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Book reviews

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Handbook of PTSD: Science and Practice. Edited by M. J. Friedman, T. M. Keane and P. A. Resick. (Pp. 577; $75.00; ISBN-13: 978-1-59385-473-7 hb.) Guilford Press: New York. 2007.

Traumatology is a growth industry, as confirmed by the accelerating annual rate of publications on post-traumatic stress disorder (PTSD; McHugh & Treisman, 2007). The sheer size of this literature calls for a book that organizes and integrates our knowledge, and one that provides an introduction suitable for newcomers yet useful for seasoned researchers and clinicians as well.

The *Handbook of PTSD* is designed to be such a book. The three editors are prominent traumatologists who have recruited many of the field's leading figures to contribute chapters. The book comprises 26 chapters written by 60 authors. All but a handful of contributors are American, and more than half are employees of Veterans Affairs (VA) hospitals. Despite this provincialism, the book has many virtues. With certain exceptions, it is comprehensive and up to date. The writing is often dry, but seldom unclear. As with any edited book, the chapters vary in quality, but most provide solid, synoptic reviews of a very wide range of topics, and there is little overlap among them.

The chapters on treatment are among the best. Matthew Friedman and Jonathan Davidson thoroughly review psychopharmacological approaches, noting that the United States Food and Drug Administration has deemed two selective serotonin reuptake inhibitors (SSRIs) efficacious for PTSD: sertraline and paroxetine. The authors observe that PTSD patients recruited from the VA population, often Vietnam veterans, are strikingly refractory to drug (and psychological) treatment, whereas combat veterans recruited from the community benefit as much from SSRIs as do patients whose PTSD resulted from civilian trauma.

The most plausible hypothesis for why patients fail to improve in VA clinics is also the most politically incorrect. As many as 94% of them receive service-connected disability payments for PTSD (Frueh *et al*. 2007). Ergo, recovery from PTSD would imperil a vital source of income for many patients, and this risk would be especially great for those with checkered employment records, substance abuse histories, or other problems that might make it difficult for them to earn a living.

Patricia Resick and colleagues contribute an equally thorough chapter on psychosocial treatments for PTSD. The data clearly point to exposure therapy as the best established treatment, at least for civilian PTSD. This verdict was echoed in a report issued by the Institute of Medicine (IOM, 2007), one of the National Academies of Science in America. After scrutinizing randomized controlled trials (RCTs) of psychosocial and psychopharmacological treatments, the IOM committee affirmed only exposure therapy as efficacious for PTSD. Other treatments, such as cognitive restructuring, eye movement desensitization and reprocessing (EMDR), and even the SSRIs, did not make the grade.

Brett Litz and Shira Maguen review studies showing that cognitive behavioral therapy (CBT) benefits patients who have developed recent-onset PTSD (or acute stress disorder). CBT will likely supplant the once-popular, but now empirically discredited, psychological debriefing. As Litz and Maguen point out, RCTs show that participants who are not debriefed do just as well as those who are debriefed, thereby implying that debriefing is a waste of time and money. Other RCTs indicate that debriefing actually impedes natural recovery from the effects of trauma.

Memory is the core of PTSD, yet only Chris Brewin's chapter directly addresses the psychology of traumatic memory. He considers whether memory for trauma differs in kind or merely in degree from memories of other events, and whether memory for trauma differs in those with PTSD relative to those without PTSD.

Fran Norris and Laurie Slone do a workmanlike job reviewing the epidemiology of PTSD. They observe that trauma is extremely common today; 90% of Americans now qualify as trauma survivors. This fact, however, is a function of conceptual bracket creep in the definition of trauma as it is an empirical discovery. For example, being shocked by hearing about the misfortunes of other people now qualifies one as a trauma survivor oneself.

Given today's watered-down definition of trauma, it is inevitable that most trauma victims will not succumb to PTSD. Accordingly, the formerly taboo topic of vulnerability and risk for PTSD among people exposed to trauma is now a hot research area, as evinced by the contribution of Dawne Vogt and colleagues.

Three chapters cover the rapidly changing biological landscape of the field. Alexander Neumeister and colleagues cover neurocircuitry and neuroplasticity in PTSD, Steven Southwick and colleagues address

neurobiological alternations associated with PTSD, and Ronnen Segman and co-authors review work on gene–environment interactions.

Two refreshingly candid chapters deserve mention. Landy Sparr and Roger Pitman discuss the legal implications of PTSD, underscoring the challenges assessors encounter when endeavoring to distinguish genuine PTSD from cases of malingering where financial rewards can be considerable. In one startling study, clinical researchers, who consulted DD-201 military personnel files, were able to corroborate reports of combat trauma in only 41% of 100 Vietnam veterans who recently sought treatment and service-connected disability compensation at a VA hospital (Frueh *et al*. 2005). In striking contrast, using DD-201 files, researchers corroborated reports of combat trauma in 86% of Vietnam veterans in an epidemiological sample, and boosted the corroboration rate to 91% when they consulted additional archival and newspaper sources (Dohrenwend *et al*. 2007).

John Fairbank and his colleagues review findings on the prevalence and impact of trauma in children. They cite an exciting preliminary report, now published, by Finkelhor & Jones (2006) documenting that the frequency of childhood trauma has dropped dramatically since the early 1990s. For example, substantiated cases of sexual abuse plummeted by 49% between 1990 through 2004 after having risen steadily throughout the previous 15 years. Substantiated cases of physical abuse of children and sexual assaults of adolescents dropped by 43% and 67%, respectively.

The major limitation of this otherwise fine book is that few of its contributors address the many intense controversies that inflame the field of traumatology. Readers seeking information about these contentious – and fascinating! – issues must consult other sources such as Brewin (2003), McNally (2003*a*, *b*), and Rosen (2004), especially the chapters by Allan Young and Ben Shephard. Only then will readers acquire a truly comprehensive understanding of our field.

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Empathy in Mental Illness. Edited by T. F. D. Farrow and P. W. R. Woodruff. (Pp. 532; £55.00; ISBN-13: 9780521847346 hb.) Cambridge University Press: Cambridge. 2007.

From examining the contents page of this book without knowing its title, it would be difficult to guess its main theme and understand how such a wide range of topics are related. However, the foreword by Peter Woodruff provides an elegant overview which clearly describes the progression of ideas and the overarching structure. The book is a mixture of literature review combined with some original data and is written by well-recognized international contributors. Each chapter presents a stand-alone literature review and discussion, but the book is well edited to minimize the amount of redundant repetition of key concepts across chapters. The underlying premise is that understanding empathy dysfunction increases knowledge regarding normal empathic processes, such as its role as a protective factor against aggression and as an aid to moral judgements and conflict resolution. However, conversely, studies of healthy populations can also raise questions regarding the measurement of empathy and its variability, and this should be integrated into pathological empathy research.

Part I has a very broad scope, covering the literature on empathy in a wide range of psychiatric disorders. These include conditions with well-recognized