who are keen to find cheaper service providers than doctors. However, like the doctors, these providers have their services proscribed by actuarial protocols dictated by administrators rather than client need. Indeed, the oft resented lesser status of nonmedical therapists is likely to make them even more vulnerable to the managed care companies' constraints than doctors. In the US, under managed care, significant numbers of nurses have lost their jobs to less trained staff.

This is an important book for all who work in the

Australian Health Industry. It is to my mind nicely complemented, and supplemented, by Martin Krygier's Boyer lectures. Krygier makes clear that a healthy society depends on the existence of a strong and effective democratic government which actively intervenes to ensure the welfare of its citizens. Managed care from this perspective may be seen as a logical outcome of the same (mistaken) faith in 'free market' forces that forms the basis for the desire to return to a mythical past of unregulated doctor-patient relationships.

Reference

Krygier, M., 1997. *Between Fear and Hope*, Sydney, ABC Books

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In her article 'Psychological Perspectives on Euthanasia and the Terminally Ill: A View from the Seventh Gate' (*Australian Psychologist*, 33, 1: 20–23) Trang Thomas quotes the June 21st 1997 issue of the *Economist*: '... the Acting Solicitor General of the United States informed that managed care organisations in the state of Oregon have offered to pay for death in preference to long-term care ("The Euthanasia War", 1977: 19). Managed Care promises to cut costs! *Eds.*

THE THERAPEUTIC RELATIONSHIP IN SYSTEMIC THERAPY

Carmel Flaskas and Amaryll Perlesz, Karnac Books, London, 1996. Paperback. 235 pp. \$57. ISBN 1 85575 096 1.

This is an important book, both because of its subject matter and its largely Australian authorship. Yet even after returning to it several times in the past two years, it holds a certain elusive ambiguity for me—an ambiguity that seems to be inherent in the title. Relationships are about patterns of interaction over time, and thus systemic. They are also about emotions and intimacy; indeed, the word 'relationship' has become a euphemism for a continuing sexual union between adults in our culture in recent years. Many of the features that we usually associate with 'relationship'—feelings, emotions, intimacy—have been absent from much (but not all) of the discourse of family therapy in recent decades. Bringing these facets of relationship together—the systemic, the emotional, the subjective—is exciting. It is also a major undertaking, beyond the scope of any single book. Thus, wisely, the Editors have chosen to allow a number of different responses to the topic '... to sit side by side rather than attempting a programmatic "laying out" of the topic of the therapeutic relationship' (6).

The tone is set by the Foreword (by Eleanor Wertheim) and by the Editors' Introduction. Wertheim, in the space of only five pages, provides a wonderfully succinct, but also rich and thought provoking, overview of some of the ways in which the development of ideas in family systems theory has worked against the appreciation and analysis of the therapeutic relationship in family therapy. In particular, she points to (and thus challenges) the captivity of training programmes by the pragmatic concerns of aspiring practitioners, with the inevitable

result of an overly narrow and insufficiently critical knowledge base for the curriculum. The historical perspective is taken up in more detail by the Editors' introductory chapter 'The return of the therapeutic relationship in systemic therapy', where they attempt '... to map the absence and then re-emergence of an interest in the therapeutic relationship ... '(1). These two short chapters alone justify the purchase price of the book.

It is not appropriate to proceed through each of the subsequent ten chapters in this review, since by definition they are all very different. I therefore intend to focus on some of the aspects that have been most thought provoking for me.

It is inevitable that psychoanalytic ideas will be important when thinking about the therapeutic relationship, if only because the topic has been the focus of so much psychoanalytic writing over the past century. The Editors confront this head-on with the second chapter, a paper by Carmel Flaskas on 'Understanding the therapeutic relationship: using psychoanalytic ideas in the systemic context'. Flaskas begins by noting the important differences in focus for analytic and systemic therapy—change in the client's inner world and how this is experienced for analytic therapy, and change in the interpersonal world of significant relationships for systemic therapy—and the different therapeutic environments these foci produce. The chapter then proceeds to examine ways in which some specific psychoanalytic concepts (transference, countertransference and projective identification) can contribute to an understanding of two issues in systemic therapy, the process of engagement and sequences in the therapeutic relationship. Flaskas's treatment of her topic is, given the limitations of available space, a detailed and helpful one. It leaves me, however, with a question and with a disappointment.

