

Of course, one can take a very pessimistic interpretation of this, as Green (2), for example, did when he concluded that the compromise in the field today, a “pretense of tolerance, search for willy-nilly common sharings that are not very convincing and appear as life jackets to avoid sinking” (p. 126), prevents the collapse of the entire field. The editors of this textbook and the authors who present the material do not take such a dismal view of the intense pluralism and conflict in the field of psychoanalysis. For example, Harris, in “Transference, Countertransference, and the Real Relationship,” points out that “there is a sensitivity to the complex relation of particular theories and particular ways of practicing—a sense that people mostly work in multiple models and at multiple levels of awareness and abstraction” (p. 206).

Chapter 14, “Theories of Therapeutic Action and Their Technical Consequences” by Greenberg, is one of the most interesting and well-written chapters in the book. He says, “History suggests that there is something about the psychoanalytic process that makes it more likely that we will come up with interesting questions than that we will arrive at convincing answers” (pp. 220–221). He points out that the emphasis on technical flexibility is very appealing today because there is such an amount of questioning of authority throughout our culture, but he warns of the temptation “to view change as evidence of progress, a sign that we are moving toward more effective technique and toward a deeper understanding of therapeutic action. But despite historical ebbs and flows, there is still no consensus on the issue among contemporary analysts” (p. 222). He reminds us that holding fast and rigidly to a specific technique or theory as a matter of principle can be just as much an expression of the theorist’s unconscious fantasies as is the effort to modify technique: “The analyst’s personal motives—unconscious as well as conscious, fantastic as well as realistic—shape every clinical decision and every observation. No prescription can immunize us from expressing our own unconscious wishes in our technical choices” (p. 222).

The most polemical chapter, I believe, is by Kerr. He attacks a number of writers who in the past have been very idealistic about Freud and psychoanalysis. Some readers will certainly disagree. On page 455 Kerr notes a personal communication he received in July 1903, and I assume this is either a miracle or a misprint. The chapter on the arts by Spitz and the chapter on philosophy by Lear suffer from being too condensed, although they certainly are correct as far as they go. Spitz says little about current ideas regarding the springs of creativity (3, 4) and leans especially on the work of Kris. Lear focuses almost exclusively on Plato, and it is hard for me to understand a philosophical discussion about how to live and how to change that does not even mention the saintly Spinoza—one of the first to suggest mind and body as constituting different attributes of the same entity—and certain other famous philosophers who demonstrated it by their actual style of life. Conversely, why is it that some philosophers, like some composers and artists, produced great works but were quite personally repellant? The unusual work of Scharfstein (5) on trying to understand the lives and personalities of the great philosophers would have been worth mentioning.

In summary, this book is really an encyclopedia that contains essays on every conceivable aspect of psychoanalysis, all of a high quality, and definitely is to be recommended as a

reference book to anyone who is interested in any of these aspects. It demands a certain level of sophistication from the reader and a willingness to concentrate on the material in the chapters. It will not inform the reader at any length about the specifics of the technique and practice of psychoanalysis or psychoanalytic therapy. Clearly, the editors, section editors, and authors have gone to a great deal of trouble to create this book and are to be congratulated on the excellence of their product.

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## TRAUMA AND STRESS

***Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, and War and Torture Victims***, edited by John P. Wilson, Ph.D., and Boris Droždek, M.D., M.A. New York, Brunner-Routledge, 2004, 706 pp., \$59.95.

Wilson and Droždek have put together a superb collection of chapters by 44 contributors, nearly all of whom work outside the United States. We all need to become better informed about the tragic stories told in this book. Mental health professionals will benefit from this overview of effective treatment interventions that are specially adapted to victims of war, political oppression, and torture. We may sometimes turn a blind eye to these victims, partly because of our survivor guilt in relationship to fellow human beings who have suffered from unspeakable horrors. As van der Veer and van Waning recommend in their excellent chapter on “Creating a Safe Therapeutic Sanctuary,” we instead need to have “a moral attitude...accompanied by a feeling of responsibility for the global community in which the conflicts occur from which refugees try to escape, and responsibility for the new community for the refugee” (p. 212).

A chapter by Volkan begins the book. With his typical clarity, he shares his deep understanding of the psychology of large groups that underlies both the suffering as well as the treatments described in the book. For example, he notes that many refugees get emotionally stuck by becoming “perennial mourners,” who “behave as if lost objects have a future” in their lives (p. 10).

Silove then describes the clash between the burgeoning numbers of refugees worldwide and the erosion of governmental protections for asylum seekers, especially in the wake of Sept. 11, 2001. In previous decades, collective shame about the Holocaust spawned enlightened refugee policies throughout the world. Silove notes that a paradigmatic retreat in these attitudes occurred with the “refugee fatigue” toward Indochinese refugees in the 1970s. Successive waves of Vietnamese refugees went from receiving warm welcomes in countries such as the United States to spending long periods in refugee camps, which then became prison-like detention centers. During the past two decades, the number of refugees worldwide has tripled, further straining resources and goodwill. Tragically, “In the public mind, the war against terrorism has become confused with the challenge posed by asylum seekers, a blurring of issues seemingly fostered by political rhetoric” (p. 17).

