

## Book Reviews

### **Understanding Post-Traumatic Stress: A Psychosocial Perspective on PTSD and Treatment**

Stephen Joseph, Ruth Williams and William Yule

Chichester, UK: Wiley, 1997. pp. 187. £60.32 (hardback), £33.50 (paperback).

Considering the range of theoretical models on psychological disorders, it is refreshing to read a book that aims to integrate the literature. *Understanding post-traumatic stress* provides a wide-ranging review of PTSD and makes a brave attempt to bring together many diverse perspectives. From the beginning, a major strength of the book is clear. It does not take the notion of PTSD for granted. Although most readers will already be acquainted with PTSD, it proves important to unpack the concept. How do the symptoms vary over the course of the disorder? How do they relate to the nature of the trauma? How can we account for the high rates of comorbidity and range of emotions involved in PTSD? In order to illustrate these and many other issues, case studies and evidence are provided throughout, including the authors' own work with survivors of the Jupiter and the Herald of Free Enterprise. The book places strong emphasis on the practicalities of dealing with trauma victims, and reviews the assessment tools, crisis intervention studies, psychological therapies and long term support strategies.

In the theoretical section of the book, the most influential approaches relevant to PTSD are explained and critiqued, including Rachman's emotional processing, Horowitz's theory, and Foa's fear network theory. One gets the impression that many of the right ingredients are here, but there is limited space to do each of them full justice, and to discover the vital strands that link them together. Consequently, the "integrative" model appears eclectic rather than integrated. They particularly highlight the importance of appraisal of the traumatic event in determining the individual's response, and see as key maintenance factors the lack of emotional processing of automatic recollections of the event and ruminations about the trauma. The kinds of appraisals, personality factors and social environment that affect PTSD are fully explored in a separate chapter. In particular, internal and controllable attributions for traumatic events appear to lead to more severe symptoms. Also, the nature of the adaptive coping response appears to depend on the situation; emotional coping may reduce distress where little control of the environment is possible, whereas problem-focused coping may reduce distress where the individual has effective control.

Unfortunately, the description of the psychosocial model in the book is rather limited. The model itself merges with the review, making it difficult to pinpoint its unique predictions and it is not clear how the model is specifically supported by empirical evidence or through the efficacy of the different treatments reviewed. Also, it is a shame that issues such as the existence of "nonconscious" processes in PTSD are not considered in sufficient detail to fully explore them, and other areas that would seem vital to a complete psychosocial theory of PTSD, such as the role of attachment style and the principles of cognitive therapy for anxiety disorders, are given little mention. Nevertheless, the authors have developed a prom-

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ising working model of the psychosocial factors in PTSD, which could be elaborated at a later date.

*Understanding post-traumatic stress* provides a good review of the classification, assessment, theory and treatment of PTSD, including a wealth of evidence and many interesting examples. While not producing a fully integrated model of PTSD, it does adopt a broad perspective and gives an honest, informative view of a perplexing disorder, raising many important questions for future research and treatment.

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### **Cognitive Therapy in Groups: Guidelines and Resources for Practice**

Michael L. Free. Chichester, UK: Wiley, 1999. pp. 224. £18.99 (paperback).

The main purpose of this text is to provide a manual for therapists planning to lead cognitive therapy groups. The text is not aimed at any specific clientele, but provides a general format for use with individuals experiencing any kind of emotional difficulty. The first two chapters provide a good summary of the background literature on cognitive therapy, introducing the reader to the main points. In these chapters, the author identifies three main goals of cognitive therapy: (1) to modify more stable, underlying cognitive patterns; (2) to alter the conscious thought process; and (3) to effect changes specifically in negative patterns of thinking by helping the individual identify the illogical and unrealistic basis of their thoughts. The results of an outcome study (the author's) are provided in Chapter 3 to allow the reader to judge the effectiveness of this therapeutic intervention.

The rest of the text (pp. 32–191) provides a workbook for the instructor, including structured plans for each week of therapy, notes about educational lectures, and a number of excellent appendices intended for use as teaching handouts or overheads. The chapters are set up in a clear and organized format (week by week), with summaries and key points for each week and goals for individual lessons. In addition, the author provides a paragraph outlining problems that might occur in each session and a description of how best to resolve them. Overall, the manual provides an excellent, goal-directed and structured program for leading groups with cognitive therapy. A useful addition might have been a chapter providing more detailed information about group therapy processes as background for the beginning instructor.

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