The question: does her initial discussion of the different foci of analytic and systems therapy lead her to fall into the trap of presenting them as inevitably alternatives rather than complementary perspectives? She refers to ways in which change in the inner world of the client may produce changes in significant relationships and vice versa; but such flow-on effects are presented as by-products of the therapeutic endeavour. Perhaps the challenge is to develop ways of thinking and acting that allow for change in the inner world and in the interpersonal world. And the disappointment: whilst acknowledging Flaskas's decision to focus on the three concepts of transference, countertransference and projective identification, a discussion of the contribution of psychoanalytic concepts to an understanding of the engagement process would have been enriched by including a discussion of the notions of holding, containment and empathic attunement. Herein lies the dilemma for the whole volume: how to bring together in limited space enormously complex and diverse ideas without oversimplification.

When I started to read Harari's paper, the next chapter after Flaskas's, I thought my disappointment was going to be answered. Unfortunately his paper 'Empathy in the therapeutic relationship: a historical and clinical overview' provides only what the title promises, an overview. If the therapist's empathy is as important in the therapeutic process as Harari and many others suggest, then a detailed

exploration of how other therapeutic traditions have explored and understood the nature of empathy and the means of establishing it in the therapeutic relationship is likely to be rewarding for family therapists. Harari's chapter tells us that, with a few notable exceptions, family therapy theory has not paid a great deal of attention to empathy. What is less clear is whether even practitioners of those models of family therapy that do not identify empathy as an important component of the therapeutic process in fact still give considerable emphasis to empathy in the way they engage with and conceptualise the family systems they work with. Harari argues that '... empathy appears to be a necessary, though by no means sufficient, ingredient of all models of systemic therapies'. If so, aspects of psychoanalytic theory such as British object relations theory, attachment theory, and self psychology have a great deal to offer in helping family therapists understand more of what they intuitively do in their practice.

Several other chapters of the book could be candidates for comment in a review, but I have chosen Paul Gibney's paper 'To embrace paradox (once more, with feeling): a commentary on narrative/conversational therapies and the therapeutic relationship'. This paper is enjoyably provocative in its criticism of some of the currently popular models of therapy. It also represents a welcome development in the field, a willingness to look critically at narrative and conversational models of therapy. Perhaps because of the Australian and New Zealand influence in the development of these approaches through the work of Michael White and David Epston and their colleagues, there seems to have been a reluctance among Australians to engage in critical appraisal of the assumptions and theory underlying these models (a sort of inverted tall poppy syndrome?) But Paul Gibney does not share this reluctance! Whilst acknowledging the contribution of narrative and conversational approaches to moving family therapy '... from a certainty regarding therapeutic assessment and practice, to an embracing of uncertainty and an active challenging of our expert status', he argues for

'... a middle ground ... where the emotional interaction between the therapist and the client family is valued and articulated ... Hubris melts away and the therapist finds himself or herself sitting in the middle of unresolvable paradoxes that often give space to healing (105).

He ends with a plea that the family therapy field '... spend less time pursuing newness, and more time considering the paradoxes that underlie our theorising and our practice' (105). To which the only response can be: Amen!

This volume is not one which will teach the reader new techniques, nor will it revolutionise anyone's practice. It will, if read thoughtfully and reflectively, and perhaps more than once, lead to a greater appreciation of the complexities of practice as a family therapist—and out of such awareness comes slow, and sometime painful, growth towards maturity as a therapist. The Editors and contributors to this volume have provided us with a valuable resource: use it!

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EATING DISORDERS: A SURVIVAL GUIDE FOR FAMILY AND FRIENDS. Jillian Ball and Rae Ball. Sydney, Doubleday, 1995. Soft cover, 238 pages. \$17.95. ISBN 0 868 245 887.

How appropriate that the foreword to such a book be written by a fashion model! Every day we are bombarded by propaganda about how to improve our bodies and appearance. Being thin is often a key element. Sadly, the risks of becoming overly concerned with appearance are never mentioned, though the outcome is often painful, maybe even deadly. How can we make ourselves, our children, and friends believe that health, well-being and happiness are more important than being size 8?

The mother and daughter team of Jillian and Rae Ball have combined many years of clinical and educational practice to produce an excellent book, in response to numerous requests for information about eating disorders. Well written and easy to read without underestimating or misrepresenting the complexity and seriousness of the problem, the book offers much useful information about eating disorders and their effects on family and relationships, what to do to help sufferers, and coping strategies for their carers. I enjoyed reading it. The tone is supportive, using the second person, hopeful and respectful. There is a little jargon, no labelling and certainly no family blaming here.