Several other themes recur throughout the book. It is reassuring to see that all authors emphasize the initial and essential goal of establishing safety for survivors of trauma. Cultural variables receive the attention they deserve. Refugees experience cultural dislocation. So, as Aroche and Coello observe, “culture is both the cause of this pain as well as the pathway to recovery” (p. 55). All of the authors seem to be from Western countries, often treating clients who are fleeing non-Western countries. In the West, we tend to follow the maxim of *de mortuis nihil nisi bonum*, or Don’t speak ill of the dead. However, in some cultures, anger at those who have just died is permitted. One widow sarcastically asked her children to put four replicas of female genitalia in her late husband’s coffin, “so that he could enjoy adultery in afterlife as he sometimes did [while] alive” (p. 170).

Nonverbal expressive therapies have an important place in treating victims of trauma, since they are especially designed to engage with implicit consciousness and implicit memories. Art, music, and movement therapies have added advantages when therapist and patient do not share a common spoken language. Four chapters effectively describe clinical aspects of expressive treatment. We were disappointed that the authors did not link their treatments with relevant advances in the neuroscience of posttraumatic disorders.

Wilson and Drozdek deserve our deep thanks for putting this outstanding book together. Unfortunately, Wilson’s own chapters get entangled in overly intellectualized lists, diagrams, and theories. In addition, he sprinkles his chapters with quotations of some of his own most treacly past writing (e.g., “Weary souls displaced from their natural roots. Quietly desperate in a vacuum of loneliness. Their cries are silent. Existence in an abyss of pain and dark uncertainty” [p. 109]). The unadorned facts about these survivors are eloquent enough.

A recurrent theme is treaters’ and patients’ relationships with administrative and political policies that deeply affect refugees’ lives. Realistic anger and frustration with inhumane policies are widespread. A few authors acknowledge that “projecting guilt only on ‘the system’ can hamper seeking adequate active [solutions] to problems....Rather than go through the work of mourning...they might prefer to attribute problems to their surroundings” (pp. 493–494). Such projection of all blame onto “the system” is surely a temptation for overwhelmed and vicariously traumatized treaters.

The book’s final two chapters address legal and political issues. This perspective is highly germane to the clinical issues with this patient population. Herlihy, Ferstman, and Turner highlight the labyrinthine complexities of legal systems that asylum seekers must navigate. Relevant international laws and treaties offer some protection for displaced persons, but draconian policies and unresponsive bureaucracies all too often interfere with effective and compassionate approaches to traumatized refugees. The book demonstrates that there is a clear need for further bridge-building work at the interface between clinicians and human rights advocates.

This book is an excellent compendium for clinicians in this field, and it helps point the way toward the further work necessary to fulfill our moral obligations to the victims of humanity’s darkest side.

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***Trauma and Health: Physical Consequences of Exposure to Extreme Stress***, edited by Paula P. Schnurr, Ph.D., and Bonnie L. Green, Ph.D. Washington, D.C., American Psychological Association, 2003, 311 pp., \$49.95.

The premise that a close connection exists between emotional states triggered by stress, particularly episodes or prolonged periods of extreme stress, and a variety of physical ailments has received much attention in recent years. Not that the idea hasn’t been around for a very long time. It’s just that more studies have been done to establish support for it. Drs. Paula Schnurr and Bonnie Green have obviously devoted considerable time, thought, and effort to compiling very pertinent information on this subject and assembling an outstanding group of contributors. They have produced a first-rate resource, filled with solid documentation of value to anyone wanting to review the work in this field, although not exactly an easy read.

The book is divided into five sections. Part 1 describes the effect of trauma on physical health. People exposed to one or more traumatic events over their lifetime have more physical symptoms and a greater number of chronic health conditions than do nonexposed individuals. Posttraumatic stress disorder (PTSD) is also associated with higher rates of other disorders and may represent a pathway between stressful events and adverse physical outcomes.

Part 2 focuses on psychological mechanisms. For example, evidence for the interplay between clinical depression and coronary artery disease is compelling. So too for PTSD, which may share biological underpinnings with affective disorders. Unhealthy coping methods, such as avoidant and repressive behaviors, have been linked with greater cardiovascular reactivity and impaired immune function. One point deserving greater emphasis is that “how individuals cognitively appraise situations is the primary determinant of how they cope.” I think of the Columbine High School students who sought help not so much from crisis interventionists but from the clergy, who they believed were better able to help them achieve a meaningful perspective on the terrible ordeal they’d just been through.

Part 3 moves on to consider biological mechanisms. Traumatic stressors have effects on the immune system that may