

## **Book Reviews**

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Edited by Sidney Crown and Alan Lee

**Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized.** Edited by CHARLES R. FIGLEY. New York: Brunner/Mazel. 1995. 268 pp. \$35.95 (hb). ISBN 0-87630-7594.

Compassion fatigue or secondary traumatic stress disorder refers to the response, often encountered in those engaged in treating, or relating to, victims of psychological trauma suffering from primary traumatic stress disorder, such as firemen, hospital staff, police, social workers, ambulance crew and disaster workers.

In the early chapters of this collection of papers much space is given to describing the phenomena, developing diagnostic criteria enabling the syndrome to be classified within the DSM-III, and distinguishing between primary and secondary traumatic stress disorder. Many of the chapters are written by those with behavioural approaches to therapy incorporating numerous schemes measuring and categorising every aspect of secondary traumatic stress disorder and its management. Responses of the therapist, measures of trust/suspicion, power/control, self-esteem, intimacy, guilt, blaming the patient, failure to realise the severity of the trauma, changes in sleep and eating patterns, workers' life experiences, therapist training, life satisfaction, countertransference reactions, and ethnicity are some of the aspects assessed. All of this is testament to the enormous research effort encompassed within this book. Although sometimes interesting, such a prodigious amount of detailed classification often left me confused rather than enlightened.

Therapy for those suffering secondary traumatic stress disorder is often unspecified or eclectic, but even when defined, terms such as 'sensory based therapy' leave the reader none the wiser. Also mentioned are stress management techniques which include confidence building and the giving of rational explanations to patients by well defended therapists operating from positions of distant objectivity. In contrast, there are also descriptions of group therapy. A study of Vietnam veterans describes secondary traumatic stress as arising from a violation of basic trust (Erikson) that can be re-experienced and worked with in the therapeutic setting. They also describe traumatised patients engaging with the therapist in patterns of exploiter/exploited,

allies/enemies, aggressor/agressee, rescuer/rescued: patterns which need to be recognised by the therapist if secondary traumatic stress disorder is not to persist. Relevant group analytic work from this country such as "The Ailment" by Tom Main, and the post-war work on shell shock is not referred to.

A central tenet of the book concerns therapists who become identified with their patients, taking upon themselves the patient's traumas, which spill over into their personal lives and relationships, giving rise to some of the symptoms of secondary traumatic stress disorder.

Except in one coherent, well grounded and useful chapter by Mary Cerney, entitled 'Treating the 'Heroic Treaters'', an analytic or psychodynamic approach to the patient is not explored, even being pejoratively dismissed as 'psychoanalysing' in one article.

This is a comprehensive book covering many aspects of the diagnosis, management and treatment of compassion fatigue. My general criticism is that there are few case studies, which could add more substance and give more depth to the subject, enabling the reader to understand what actually occurs in psychodynamic terms when coping mechanisms break down in these heroic therapists.

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**Searching for the Causes of Schizophrenia.** By EVE C. JOHNSTON. Oxford: Oxford University Press. 1994. 130 pp. £27.50 (hb).

The CT scan finding of an increased ventricular-brain ratio in a subgroup of patients with schizophrenia is now widely accepted. The original research was prompted by the clinical observations of time-disorientation in patients with chronic schizophrenia. There are several such examples in this book of how simple clinical observations can be developed into crucial research questions.

The book is largely an account of the author's own research into the biological correlates of schizophrenia. The emphasis in the first half is on pharmacological