The introduction provides the background and context of the book. Jillian Ball is senior psychologist in the Eating Disorders Clinic at the Prince Henry Hospital in Sydney. The advice, information and strategies discussed result from a research study and have been used in the treatment program at the clinic for several years. 'The findings indicate that families who participated in an education and therapy program developed a better understanding of eating disorders and more effective coping strategies.' The authors discuss the stages people go through when experiencing an eating disorder, either directly or indirectly: secrecy and denial; confusion; shock; anger and helplessness; guilt; trying to stop the problem; searching for help.

The packed, well ordered chapters guide the reader through the journey of discovering that a loved one has an eating disorder, and the effects on communication and family relationships. Exercises and 'how to' suggestions encourage experiment with new ways of behaving and communicating.

Chapters 1-4 help the reader define and identify the disorder. Two sections in chapter 2, 'Confronting the Individual with the Problem' and 'How to Care for Someone with an Eating Disorder' are particularly helpful because of the step by step guide to approaching these sensitive issues. Chapters 5-8 look at the effect on particular family relationships. The final chapter entitled 'Seeking Professional Help' is again very clear and helpful. I particularly like the short section entitled 'Myths about Change' which suggests that it may take some time and several opportunities for an individual to engage in therapy. I found some of the personal accounts very poignant and believe they add credibility to the book. I appreciated that the reader was given the opportunity to hear mostly the client's voices, rather than the therapist's alone.

The discussion of issues in each chapter seems to have a natural and easy progression, moving as it does from the

less worrying facts to information likely to stir up feelings and maybe distress the reader. This organisation makes the material more approachable and easier to assimilate. *Eating Disorders* addresses many themes often associated in the literature with anorexia and bulimia: control, separation and individuation, loss, secrets, conflict and death; and the many feelings which carers are likely to identify with: fear, isolation, shame, loss of control, and helplessness. A seventeen year old girl, recovering from anorexia nervosa, compared herself with an armadillo:

... shuffling along, nose to the ground, focussing on food ... When I focussed on my weight and food, I was just like the armadillo—utterly absorbed in the smaller details of eating, obsessed by my kilojoule intake. I had wandered into a pathway leading to destruction and futility (3).

The loneliness and isolation associated with an eating disorder is painfully and sadly illustrated in this analogy. How terrifying for family members to see someone in this position and not know what to do! I agree with Ball and Ball, that professionals often do not see the need to support carers. I would recommend this title to people helping themselves and their families and also to professionals who are new to this field.

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CONSCIOUS MARRIAGE; A NEW MODEL FOR MAKING MARRIAGES WORK. John C. Lucas, Sydney, Simon and Schuster, 1997. Soft cover, 166pp. \$17.95. ISBN 0 7318 0573 9.

This self-help book was —appropriately—launched at the AAMFC National Conference, held in Adelaide early in 1997. The author is a practising family therapist and suggests '... a new framework within which marriage may be restructured, an approach facilitating the transformation of marriage from a tired dysfunctional institution into a conscious, workable enterprise' (104). He takes a holistic approach, believing that 'failure to integrate the holistic nature of love is the chief reason why falling in love can lead to trouble' (49). I like the practical and realistic approach, emphasising that in order to achieve an effective relationship, conscious effort and commitment are required. The areas focused on are 'The Five Cs': 'Chemistry, Common Goals, Commitment, Communication and Consensus'. Each is explored and clarified in some detail, with examples and suggested exercises. Historical differences are stressed between past marital goals and values, based primarily on duty, and current ones, based mainly on choice. While the former restricted the individuals' self actualisation, the latter seem, too often, to destroy the marriage. 'In the last twenty years it has become fashionable for parents to pursue a career first; perhaps in the next twenty years it will be 'in' to reverse, or at least re-balance these priorities' (65). Balancing personal needs with those of the relationship becomes a power issue in the relationship and is addressed under the headings of 'consensus' and 'communication'.

Although the current economic and political climate gets no mention, employers' demands—or lack of employment—do impinge quite heavily on relationships and the choices individuals can exercise. The chapter on commitment (70-81) stresses the sacrifices that individuals need to offer to remain relationship-focused, but makes no mention of developing support systems or individual strengths which may help the couple to strengthen further their relationship and survive these crises.

