

Book Reviews

TRAUMA AND RECOVERY. By JL Herman. New York, Basic Books, Div. of Harper Collins Publishers. 1992. 276 pp. \$27.00

Reviewed by Graham D. Glancy, M.B., Ch.B., M.R.C. Psych., F.R.C.P.(C); and Cheryl Regehr, M.S.W., C.S.W.

It is with positive enthusiasm that we recommend this book to forensic psychiatrists. It is well written, eloquently argued, and is the type of book that can be read through in two or three sittings and used as a reference book.

Judith Lewis Herman is an associate clinical professor in psychiatry at Harvard. She draws upon some landmark research in the area of psychological trauma, as well as 20 years of clinical experience in the field.

Trauma and Recovery, as the title suggests, is divided into two parts. In the first part, Dr. Herman discusses the common denominators relevant to various psychological traumata. She begins by giving a historical disquisition beginning with Charcot to Freud and their studies of hysteria. It is unusual nowadays to see a feminist giving credit to Freud, describing his paper on Aetiology of Hysteria as "a brilliant, compassionate and eloquently argued piece." She does, however, continue by putting his repudiation of his own theory in a contextual perspective, suggesting "The

dominant psychological theory of the next century was founded in the denial of women's reality." She points out that where Freud began, but stumbled, and maybe even fell, the feminist movement of the 1970s grasped the baton. This led to lifting the veil of secrecy around sexual assault, the sequel of which became public awareness, supportive counseling of victims, and social changes toward equality of the sexes. She goes on to describe the psychological sequelae of those subjected to terror in its various forms, including victims of sexual assault and veterans of war. This comparison is well argued and well illustrated and supported by referenced research.

In a chapter entitled "Captivity," the author compares the plight of those in domestic captivity to political prisoners. She makes the point that the coercive techniques used in both cases for psychological domination of, and eventual surrender by, the victim are remarkably similar. Not surprisingly, therefore, the psychological sequelae seem in both types of victims are indistinguishable. In Chapter 6, Dr. Herman makes what is perhaps the most exciting and innovative assertions in the book when describing the need for a new concept to describe those who are subjected to chronic trauma. She notes that psychiatry has searched for diagnoses for people who have been abused, without any real success. However, she describes how this quest has been hampered by an implicit bias. As a result, victims of abuse have been labeled dependent, masochistic,

and more recently, self-defeating personalities. Noting the inadequacy of these terms, she argues for the need for a new concept of diagnosis. Thankfully she does not leave us hanging there, but describes a "complex post-traumatic stress disorder." Since there is insufficient space to describe the symptoms that are set out in a form easily compatible with a DSM-III-R format, we will simply note that it seemed apt. We applied the diagnostic criteria to a few random cases and found it a significant step forward compared with previous diagnostic classifications.

The second half of *Trauma and Recovery* is devoted to treatment and the recovery process. In this section, Dr. Herman addresses three different issues, the patient's process of recovery, treatment strategies and the impact of this type of work on therapists. She divides a victim's recovery into three stages: safety, remembrance and mourning, and finally reconnection. The task of the patient is to reform his or her basic capacities through interpersonal relationships with others. The therapist's role is to empower the patient to do so. Dr. Herman provides practical suggestions on how to reach this objective with even severely disturbed people. The final chapter addresses group treatment for victims. Unfortunately, this chapter seems to be somewhat of an afterthought and the topic is not given justice in the same manner as other topics in the book.

The most important contribution that Dr. Herman makes in this section is her discussion of the impact of trauma work on therapists. Therapists are called upon

to bear witness to a crime and must manage not only traumatic transference and the consequent displaced rage toward the therapist, but also manage their own traumatic countertransference. Therapists experience to a lesser degree the same rage, terror, despair, and helplessness that the patient experiences. As a result, therapists may feel compelled to rescue and consequently disempower the patient. Alternately, therapists may begin to identify with the perpetrator of the violence and become sceptical of the story, or minimize or rationalize the abuse. In addition to experiencing vicarious post-traumatic stress disorder, therapists may begin to experience disruptions to their own relationships, as the repeated exposure to cruelty destroys their basic trust in others. Dr. Herman identifies means of handling these very difficult issues of countertransference.

The book is well written and well presented. Much of the first half of the book is not new, but we have never seen a more eloquent comparison of the various victims of psychological trauma. The final synthesis culminates in what is perhaps the most innovative part of the book, that is, the concept of a new complex post-traumatic stress disorder.

This book provides an excellent overview of treatment issues, the course of recovery and therapeutic interventions. For those new to the field of PTSD, this book is a primer. It offers a scholarly yet clear delineation of the process and issues. For therapists who have been working in the area for many years, it is a comprehensive description of our experience. In its integration of many causes

Book Reviews

of post-traumatic stress disorder, it affirms what we have encountered clinically in a manner not before seen in the literature. It is the next step in providing a conceptual understanding of a complex disorder. In short, it is the book we wish we had written.

SEX ABUSE HYSTERIA (SALEM WITCH TRIALS REVISITED). By RA Gardner. Cresskill, NJ, Creative Therapeutics, 1991. 140 pp., plus bibliography and index. \$18.00.

Reviewed by Jonas R. Rappeport,
M.D.

