In a world where a hundred dollars does not buy a decently well-written textbook anymore and a million dollars buys a house in Los Angeles that Midwesterners would not pay $80,000 for, this compact little handbook is worth more than its weight in gold.

This is from a reviewer who has been through World War II, who has witnessed murders, rapes, and other acts of violence in a country in postwar transition, and who has been treating hundreds of victims of such atrocities since 1967.

Silva shows an uncanny sense of reverence and irreverence for traditional views of PTSD and, in the process, gives coherent meaning to the often conflicting and muddled views of this disorder, which all mental health professionals deal with. The aggregate impact of this handbook is in shedding light not only on what makes humans break down but also on what makes humans bounce back. Silva and his group, ironically, have made more sense of psychiatry in one volume than all the fragmented, topic-focused books I have read over the past 30-odd years.

By repeatedly focusing on 1) reexperiencing and the need to be retraumatized, 2) avoidance and numbing, and 3) hyperarousal, the contributors give new meaning to the cyberspace term "URL" (uniform resource locator) by allowing clinicians and patients alike to access language and information sources and solutions that actually interface and speak the same language.

For years, I have been struggling with the phenomena of "assortative mating" and "repetition compulsion neurosis." Kowalik's chapter on neurobiology and Linares and Cloitre's chapter on intergenerational links between mothers and children with PTSD spectrum illness made sense of all of these.

More importantly, the effectiveness of an eclectic approach to psychiatric problems versus devotion to a "one-size-fits-all" managed care mentality wins out. Once upon a time, we psychiatrists were exposed to a semiotic approach to all things human. This meant never neglecting the overarching importance of symbols in human nature. "Perception is reality" was once a mantra for most of us. This handbook takes us back to that mantra once again. Outcome studies and studies of the phenomenon called resiliency all point to the importance of engineering and shaping such symbolic reframing of experiences as the one key factor to healing—and perduring. Rising above the incomprehensible and overwhelming to emerge triumphant and stronger provides validation of Frederick Nietzsche's "That which does not kill me, makes me stronger."

The last chapter by Fayyad et al. is a masterful summation of the whole body of PTSD research: "It is not as bad as it sounds; and it can be as bad as we make it sound." I give this handbook a five-star rating.

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Posttraumatic Stress Disorder: Malady or Myth? *by Chris R. Brewin. New Haven, Conn., Yale University Press, 2003, 271 pp., $40.00.*

Some of the Marines who survived the battle of Iwo Jima never got the smell of death out of their memory. Few of these men, however, would ever consider themselves to be victims or in need of any specialized postcombat debriefing beyond what happened on the troop ships that steamed away from that island. At the outset of this book, the author notes how much has changed in our culture: "Today we expect that survivors of major terrorist attacks will be offered counseling." The presence of mental health officers among Coalition troops deployed in Iraq underscores the change in our cultural perception about what constitutes good posttrauma professional practice.

This volume is well organized, is clearly written, and uses the current research about trauma's impact on memory. Beginning with an overview of the clinical and cultural aspects of the disorder, Brewin moves to detailed discussions of trauma's impact on identity, the puzzling ways in which trauma is remembered, and the debates around the false memory syndrome. He outlines the dual task for both survivor and therapist: addressing the posttrauma intrusive memories and reformulating the posttrauma identity. In a chapter titled "A Crisis of Identity," Brewin details the variety of ways major trauma affects the self-identity of trauma survivors. Typically, survivors reinvest themselves in family, help other survivors, or demonstrate "an increased involvement with religious and spiritual issues."

The author's distinction between declarative and nondeclarative forms of memory provides us with a helpful way to understand how trauma continues to affect a patient's life. Drawing on neuroscience research regarding the way memory functions, he observes how trauma's capacity to overturn long-held assumptions is reminiscent of catastrophic interference overwhelming an established information system in ways that prevent the system from integrating the new lessons of the trauma with the older and more established patterns of declarative memory. The brain's way of storing and making this new trauma-induced information available to the patient is by storing the information in nondeclarative memory, where it is "automatically elicited in a rather inflexible way under conditions that bear a strong similarity to the condition of the original learning."

Finally, Brewin presents a three-step schema around which responses to survivors of large-scale trauma may be implemented. Immediate posttrauma intervention should be limited to "demonstrating safety, acknowledging the trauma, making support available to those who want it and providing information with a focus on supporting natural recovery." The next 4–6 weeks should be spent "systematically monitoring" trauma victims "so that one can detect any failure of victims to adapt." Finally, he urges that those victims who have "failed to adapt" receive "scientifically established interventions" that will help them recover.

Brewin asks clinicians and researchers to show "the same flexibility and resourcefulness shown by survivors" as we provide comfort and counsel to people "suddenly confronted with the unexpected, the unwanted and the unimaginable."

