

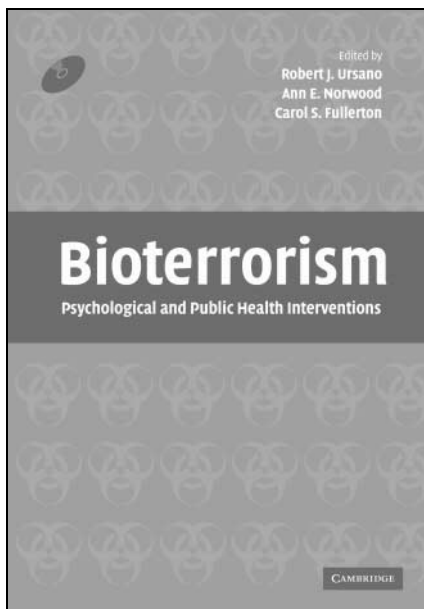
fairly short book, the price can only be described as bizarre; a cheaper paperback version must surely follow.

Among the byways of psychiatric history, the contribution of August Wimmer (1872–1937) in Copenhagen must surely be one of the least frequented. His major writing on psychogenic psychoses was never translated from Danish into any other language, but this has now been done by Johan Schioldann, a Danish psychiatrist settled in Australia. A characteristically learned introduction by German Berrios sets this newly discovered work in its wider context.

Hugh Freeman Honorary Visiting Fellow, Green College, 43 Woodstock Road, Oxford OX2 6HG, UK

Bioterrorism: Psychological and Public Health Interventions

Edited by Robert J. Ursano, Ann E. Norwood & Carol S. Fullerton. Cambridge: Cambridge University Press. 2004. 376 pp. £70.00 (hb). ISBN 0521814723



This publication is a collaborative endeavour by international authors with expertise that can guide planned responses to terrorism, in particular bioterrorism. Ursano (2002) has listed the goals of terrorism as: erosion of national security; disruption of

the continuity of society; and destruction of social capital. The contributors to this book are keen to show that these invisible threats to our present-day society can, to some degree, be mastered – inchoate anxiety perhaps need not rule.

The book offers interesting, albeit depressing, historical perspectives on the impact of war and conflict on civilians. It discusses planning by the British government in the 1920s for coping with the dead and wounded should London be bombed in future conflicts. The role of US civil defence personnel – perhaps in training people not to panic – is described in detail in relation to America's fear of atomic bombs. This included well-publicised rehearsals of actions to take, even if they would ultimately have little effect on survival chances. Another chapter covers what might be learned from the public health impact of the 1918 influenza pandemic.

It is acknowledged that terrorism is a potent precipitant of psychiatric illness. For example, rates of post-traumatic stress disorder went up by 173% in lower Manhattan following the terrorist attack on the World Trade Center in 2001, and it was reported that 35% of Oklahoma residents had psychological problems following the attack there in 1996. Forty-three per cent of those attending hospitals following the Scud missile attacks on Israel were psychological casualties.

Much has been learned of the impact of disasters on public mental health. There is less specific knowledge in relation to bioterrorism, although responses are likely to be similar, whatever the cause of the disaster. The experts indicate that human responses are to a large extent predictable: many more people presented with symptoms they believed to be related to anthrax exposure following the World Trade Center attack than were infected, and some people are particularly vulnerable to such perceived threats. Those previously exposed to trauma may be at heightened risk. The authors are agreed that services should have plans for dealing with the mental health consequences of exposure (or threat of exposure) to biological agents just as they do for dealing with the physical consequences. Information should be provided by respected sources, communicated clearly. Rather than focusing on censorship, the provision of evidence-based guidelines for responsible reporting is recommended (a parallel with suicide reporting and prevention).

The need for bioterrorism to be included in local and national disaster planning efforts seems self-evident. This book provides some interesting and readable papers that should help guide those charged with developing such plans.

Ursano, R. J. (2002) *Terrorism and Public Health* (Presentation to the Institute of Medicine). Washington, DC: National Academies of Science.

Anna Higgitt Consultant Psychiatrist, St Charles Hospital, Exmoor Street, London W10 6DZ, UK, and Senior Policy Advisor, Department of Health. The views represented here are personal and should not be taken as necessarily indicative of national policy

The Large Group Re-Visited: The Herd, Primal Horde, Crowds and Masses

By Stanley Schneider & Haim Weinberg. London: Jessica Kingsley. 2003. 240 pp. US\$34.95 (pb). ISBN 1 8431 097 5

This is number 25 in the International Library of Group Analysis. The two Israeli editors have gathered 15 contributors from 7 countries. The book's title refers to the seminal book *The Large Group*, edited by Lionel Kreeger in 1975. I am reviewing this book for the non-specialist psychiatrist interested in what may be useful in clinical practice. I might have written a different review for psychoanalytically oriented readers.

Three of the 13 chapters relate to work in clinical settings. Lipgar provides a riveting account of his attempt to create a regular ward-meeting in the most awful imaginable type of back ward that characterised the gigantic American state hospitals in the 1960s, and still exist no doubt in parts of the world. Closer to home, Berke gives examples of projective processes at the Arbour's Crisis Centre in London, which do not presume psychoanalytic knowledge. In the third, Tasher describes a German in-patient psychotherapy clinic that has regular large-group meetings but unfortunately I found the writing insufficiently clear to understand fully what was being described.

Two chapters, although not directly clinical, I found very helpful in thinking

about the difficult (verging on the impossible) task of leading or facilitating unstructured large-group discussions. In the first, Wilke is most enlightening in his argument that the reputation that unstructured large groups have for being negative experiences for participants has a lot to do with the approach of the conductor. To quote, 'The conductor's perspective of the large group process as primarily pathological, or as a balance of destructive and creative forces, will significantly shape the experience of the process for the members'. The other, by Island, presents the work of a collective of large-group facilitators in the context of Norway's group-analytic training course. It is the only chapter that does not explicitly or implicitly see the conductor as a brave, beleaguered lone voice (or sometimes a paired voice) in the large group. It makes sense that, in something as large as a group of 30 to 100 people, a team approach is more likely to capture what is going on, and this chapter offers useful pointers. It is

odd that there are no contributions direct from therapeutic communities, where such a team approach is the norm.

Of the rest, the best chapter is by Kernberg. To start with he gives the best account I have read (and there are quite a few around) of Bion's famous basic assumptions of group functioning. The core of the chapter is on the collective regression in society as a whole that leads to fundamentalist ideologies, which can be narcissistic or paranoid, and to the group processes that underwrite terrorism. This is compelling and highly topical writing by one of the finest analytic clinical thinkers around.

The remaining chapters range from the interesting, for example, on the differences between large groups in different political climates and on comparisons between being in a large group and belonging to an e-mail discussion group, through to the impenetrable and bizarre. I avoid names here.

Overall, I found this is a very uneven book (as you will have gathered), though

impressively international. It shows rather little evidence of having been edited, so the good guys shine, but the ones who needed a reminder that there is an audience out there wanting to understand appeared to get little guidance. I would certainly recommend it to anyone involved in trying to lead/manage/facilitate a large group because there are enough good chapters and because there is precious else available – but only if you already have the book that this volume 're-visits', Kreeger's *The Large Group*.

Kreeger, L. C. (ed.) (1975) *The Large Group. Dynamics and Therapy*. Edinburgh: Constable.

David Kennard Consultant Clinical Psychologist/
Group Analyst, The Retreat (107 Heslington Road,
York YO10 5BN, UK) and Chair, International Society
for the Psychological Treatments of the
Schizophrenias and other Psychoses