This is vintage Gardner, another in the series of at least 26 books from this leading child psychiatrist. I believe that Dr. Gardner's forensic interests began with his concern about the effects of divorce on children leading to his involvement in issues around divorce and custody. He wrote *Child Custody Litigation: A Guide for Parents and Mental Health Professionals*, as well as several other books on the subject. As would be appropriate, Gardner now writes on the current problem in the medico-legal area facing children and their families: sexual abuse.

Gardner is correct that in some circles there has been an "hysterical" reaction to child sexual abuse that in many ways is analogous to the 1692 Salem Witch trials. Have we in 300 years learned so little about mass hysteria? Gardner gives

us his view of why some in our society are acting this way. He speaks of reaction formation and a social backlash to the sexual permissiveness of the 60s and 70s. However, this book does more. The author describes the social and psychopathology of this phenomena. His chapters are titled The Basic Sex Abuse Problem, The Normal Fantasies of Childhood, Sex Abuse Prevention Program, The Parental Contribution, and very importantly, "The Validators." Other chapters discuss the roles of Physicians, Prosecutors, Judges, Lawyers and So-Called "Therapists." The final chapter discusses the Salem witch trials historically and their similarities and differences with our current sex-abuse hysteria.

This brief monograph is an excellent review of the issues involved in child sexual abuse and should be read by anyone involved in such cases regardless of the side retaining them.

INTEGRATING INDIVIDUAL AND FAMILY THERAPY. By LB Feldman. New York: Brunner/Mazel, 1992. 210 pp.

Reviewed by James H. Carter, M.D.,
F.A.P.A.

Integrating Individual and Family Therapy is a comprehensive textbook that describes a method of integrating individual and family systems in a rather succinct manner. It is easy to read and

is an excellent primer for clinicians who provide counseling to individuals and families where there is a need to integrate therapy between individuals and families. Psychotherapists, professionals, and nonprofessionals will find *Integrating Individual and Family Therapy* to be an excellent introduction to more in-depth literature on the subject.

INTENSIVE CARE: MEDICAL ETHICS AND THE MEDICAL PROFESSION. By R Zussman. Chicago, University of Chicago Press, 1992. 252 pp. \$29.95.

Reviewed by Barry Mills, M.D.; and E. Ross Taylor, M.D.

The title of this book is misleading as this is not a traditional work of medical ethics. Rather, this book proposes a sociology of medical ethics: how moral decisions are made instead of how they should be made. The author is a sociologist at SUNY who conducted 25 weeks of field research on two medical intensive care units between 1985 and 1989.

The book is a readable but limited thesis on medical ethics as a social movement. Chapters such as "The Do Not Resuscitate Order as Ritual" reveal the particular orientation of the book. Overall, the result is a good sociological perspective on how ethical decisions are actually made in the medical ICU. However, the book does little to clarify the theories of medical ethics in the decision

making process. Ultimately, it develops an uncomfortable bias by its conclusion that medical ethics can be best understood as an effort to regulate the excessive authority of physicians.

The book is written for nonphysician readers and includes detailed explanations of terms such as "intern" and "on-call." Moreover, the book deals entirely with medical-surgical ICU patients and only briefly mentions psychiatry on three occasions. This book is of very limited use to forensic psychiatrists or even to physicians in general.

PSYCHIATRY AND LAW FOR CLINICIANS By RI Simon. Washington, DC, American Psychiatric Press, 1992. 206 pp.

Reviewed by Ralph Slovenko, J.D., Ph.D.

This is another in the series of concise guides published by the American Psychiatric Press, this one by the energetic Dr. Robert I. Simon on psychiatry and law for clinicians. It follows a number of his other books published by the American Psychiatric Press.

The chapters in this book are written in a practical, clinically relevant fashion. The writing is crisp and to the point, consistent with the nature of a guidebook. His examples highlight particular issues. Tables also summarize issues and provide guidance. References are given for additional reading.

Book Reviews

The book's ten chapters cover civil aspects of psychiatry and law, beginning with an overview of the law, followed by chapters on the doctor-patient relationship, informed consent and the right to refuse treatment, psychiatric treatment, confidentiality and testimonial privilege, involuntary hospitalization, the suicidal patient, the potentially violent patient, sexual misconduct, and seclusion and restraint.

Dr. Simon's thesis is that ignorance of the law makes the law seem menacing, and that that ignorance takes away from the pleasure of practicing medicine. Engaging in defensive practices is often unnecessary and is destructive to good clinical care. Useful knowledge of the law, Simon maintains, can make the law a working partner in the management of patients.

The last decades have seen increased

regulation and litigation involving psychiatry. Courses involving psychiatry and law are now given in nearly all residency training programs and in law schools. Students as well as practitioners will find this book helpful. The book is small, but it presents an accurate big picture.

Multivolume works like the *Comprehensive Textbook of Psychiatry* include a chapter that summarizes law and psychiatry, but these tomes are a big expenditure and not readily accessible. The books in this series, four by six inches, are designed to fit into a labcoat pocket, making it easy to retrieve information on the spot. These days, with so much time spent commuting, it can also be read when stuck in traffic.

This book is the fruition of years of reflection and writing. It is an attractive publication.