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Early Intervention for Trauma and Traumatic Loss, *edited by Brett T. Litz. New York, Guilford Publications, 2004, 338 pp., $40.00.*

"First, do no harm," could be the motto of this book, a message that always bears repeating. The authors offer a critique

of critical incident stress debriefing in the aftermath of traumatic events. Although this type of group intervention has become an established practice, even mandatory in many first-responder organizations, rigorous clinical trials suggest that critical incident stress debriefing is ineffective for preventing the development of posttraumatic stress disorder. The authors are at their most persuasive and impassioned when presenting their case against critical incident stress debriefing. In the words of the editor,

> It is not acceptable that early interventions for trauma be based exclusively on the understandable human need to help people who appear to be suffering or out of the motivation to promote organizational or corporate goals. (p. 6)

One problem with interventions such as critical incident stress debriefing is that most people may neither want nor need this sort of professional "help." Although extreme distress is common in the immediate aftermath of a traumatic event, most survivors will recover spontaneously, with support from the people they know and trust. Litz recommends a minimally intrusive crisis response called "psychological first aid": providing information and practical problem-solving assistance and comforting survivors without pressuring them to explore the details of the traumatic event. This sensible approach respects the privacy and resiliency of survivors.

Since only a minority of trauma survivors will develop posttraumatic stress disorder (PTSD), Litz and the chapter authors recommend targeting high-risk individuals for more intensive interventions (particularly cognitive behavior treatments). This approach has a number of limitations. First, at present we lack a simple and reliable screening method. Although numerous risk factors have been identified, no single factor is either necessary or sufficient to predict who will develop PTSD (1). Second, the authors do not consider the social implications of singling out individuals for treatment. The secondary prevention model they present is mainly derived from brief treatment of motor vehicle accident survivors, a population for whom the issues of shame, secrecy, and stigma are not particularly salient. Finally, this individualistic approach fails to address the need for repair of social relationships in the aftermath of traumatic events, despite the fact that social support is one of the most powerful predictors of recovery. (A refreshing exception is the excellent chapter by van Horn and Lieberman on treatment of infants, toddlers, and preschoolers. Here the therapeutic intervention is aimed specifically at repairing the *relationship* between mothers and children who have survived domestic violence.)

In general, the authors seem insufficiently aware of basic social ecology (2). Individual treatments are the only alternative proposed in place of the discredited large-group interventions. Participatory models of intervention that engage members of a traumatized community in designing their own crisis responses are simply ignored. Despite these limitations, this book will be of interest to researchers and policy makers seeking to develop an evidence-based approach to early intervention and disaster planning.

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SUBSTANCE/ALCOHOL ABUSE

My Name Is Bill: Bill Wilson—His Life and the Creation of Alcoholics Anonymous, *by Susan Cheever. New York, Simon & Schuster, 2004, 306 pp., $24.00.*

The 12-step format, tradition of anonymity, and democratic governance of Alcoholics Anonymous (AA) are rightly credited to Bill Wilson, whom Aldous Huxley called "the greatest social architect of the twentieth century." Bill's life story has inspired no end of confessional autobiographies by alcohol and drug addicts, including one by Susan Cheever (1), the author of this book. She knows well the ravages of alcoholism, not only her own but those of her father, the illustrious author John Cheever, to whom she dedicates this book. Bill W's story is also well-known to countless alcoholics from AA's Big Book, *Alcoholics Anonymous* (2); the 1947 edition alone reached more than 19,000,000 people (3). Bill W has given hope to countless alcoholics who have passed the book from hand to hand as if it were a sacred document.

Bill had stayed away from alcohol until the age of 22 because of his family history of drinking problems. Having already suffered from episodes of depression, he took his first drink at 22 and experienced a glow of self-confidence and escape from dysphoria. This was followed by his descent into alcoholism and many failed attempts at detoxifications to curb his compulsive drinking. On June 10, 1935, the date affixed to the beginning of AA, Bill had been traveling on business in Akron, Ohio, and struggling to control his urge to drink. He sat down with another alcoholic, a physician, so that both could stave off their craving for alcohol, which they succeeded in doing. He later drew on his experience with the Oxford movement, which was premised on the Swedenborgian conception of steps leading to salvation, and expanded on their six-step ritual of spiritual and mutual support into the AA creed.

Cheever captures well Bill's charisma, his talents as a raconteur, his perceptiveness as a social analyst, and, to some extent, his failings (infidelity to his long-suffering wife, for example), but she understandably cannot dig deep into the social psychology underlying the AA movement. Its remarkable ability to effect changes at the mind-body interface takes place on the basis of the highly supportive welcome from the members and the interplay of cognitive changes (the acquisition of a belief system) and social cohesiveness (engagement in an intensely bonded social group). These experiences operantly reinforce involvement, and let many members yield control of the biologically grounded pursuit of alcohol. The democratic structure of the movement and the anonymity embodied in its Twelve Traditions have served to sustain its success and hinder the emergence of self-serving leaders. Ad-