

and Orr devote a more detailed chapter on the use of psychophysiologic evidence to support an objective appraisal of PTSD. The latter authors note that this cutting-edge tool is currently limited in use and requires caution to avoid misuse. They conclude that reliability and validity remains to be developed.

This expanded second edition of *Posttraumatic Stress Disorder in Litigation* attempts to bring further direction and discipline to litigation involving a condition that is as ancient as civilization itself. More refined conceptual tools have become necessary in accessing the causes of this incidence-specific disorder, particularly in the face of an increasingly litigious environment. In fact, it is difficult to determine whether the environment or the rebirth of the disorder itself has led to what has been dubbed the "black hole of litigation" (preface xv).

Dr. Simon has undertaken an ambitious task. He and his colleagues deserve a great deal of credit and it is hoped that they will not falter in their continued pursuit to clarify a very complex activity. A clarifying summary chapter by the editor would have been helpful in pointing to further fruitful directions.

Hummelstown, PA

GENE L. CARY, M.D., F.A.P.A.

JENNIFER L. HILLMAN: *Crisis Intervention and Trauma: New Approaches to Evidence-Based Practice*. Kluwer Academic/Plenum Publishers, New York, 2002, ix + 310 pp., \$65.00, ISBN 0-306-47341-0.

"Evidence-based practice" is the guiding metaphor of this book, the latest of a series by Kluwer/Plenum on "Issues in the Practice of Psychology." Its main subject is, broadly speaking, psychological conditions that may be thought of as more or less "traumatic," and their treatment through crisis intervention and psychotherapy.

The initial chapters provide an historical overview of crisis intervention, suggested procedures for its application, and a social-psychological overview of trauma. Thoughtfully presented, these provide a useful introduction to this field. In later chapters, evidence of the sort that can be easily evaluated is put to good use. Writing with a sensitivity to the challenges beginning therapists face in working with difficult patients, Hillman provides information and practical advice about violent patients, suicide, older patients in care facilities, and underserved populations.

Conversely, the sections dealing with issues of classification, explanation, and psychotherapeutic treatment—that strike me as the book's intellectual heart—show the real weakness of too-heavy reliance on the metaphor. Without being able to critically evaluate evidence—that is, to assess its function of testing theory—it is not worth very much. In these sections evidence is so disconnected from any serious exercise of this function that the book's arguments and treatment recommendations (e.g., for Posttraumatic Stress Disorder and Dissociative Disorder) are very difficult to take seriously.

To give an example: The discussion of dissociative conditions and borderline personality, clustered together in a chapter entitled "Long-Term Sequela (sic) of

Trauma,” is prefaced by an account of a “powerful paradigm shift” (p. 83) that has been brought about by a small group of theorists who have noted common traumatic features. According to this revolutionary theory, “trauma represents the causal factor in virtually all cases of borderline personality disorder” (p. 86). This justifies her cursory dismissal of the work of “traditional” theorists (Kernberg, Adler, and Masterson), who “minimize the impact of trauma” (p. 85). Obviously, she has read neither *Beyond the Pleasure Principle* nor *The Traumatic Neuroses of War*.

Lacking historical and conceptual perspective, Hillman is fascinated by charismatic practitioners and new, problematic treatments that are riding the wave of “evidence-based” popularity—such as Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical Behavior Therapy. Her prominent accounts of these treatments read more like advertising than analysis, and her tendency to bridge conceptual chasms with verbal formulas results in trains of thought that are all but incoherent, such as the following:

DID [Dissociative Identity Disorder] shows a relative degree of variation and uncertainty regarding its validity. . . . The diagnosis of DID remains highly controversial. . . . Assuming that DID does exist as a true clinical phenomenon, one promising aspect of this tragic disorder is that individuals with DID are believed to have a good prognosis if they receive appropriate treatment. (pp. 95–101)

Hillman does not appear to have much usable understanding of the problematics of contemporary diagnosis. Such understanding is especially needed in the area of psychological trauma, where current approaches are misleading. The diagnosis of PTSD is anomalous even within the present Kraepelinian framework. It departs from its own touted atheoretical strategy by defining a condition in terms of a cause, a supposed anathema. Namely, PTSD is defined as an anxiety disorder resulting from exposure to “an event . . . that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (DSM-III-R, 1994, p. 427). The definition departs from classical and unsurpassed accounts of traumatic neuroses (e.g., A. Kardiner, *War Stress and Neurotic Illness*, revised ed. of *The Traumatic Neuroses of War* [1941]. New York: Hoeber, 1947), that emphasize their independence from events that *objectively* threaten death or serious injury. The anomaly is in keeping with the tendentious nature of many DSM diagnoses, which favor putative biological mechanisms and selected social factors.

Hillman’s curious theory of aggression, that underlies her thinking about trauma and violence, is very troublesome. She posits that violence is a form of “malignant aggression,” which is defined by its “lack of purpose; its only goal is to cause harm or distress to others in the absence of any *material* benefit” (p. 142, *italics added*). It is to be contrasted with “benign aggression,” defined as “assertive behavior, in which an individual engages in specific behavior that causes no, or

limited, negative consequences for others in order to procure basic requirements for survival including food, water, shelter, and, in our society, money” (p. 142).

A psychological theory’s handling of aggression is a good index of its underlying philosophical assumptions. In equating violence with malignant aggression, and in turn with absence of material gain, Hillman declares her intellectual allegiance to an ideological psychology in which aggression in the pursuit of material gain (as long as there are only “limited negative consequences for others”) is the standard of normality. While pathology in this theory includes the category of gratuitous or sadistic aggression, it also includes aggression that, lacking a material aim, is incomprehensible. In this view, the Watts rioters would be pathological by definition, while the corporate manipulators of Enron and Global Crossing would be paragons of health.

Hillman’s materialist view of aggression probably accounts for the fact that, in one of her major cases—a 55-year-old man, unemployed four months, who attempted suicide (pp. 137–140)—great attention is paid to interpersonal dynamics but there is no inquiry into his work history, the circumstances of his unemployment, its impact on him, etc. In our system, unemployment is such a normative trauma that such considerations go under the radar screen; it is not an etiological factor in the *DSM*. One can only guess, but this case likely represents an example of violence against the self that is simultaneously normalized and trivialized through theory uncritically applied. It is strange coming from a writer who is otherwise concerned about the plight of the needy, disadvantaged, and underserved.

All in all, this is a disappointing book about an important set of subjects. Full of grammatical and spelling errors, it is also in serious need of editing.

Denver, CO

JONATHAN COHEN, M.D.

MICHELE PATHÉ: *Surviving Stalking*. Cambridge University Press, Cambridge, UK, 2002, 174 pp., \$23.00, ISBN 0-521-00964-2.

Victims of stalking frequently feel frightened, confused, isolated, and misunderstood. A professional’s mere recognition of the stalking is often greeted with a profound sense of relief. A book that gives these victims information about what we know about stalking and how to survive it is quite welcome.

I would recommend this book to those victims, but my ambivalence about it would lead to an accompanying disclaimer. The book seems to be a translation of academic research about stalking into a form for a nonprofessional audience. It is an incomplete translation, and the book frequently uses language more appropriate for an academic paper than a guide for victims. As an example, “Clinically, stalking refers to a range of behaviours involving repeated and persistent attempts to impose on another person unwanted communication or contact, or both” (p. 13). Fortunately, most of the book is somewhat more casual. While I imagine that