

whether it is somewhat ahistorical (did Neolithic man have PTSD?) and whether overly reductive and mechanistic interpretations of human responses to negative events risk jettisoning too much. This book, drawn from contributions to the 1996 Jerusalem conference of the International Society for Traumatic Stress Studies, considers global questions, even though 52 of the 53 contributors come from the West. Most of these have mental health affiliations, with many already in the trauma field, and the lack of contributions from non-Western workers, and from anthropology and sociology, is telling.

That said, there are some excellent chapters. Alexandra Argenti-Pillen, who does have an anthropology background, describes an ethnographic method for reviewing the discourse on trauma in non-Western cultural contexts. She notes that PTSD is a contemporary discourse about suffering that Western mental health professionals present to people from non-Western cultures, and that this may form a triad with the religion and cosmology locally applicable. She discusses the impact, for good or ill, that imported knowledge and techniques may have on communities whose cultural resources have been destabilised by war or other catastrophe. The idea that traumatic stress causes psychological disruption may not be helpful or valid in cultures that place a premium on fate, determinism and spiritual influences. There are dangers of an unwitting imperialism here. After all, the trauma discourse introduces elements that are not merely surface phenomena but are core components of Western culture: a secular source of moral authority, a sense of time and identity and a theory of memory.

There is a masterly chapter on an alternative history of traumatic stress by Alan Young, a medical anthropologist from McGill University, Montreal, who wrote *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Young, 1997), the seminal book on the genesis of PTSD. He writes that the association between memory and the self has a long history, and that St Augustine wrote of this in his *Confessions* at the end of the 4th century. He traces the development of a new science of memory through from the 19th century and raises questions about the assumption that 'traumatic' memory – a static, pathological entity – is at the heart of PTSD. Recent research on Gulf War veterans has demonstrated the malleability of traumatic

memories, including the extent to which what is produced is a function of context. He argues that current diagnostic techniques based on clinical interviews, protocols and psychometric scales are incapable of distinguishing between so-called traumatic memory and painful memories associated with antecedent psychiatric problems. This is to cast considerable doubt upon the disease status of PTSD, although he concedes that the process of diagnosis and treatment may function as therapeutic myth and ritual. PTSD originally arose out of work with returned US Vietnam War veterans, a most atypical group for extrapolation to other populations.

The final section is on societal healing and what is called "preventing the cycle of violence". Trauma programmes in war zones have claimed that timely prophylactic work can prevent traumatised victims from becoming perpetrators of violence, but this is to pass off a Judaeo-Christian piety as a medico-psychological fact. Virtually all acts of politically motivated violence, including mass atrocity and torture, are committed by psychologically normal people. There is a discussion of the role of the Truth and Reconciliation Commission in South Africa, probably the most ambitious endeavour of its kind to date.

**Young, A. (1997)** *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton, NJ: Princeton University Press.

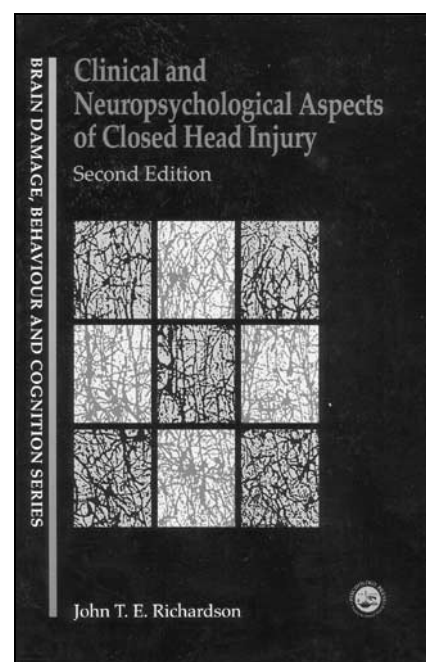
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### **Clinical and Neuropsychological Aspects of Closed Head Injury (2nd edn)**

By John T. E. Richardson. Hove: Psychology Press. 2000. 246 pp. £29.95 (hb). ISBN 0 86377 751 1

This is a second edition of a text first published in 1990. It has the considerable advantage of being single-authored and is written in an easily accessible style, the contents being a mixture of literature review and personal opinion, with sufficient referencing of the author's own work to be acceptable.

The book covers an important topic and should be of value to neurologists and psychiatrists, in both a clinical and a



medico-legal setting. However, the title is misleading, as the text is very much concerned with neuropsychological aspects of head injury assessment and rehabilitation, and it is quite devoid of an appreciation of the psychiatric aspects of the area. This reflects the author's own area of expertise.

The text begins with a useful and well-presented description of neuroanatomical and pathological accounts of head injury in the literature. This is followed by an analysis of several important concepts, such as the amnesias, concussion and contusion, which leads into a detailed presentation of memory and its disorders of relevance for the head-injured patient. There follow chapters on cognition and language, subjective complaints and issues of management and rehabilitation.