The book is clearly set out, includes good charts and index and is well priced. As a self-help book, it addresses a well motivated and educated reader. I believe it is also useful to couples counsellors, particularly those of us with tendencies to problem solve, or who have become sloppy in our assessment. The 'Five Cs' is a practical and useful framework to clarify areas of dysfunction, explore these at greater depth and help couples achieve a more rewarding 'conscious marriage'.

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COUPLES THERAPY: FEMINIST PERSPECTIVES.

Marcia Hill and Esther D. Rothblum (Eds). NY, Harrington Park, 1996. ISBN: 1-56023-094-0. Paperback, 106 pp., \$14.95. (Also published as *Women and Therapy*, 19. 3, 1996).

I have worked with same-sex couples for the past six years, experience which leads me to see this as a little gem of a book. It is a compilation of eight articles which have been selected to address perceived inadequacies, omissions and assumptions in the traditional couples therapy literature. Authors address race and ethnicity as well as sexual orientation, and all offer perspectives that are grounded in an appreciation of cultural context, the effects of privilege and the centrality of a respectful stance on the part of the therapist. Each article begins with a summary and a brief background on the author. Most include case examples and all articles finish with a comprehensive reference list.

There are four articles which explore lesbian relationships. The first, 'Unsexing The Couple', explores the incidence of 'lesbian bed death' (Blunstein and Schwartz, 1983) and invites therapists and clients to examine and challenge our pro-sex biases (i.e. our emphasis on genital sex and our 'more is better' belief system) whilst valuing and affirming the normalcy of non-genital intimacy between long term lesbian partners.

There are two articles which layer culture, class and race over the couple relationship, and although they are distinctly American, they offer broad considerations which are quite transferable. The final article on lesbian relationships explores the way in which a primary relationship often surfaces unresolved feelings from childhood and dysfunctional relationship practices. Useful strategies and interventions are explored in this article.

The four remaining articles of this compilation focus on heterosexual couple relationships and explore issues of power, privilege, mutuality, progressive interdependence, and empathic relatedness. They present the acronym ADDRESSING (Age and generation influences, Develop-

mental and acquired Disability, Religion, Ethnicity, Social status, Sexual orientation, Indigenous heritage, National origin and Gender) which I find a useful tool for ongoing self-assessment of personal biases, areas of inexperience and privilege.

Reference

Blunstein, P. and Schwartz, P., 1983. *American Couples*, NY, Morrow.

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VIOLENCE IN GAY AND LESBIAN DOMESTIC RELATIONSHIPS.

Edited by Clare M. Renzetti and Charles Milney, New York, Harrington Park Press, 1996. Softcover, xiv, 121 pp. \$16.00. ISBN 1 56023 074 6.

This book gets one thing er, straight. The types, severity and rates of domestic violence in lesbian and gay male relationships mirror those in the heterosexual community.

Why is this so important for us to hear? For gay couples seeking relationship counselling, the process of finding a suitable therapist is more fraught than for their hetero cousins. Gay couples risk being caught in the crossfire of two contradictory dogmas. The first states that all gay relationships are inherently dysfunctional therefore how on earth does a therapist—*should* a therapist—work to keep the relationship going? Gays are more—but not solely—at risk from this assumption if they choose a heterosexual counsellor. Regardless of the sexuality of their counsellor, they are equally at risk from the second dogma which gained trendy ascendancy in the eighties, and states that gay relationships are havens of peaceful and equal co-existence and therefore offer poor heterosexuals hope for their relationships if only they can overcome their pathetic Gender War.

Homophobia and plain ignorance have fed both myths. The struggle to retain a sense of self worth in the face of a lousy press has led lesbians and gay men to retreat into a belief that the quality of their relationships is vastly superior. For gays, questioning this accepted wisdom became tantamount to heresy. One could at a push talk about individual relationships foundering on individual rocks, but the Goddess help you if you implied that this was a common occurrence in our neck of the ghetto, for in doing so, you were deemed to be providing ammunition to those in the heterosexual ghetto.

Some heterosexual therapists, equally keen to avoid the label of homophobia, fall over themselves to state to their gay clients, po-faced and unsolicited, that they of course know how much more together—how positively inspirational—gay relationships are. It's irritating enough hearing this nonsense at a dinner party. Try raising the issue of your recent rape or beating by your same sex partner after your counsellor has just told you that!

