

Book review

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9/11: Mental Health in the Wake of Terrorist Attacks. Edited by Y. Neria, R. Gross, R. Marshall, with E. Susser (Guest editor). (Pp. xxviii + 646, \$110.00, ISBN 9780521831918 hb.) Cambridge University Press. 2006.

This voluminous book may parallel, to an extent, the response by the mental health community to the 9/11 terrorist attacks: some parts of it are excellent, others not so, and there is a great amount of redundancy, self-congratulation, and political maneuvering. Let me start with the good parts, although given the 35 chapters I cannot do justice to all contributions.

The book is divided into five parts: an introduction, the psychological aftermath of 9/11, community response and recovery, outreach and intervention in the New York and Washington, DC areas, and response and preparedness concerning disasters and mental health. The core of the section on the psychological aftermath of 9/11 is based on epidemiological studies. Galea and his group used a probability random digit dial method to canvass New York City (NYC) and surrounding areas, although concentrating originally in the NYC area most affected. They present their results on the prevalence of probable post-traumatic stress disorder (PTSD), and the demographic predictors of caseness. Silver and her group present results of their ongoing prospective, longitudinal study to reactions to 9/11, using a nationwide sample and a web-based survey. Silver's study is exceptional in that they had pre-9/11 data and could thus evaluate the actual impact of the attacks and relate it to pre-existing pathology and other variables. The initial measure of acute stress functioning, which included PTSD and dissociative reactions, was highly predictive of later PTSD symptomatology. However, Silver *et al.* have not reported, as far as I know, that the dissociative subscale of the measure they used (the SASRQ) was overall a better predictor of later PTSD than its other subscales

(Silver, personal communication, 2003) at least in one follow-up evaluation. Hoven and her group show that NYC public school students showed an increase of psychological distress after 9/11, although their article becomes grating at times as they recognize or thank literally dozens of people directly or indirectly involved with the project. This second section also has interesting review chapters by North, Pfefferbaum & Hong, and Havenaar & Bromet.

Part 3 of the book contains various contributions on community response and recovery. A strong suit of this book is that it provides valuable information at both the individual and community levels. This section contains an excellent review chapter on the psychological aftermath of disasters by Fran Norris; a good review of how media workers are also affected by the disaster they may cover and how media can affect disaster response (see also Cardena *et al.* 2005) by Newman and collaborators; and a theoretical model of how community can recover from disasters by Hofboll. An article on effective leadership in NYC by Boyatzis and co-authors is a good read but the endorsement of Mayor Giuliani's mythical leadership around 9/11 has recently been put into question. Two chapters on community recovery by Fullilove and co-authors are interesting, but I missed reading what empirical support they actually have for their model.

The next section of the book includes 14 articles on outreach and intervention after the 9/11 attacks, so I will just single out a few. In many cases, however, systematic evaluation of the effectiveness of the various programs implemented was missing. Neria and co-authors describe an ambitious project tracking the prevalence of PTSD among primary-care patients in the NYC area. They found that 4.7% of patients met criteria for probable diagnosis of PTSD 1-year after the attacks, a higher prevalence than other estimates, but far from the catastrophic estimates that some had predicted shortly after the attacks. Difede and her group carefully describe the evaluation and treatment of emergency rescue workers involved

with 9/11. I found the chapter by Schecter and Coates on how the impact of disasters on children is mediated by the relation with their caretakers to be especially interesting and useful. There is also a very good overview of psychological treatments for PTSD by Foa and Cahill.

In the final section on response and preparedness, I found the contributions by two non-Americans to be especially worthwhile, partly because they present a different perspective than that of many contributors who repeated some of the same points. Wessely, who has worked on military disasters in the UK for a long time, provides an informed criticism of some of the assumptions of disaster psychology, including whether screening is effective or whether the best strategy after a disaster is to have hordes of mental health professionals and volunteers descend on the site. He supports instead letting the family, friends, and community engage in their natural healing process. He also reiterates that critical incident debriefing does not seem to be effective and, in fact, may be detrimental. The Israeli psychiatrist Shalev provides a sobering assessment of the reaction to 9/11, concluding that the 9/11 disaster 'found psychiatry at the lowest end of it being an a-theoretical discipline' (p. 612) and lacking a clear message that could have been useful to the layperson. As Wessely, he also questions the notion that training thousands of therapists might not only have been useless but actually disempowering to the community's own resources. The message of these two authors runs counter to much of the content of other chapters, which was self-congratulatory, such as the conclusions by Ritchie and co-authors that the mental health response was 'one to be proud of' (p. 443).

With respect to general problems with the volume, it is unnecessarily redundant. For instance, there are chapters whose main function is to comment on a previous chapter, some of the same information about studies is repeated over and over, there is a lot of name dropping and acknowledgments, more appropriate to an internal publication than to a wide audience, and clichés are very much in evidence (I wish I had a nickel for every time I read the phrase 'lessons learned'). A book half of the size of this one could have easily carried the most important points.

The editing is substandard for an academic press, with various, easy to spot typos (e.g. 'Pantagon', 'it's' when 'its' was meant), missing references, and the same phrases being repeated in the same sentence or paragraph! I also found it puzzling that Marshall would choose to excoriate some of his contributors in the final chapter, when as an editor he could have asked these authors to address his criticisms before, not after, going to press.

In my mind, though, the worst problem with the book overall is its failure to address the relationship between dissociative responses and trauma, or the relevance of the acute stress disorder (ASD) diagnosis. Although there are some references here and there to peritraumatic dissociation (e.g. the chapter by Difede *et al.*), it is regrettable that the editors and some authors would fail to mention dissociative reactions as being strongly related to trauma [for instance, two out of the four most common reactions to 9/11 in a nationwide study (Cardeña *et al.* 2005), involved dissociative alterations of consciousness]. There are also meta-analyses showing that dissociation around the time of trauma is a robust predictor of later PTSD among adults (e.g. Breh & Seidler, 2007); similar results have been found in studies with children (Saxe *et al.* 2005). Perhaps because it contains dissociative symptoms as diagnostic criteria, the book has almost no references to ASD as a post-traumatic DSM-IV diagnosis, a point made by Shalev. The ASD diagnosis has been criticized by one of the editors, but inclusion of this DSM-IV diagnosis would have been essential in a book with an aim to educate mental health professionals on human reactions to disaster and post-traumatic diagnoses.

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