

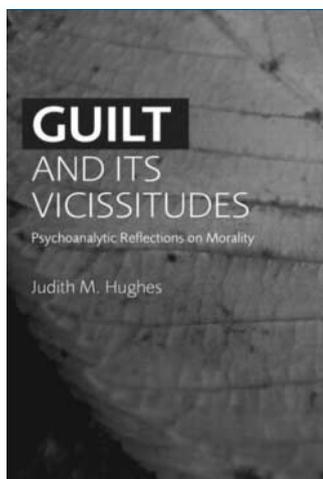
DuBois adopts a modified version of the 'four principles' approach: 'the four principles humanised' (for instance, beneficence becomes 'respect for persons as finite and in need of goods' (p. 32)). To these he adds a fifth principle of 'relationality'. This principle, he says, 'reminds us that in order to flourish, actions must respect the relationships that an individual is in or should be in' (p. 34). This permits (and encourages) respect for cultural and other differences. Fortunately, DuBois is not vague as a result – when discussing his numerous case studies, he reaches firm conclusions and is unafraid to state that pursuing one option over another would be wrong, even in some quite controversial areas. His views are clearly reasoned and justified, a model of how to write for a non-philosophical audience without losing philosophical rigour.

Coverage is comprehensive. The variety of the case studies allows the author to skilfully weave most of the important issues into the second part of the book. The referencing is thorough and DuBois supports his philosophical views with evidence (unsurprising, given that he adopts the 'stakeholders, facts, norms and options' analysis approach to cases).

This is a book all new clinical researchers should buy (not just those working in mental health).

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Guilt and its Vicissitudes: Psychoanalytic Reflections on Morality

By Judith M. Hughes.
Routledge. 2008.
US \$35.95 (pb). 160pp.
ISBN 9780415435987

This book offers a description of Freud's account of moral development and later Kleinian reflections on guilt. The author describes Freud's writings on the super-ego and its function as an internal censor, and how he considered guilt as a universal phenomenon arising, perhaps, from universal taboos. For Freud, ambivalence was 'a source of conscience'; and the author describes how ambivalence has its roots in group psychology, and the conflicted feelings that the infant has for the mother. She concludes that the super-ego, in Freud's account, has 'hate at its core', and that learning to tolerate the conflict of love and hate in each one of us is the medium of psychological growth and maturation.

The book is extremely well-written by a professor of history and psychiatry. It has a wealth of examples and excerpts of material which add a clinical and personal quality to the text.

There is no doubt that the writer is a superior academic writing thoughtfully and with assurance about their subject: guilt from a psychoanalytic perspective.

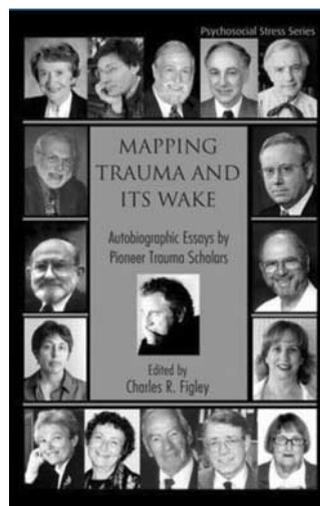
My difficulty is that I came away knowing something of what Freud said about guilt, but not much about the experience of the guilty. Only one single theoretical exegesis (i.e. psychoanalysis) was on offer. But guilt, as one of the moral emotions, has been studied and discussed in great depth since Freud and later analysts were writing; does it not make sense to relate the analytic vision to later or different accounts? How, for example, might the Freudian account of guilt relate to later accounts of the development of moral thinking by Piaget, Kohlberg and Gilligan? How does Freud's account of taboos fit with cross-cultural work about violators of group rules? What is the relationship between conscious guilt and unconscious guilt?

This last issue is important because, as a moral emotion, guilt has elements of internal and external reality. Arguably, guilt arises in relation to an internal discourse which begins, 'I should have not done that' or 'Others will say that I should have not done that'. It is part of the discourse of 'ought' and 'should' that marks an ethical, not a factual, discourse: it is oriented in a social matrix.

Hence, what I missed in this book was any other accounts of guilt to compare Freud's with: I wanted to compare it with contemporary philosophical, theological and psychological accounts. It was difficult not to feel that this was a book written by an analyst (as Yeatman and Sellars might have said), 'for other analysts who will understand'. This may indeed be of some analytic interest (no pun intended; actually, who am I kidding? some pun intended), but I am not sure it helps me, as a busy clinician, to understand the problems of guilt as it is lived out by the guilty.

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Mapping Trauma and its Wake: Autobiographical Essays by Pioneer Trauma Scholars

Edited by Charles R. Figley.
Routledge. 2006. 272pp.
£31.50 (hbk).
ISBN 9780415951401

Using a very simple method, Charles Figley has produced a fascinating book. He has collected autobiographical essays by 17 pioneer trauma scholars (himself included) and, in so doing, has produced a book which very richly describes the evolution of modern psychotraumatology.

Each author was asked to answer four questions about the events that led to their interest in trauma, their greatest achievements in the field, the people who most influenced them and their

hopes for future research. The contributors are past winners of lifetime achievements or pioneer awards from the International Society for Traumatic Stress Studies and many have themselves been presidents of the Society.

Several of the contributors are Jewish whose relatives perished during the Holocaust. Henry Krystal is himself a survivor of Auschwitz. Others found their way into the trauma field by getting involved in treating Second World War or Vietnam veterans. The editor is himself a Vietnam veteran. Some of the non-American contributors (Van der Kolk and Weisaeth) grew up in Europe during the German occupation, yet others appear to have entered the field of trauma by chance.

Many terms now in everyday psychiatric language were coined by these pioneers (e.g. rape trauma syndrome (Burgess), conspiracy of silence and multigenerational transmission of trauma (Danielli), compassion fatigue (Figley), complex post-traumatic stress disorder (PTSD) (Herman), psychic numbing (Lifton) and disorders of extreme stress not otherwise specified (Van der Kolk)). Apart from the development of these concepts so familiar to us now, these individuals have made other huge contributions to the field. Herman and Van der Kolk showed that those with borderline personality disorder were, in over 80% of cases, victims of childhood sexual abuse. It was Horowitz who first developed the Impact of Events Scale. Ochberg first described the Stockholm syndrome although he did not coin the term. Kolb and Van der Kolk have made major contributions to our understanding of the physiology associated with the long-term effects of trauma. It was Lifton who wrote so eloquently about the Nazi

doctors, stating that, in his view, no individual is inherently evil, murderous or genocidal, but under certain conditions virtually anyone is capable of becoming all of these things.

There are a number of common themes running through most of the chapters including the importance of working collaboratively with others, both in research and clinically. The need for mental health professionals in general, and those working in the trauma field in particular, to take an active part in socio-political matters is emphasised. Several of the authors suggest that PTSD is the first psychiatric disorder which can be prevented as the population at risk is often known and, when a trauma has occurred, high-risk cases can be identified early. Although we have some knowledge of possible beneficial early interventions, much more research is needed in this area. Friedman, perhaps simplistically, states that all we have to do is stop war, rape, genocide, child abuse, interpersonal violence and the perpetuation of other human-made traumatic events.

Overall, this book provides a historical account of developments in the field of traumatology during the latter half of the 20th century, which clinicians and researchers would enjoy. It provides a good overview of much of the research in the field and gives pointers to where future research should focus.

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