This book does not offer 'how to'. It is a collection of papers addressing both theoretical and practical issues and it is a bit of a parson's egg in that the quality and tone of the papers is variable. But the book is significant for two reasons. First, its very existence suggests that gay defens-

iveness is evaporating—and not a century too soon. Second, and for entirely different reasons, a realistic analysis of gay relationships does have something to offer the heterosexual community and therapists (of either persuasion) in particular. For one thing, it gives us permission to ‘get real’ with our gay clients. It will also enlighten us about some unique aspects of gay violence. All victims feel isolated, but few more so than gays in a hostile society. A unique type of psychological abuse for gays and lesbians is the threat of ‘outing’ to family, landlords, employers or others. This ‘blackmail’ potential for same sex abusers often isolates gay and lesbian victims to a greater extent than their heterosexual counterparts (4).

Perhaps most importantly, this book highlights alternative theories on the aetiology of domestic violence. The emerging psychologically based explanations outlined here are mostly the products of gay male theorists and tensions have inevitably arisen between them and feminist proponents of the more predominant sociopolitical theories. Our accepted wisdom that violence is a product of the male patriarchy is being seriously challenged. Reading these papers, one gets the exciting impression of witnessing the emergence of a major theoretical shift. This book challenges us to challenge ourselves. The easy way out is not to read it.

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SEXUAL COERCION IN DATING RELATION-

SHIPS. Edited by E. Sandra Byers and Lucia F. O’Sullivan. NY, Haworth, 1996. 168pp. ISBN 1560240844 0. \$29.95.

This book focuses on coercive intimate relationships with a romantic sexual basis up to but excluding ‘marriage’. Sexual coercion in the volume is taken to mean any form of force or pressure used in an attempt to make a non-consenting person engage in some form of sexual activity. This phenomenon is one about which public and professional acknowledgment has increased in recent years, and is of considerable potential interest to family therapists who are concerned with issues of gender relationships and imbalances.

The book is well planned and its nine chapters follow a developmental theme. It begins with an analysis of the hypothesis that traditional sex role stereotypes inform the sexual behaviour of individuals and the subsequent chapters explore, usually through the medium of questionnaires of varying sophistication, aspects of this thesis. Thus, chapter two concludes that cognitive aspects of attitude

are more relevant to understanding coercive sexual behaviour than emotional or behavioural variables, while chapter three examines gender differences in response to discrepancies in desire for sexual intimacy, and chapter four, the implications of differences in gender experiences. While there were few surprises in these first four chapters, chapter five provided some evidence to suggest that the single most important predictor of serious post-traumatic experience in this context was the victim’s propensity to blame herself rather than situational variables.

I found chapter seven, a discourse on the concept that ‘no’ sometimes really does mean ‘yes’, the most interesting. The author here develops the thesis that ‘good girls’ are not a phenomenon of the past and that the ‘new girl has rights including sexual rights—it’s just not okay to action them’. The modern young woman, says the author, is encouraged to speak about and to receive compensation and support in relationship to the experience of sexual victimisation, but she points out, there is little opportunity for her to examine her own passion, pleasure or lust in consensually erotic relationships. Thus she goes on to argue, society provides a double standard in which young women are actually obliged to say ‘no’ meaning ‘talk me into it’ since safety and pleasure have been construed as mutually exclusive. The suggestion which stems from this chapter is that professionals should encourage women to resist ignorance, deprivation and suppression as well as coercion and victimisation. This is not just guidance away from sexual violence, but also towards sensual pleasure and celebration of sexual passion.

The final chapters of the book discuss the most effective ways to conceptualise the complex issues of sexual coercion and the most effective strategies for saying ‘no’ in contexts where the woman wishes to continue the relationship and in those where she does not.

The advantages of this book are that it goes beyond surveys of frequency and studies variables associated with being a victim or perpetrator of sexual coercion. The book is rigorous and uses empirical measurement to back its hypotheses. Such rigour is not always a feature of family therapy discourse and family therapists clearly need to learn about providing evidence for assertions which in a postmodern era has become somewhat unfashionable (if ever it was fashionable). The empirical data provided by *Sexual Coercion in Dating Relationships* suffers, however, from being focused on an American, largely white, middle class college population and may not always be relevant to those with whom many of us work. I suspect that ultimately the book will not appeal to most family therapists; its language is that of the social sciences and its contribution to therapeutic practice is minimal.

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