

A PSYCHIATRIST'S ILLUSION?

Intervention in Psychiatric Nursing; Process in the one-to-one Relationship. By JOYCE TRAVELBEE. Oxford: Blackwell Scientific Publications, for F. A. Davis Company, Philadelphia. 1969. Pp. 280. Price 75s.

The author's aim is to assist nurses to form a one-to-one relationship with mentally ill individuals and their families. The nature and scope of psychiatric nursing is explored, and defined as an interpersonal process to assist the patient, his family and the community to cope with mental illness.

This complex process seems to be undertaken by the nurse alone, for, although collaboration with other health disciplines is briefly mentioned the nursing practitioner's role is shown primarily as that of a counsellor and psychotherapist and no longer that of handmaiden to the doctor.

The nursing practitioner function has only one dependence on the medical profession—the execution of medico-legal orders—so that a psychiatrist cannot 'order' nursing care any more than a nurse can 'order' medical care.

Selection of patients for one-to-one relationship and its termination seems to be also a province of the nursing practitioner alone, with the apparent exclusion of the psychiatrist. If he insists that medical orders must be carried out, he should be educated by the nursing practitioner—though preferably without alienation!

It is rather a disquieting book to read for anyone who is trying to make tripartite administration work and who is still under the illusion that a psychiatrist has full responsibility for the clinical care of his patient.

The book, though somewhat dogmatic, is well written and has a large and well selected bibliography. It is clearly intended for the university graduate nurse, which makes it more suitable, as well as the price, as a reference book for nursing officers and tutors rather than a textbook for student nurses.

W. WOLLEN.

THE FIRST AUSTRALIAN THERAPEUTIC COMMUNITY

Fraser House. Theory, Practice, and Evaluation of a Therapeutic Community. By ALFRED W. CLARK and NEVILLE T. YEOMANS. Springer Publishing Company, Inc., New York. 1969. Pp. XV + 282. Price \$7.50.

The Introduction to this book tells us that Fraser House, a voluntary psychiatric hospital in New

South Wales, was the first therapeutic community to be established in Australia. A research team, led by the Medical Director of the hospital, Dr. Yeomans, and a psychologist, Dr. Clark, began to study the theory, organisation and effectiveness of the Unit shortly after Fraser House was founded in 1959. This book is an account of their study.

The first part of the book is a well-documented and lucid account of therapeutic community ideology in terms of social context, deviance, and systems theories. Psychiatrists who are unfamiliar with this approach, which owes much to the work of Talcott Parsons, Harry Stack Sullivan, and Maxwell Jones, will find an excellent summary of it here.

Yeomans and Clark describe the methods of treatment employed at Fraser House in terms of their sociological approach. The cornerstone of treatment is psychotherapy, particularly in groups, both large and small, and patients are encouraged to discuss everything of importance to them in the appropriate group. Resocialization is encouraged by democratic self-government by patient-run committees and groups with specific functions.

The authors' description of the impressive programme of therapeutic activity in Fraser House bears witness to their enthusiasm for and commitment to their ideology and also sets the stage for their account of evaluation of treatment. Research strategy, as well as treatment practice, was based on ideology. The variables studied therefore included patients' expectations of improvement, perceptions of the unit, and 'role participation'—which included involvement both in formal groups and in the informal Unit social structure. The various methods used to assess these matters are clearly described. The results were correlated with several measures of improvement, both in hospital and subsequently.

This work is worth most careful study by all interested in evaluating psychiatric services and in understanding what happens to patients in hospital. Criticisms of the work are, in a sense, compliments; the research has been thorough and is reported clearly enough to clarify the immense difficulties, of work in this area. It seems important, for example, to define criteria of improvement which are as specific as possible, and to devise appropriate measuring instruments, before a study is begun, rather than to use ratings of 'improvement' if the main interest is in those who are or are not 'improved' rather than in the ways raters use the term 'improvement'.

It is also difficult to know how to select the variables which are most worth studying. Commitment to an ideology may generate testable hypotheses, but may close the eyes of the investigator to more germane variables derived from an alternative theoretical