Perhaps the main concerns with these helpful and comprehensive literature reviews are the author's lack of a critical eye, and, if the book is up to date, the paucity of literature that has emerged since the first edition. This reflects on the diversity of those involved in head-injury assessment and the variety of settings to which patients with head injuries are referred. Initially, it is a neurosurgical issue; the intermediate assessment of those patients continuing to have symptoms after a few months graduates to neurologists. Later, neuropsychologists, rehabilitation experts, psychiatrists and lawyers become involved. It is difficult not only to set up well-designed prospective long-term research projects, but also to

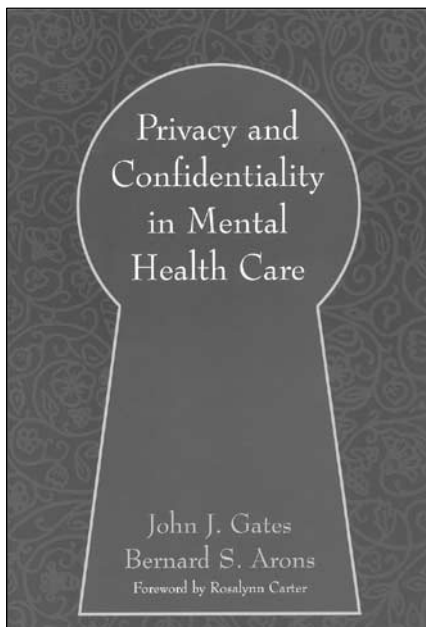
gather a comprehensive overview of all that is involved.

This is a useful reference text, but it lacks that comprehensiveness, especially in the clinical assessment of the long-term neuropsychiatric sequelae. This is beyond the author's brief, but I was left thinking that we seem not much further on in many ways from the conclusions of Sir Charles Symonds, writing over 70 years ago: "The late effects of head injury can only be properly understood in the light of a full psychiatric study of the individual patient . . . it is not only the kind of injury that matters, but the kind of head". We are still no good at measuring the latter!

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### Privacy and Confidentiality in Mental Health Care

Edited by John J. Gates & Bernard S. Arons.  
Baltimore, MD: Paul H. Brookes. 2000.  
242 pp. US\$34.00, £37.50 (pb).  
ISBN 1 55766 426 9



Privacy is a tenet of individual liberty in the USA. To understand this in the particular context of mental health information, the inquisitive must enter a complex legal and ethical labyrinth, featuring a patchwork of amorphous state laws, a dearth of controlling federal law, the Code of Ethics of the

American Medical Association and many case-law precedents. The weary traveller will likely emerge with the conclusion that privacy and confidentiality rules affecting mental health information in America are inadequate and incomplete.

Vast technological changes in the USA pose a continuing challenge to the privacy of mental health information. The individual right to privacy must be continually reasserted against competing, larger societal pressures. The need for ongoing, informed discussion in this vital (and contentious) area is obvious.

The contributors to this volume deserve congratulation for injecting a healthy, salutary dose of good, solid scholarship into the strident debate relating to the privacy and confidentiality of mental health information in the USA. It is to be hoped that its call for informed debate in this unsettled area will galvanise such discussion.

Much of the volume is work originally presented at the 1997 13th Annual Rosalynn Carter Symposium of the Carter Center Mental Health Task Force (Atlanta, Georgia). Contributors come from varied academic and professional backgrounds, including psychology, psychiatry, social work and law.

Ten illuminating chapters tackle thorny issues associated with the privacy of mental health information from various perspectives, including those of consumers, family members and clinicians. In critical but constructive discourses the expert contributors draw readers' attention to the legal aspects of the privacy of mental health information. Attention is focused on the limits of confidentiality for HIV patients and on mental health information and confidentiality in the context of substance misuse.

The academic worth of this book is enhanced by numerous references and a succinct appendix, which summarises US state provisions for mental health confidentiality.

Although written in an academic style, the volume is not esoteric. In an incisive, sobering way it offers an abundance of informed views and advice which will be of value to all those interested in reshaping the existing laws on the privacy and confidentiality of mental health information in order to benefit both the individual and society. For such prospective readers, the volume is heartily recommended.

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### Evidence-Based Counselling and Psychological Therapies: Research and Applications

Edited by Nancy Rowland & Stephen Gross.  
London: Routledge. 2000. 216 pp. £16.99 (pb). ISBN 0 415 20507 7

Expectant readers may at first feel misled by the title of this text. It is not the Holy Grail for those seeking to apply evidence-based medicine to psychological treatments. However, perhaps it aims to be the next best thing – a map towards the Holy Grail.

The multi-author text is directed primarily at providers, managers and service coordinators of psychological therapies within the National Health Service (NHS). It is intended to provide essential background to the reasoning, methodology and implications of the evidence-based health care movement in relation to this field. However, as much of the information contained is generic, it would be of potential interest to an even broader readership.

The book is divided into three sections: the first covers the background, philosophy and infrastructure of evidence-based medicine within the NHS; the second provides an introduction to the research methodology that generates the evidence base, and includes reference to both qualitative and quantitative techniques; and the final section describes moves to synthesise and disseminate research results and apply them in practice. Each section is well referenced, not only to academic literature, but also to practical examples and sources of further information.

The editors acknowledge a degree of overlap between chapters, although this is appropriate and allows the book to be used effectively for reference purposes. The introductory chapter provides a useful summary to the contents of the remainder, and there is extensive cross-referencing.

Unfortunately, as with many texts that attempt to provide a comprehensive guide to contemporary thought in a rapidly evolving world, this one was probably out of date before it was published. A notable omission is the lack of reference to the National Service Framework for Mental Health (Department of Health, 1999).

Critics will realise that the book has been principally written by strong proponents of the 'evidence-based' movement. However, individual authors have provided well-balanced arguments allowing readers to make their own decisions about the