

Book Reviews

Coping with Trauma: A Guide to Self-Understanding

Jon G. Allen. Washington, DC: American Psychiatric Press, 1999. pp. 385. £18.50 (hardback), £11.95 (paperback).

Jon Allen's much needed guide provides a comprehensive summary of current professional knowledge about the whole field of trauma. The book is well structured, allowing those who have specific needs and interests to pick and choose accordingly, though the formulation works well in sequence. The initial section provides the biological and developmental foundations for the far-reaching effects of trauma. At this stage the biology of trauma is not covered in overwhelming and unnecessary detail; the author simply highlights the most interesting and relevant points. Furthermore, he uses the concept of adaptation not only to normalize the effects of trauma but also as an aid for self acceptance. He discusses biology more extensively, though still very readably, in the appendix.

The second section looks at the effects of trauma: chapters cover attachment, emotion, consciousness, memory, self and relationships. He sees attachment theory as being the most useful for understanding the effects of trauma. Attachment provides safety: trauma undermines attachment. The more solid our foundations in secure attachment, the more likely we are to be resilient to disruptions, but the more trauma directly affects attachment, as in child abuse, the more profound the effect on our life, and our development. During these chapters, the key concepts of self-acceptance and self-understanding are continually readdressed with insight and sensitivity. The issues raised during these chapters, including difficult and controversial topics, such as the recovered memory debate, are described in an eloquent and thought-provoking manner, whilst synthesizing complex research findings and regularly presenting case examples.

Allen goes on to describe the many trauma related psychiatric disorders, including comprehensive chapters on PTSD and dissociative disorders. The final section covers treatment. As attachment theory is seen to be the most helpful theory for understanding trauma, a cornerstone of all treatment is seen to be the re-establishment of a sense of secure attachment. The chapters covering treatment approaches and self-regulation are especially empathic, dealing with the pitfalls and obstacles that the trauma survivor may come up against as much as the different methods available.

In summary, this is a refreshingly approachable and succinct guide for all those involved in coping with trauma, though I felt it would be particularly useful for survivors of sexual, physical and emotional abuse. Being in the position of both working with traumatized individuals and being a trauma survivor myself, I feel justified in claiming that it provides valuable emotional and intellectual insight for mental health professionals and trauma survivors alike. Unfortunately for some survivors of trauma, its 350-page length may feel like an unsurmountable task; however, the effort is well

worth it. Not only does Allen touch on how it feels to be coping with trauma, he also offers a great deal of hope, empowerment and empathy to his readers.

JESSICA BOLTON

Department of Psychiatry, University of Oxford

Scientific Foundations of Cognitive Theory and Therapy of Depression

David A. Clark and Aaron T. Beck with Brad A. Alford. New York: Wiley Press, 1999. pp. 494. \$57.50 (hardback).

The title of this book is very accurate: this book deals exclusively with the development of the cognitive theory of depression and relevant empirical data. Therefore, this is not a book for clinicians expecting developments in cognitive therapy for depression, seeking further elaborations of therapeutic techniques, or seeking insight into the wider field of depression. The book is extremely thorough and detailed, working exhaustively through the research into the cognitive model of depression. One advantage of this approach is that no research relevant to the cognitive theory of depression seems to have been omitted. Furthermore, the authors provide valuable critiques of the various methodologies and designs concerning research into the cognitive theory of depression, indicating the limitations of existing research. On the other hand, this level of detail results in a text that lacks the smooth easy-to-read quality of previous books by Professor Beck.

The book starts with a review of depression, examining the core symptoms and diagnostic criteria, with useful discussions of the heterogeneity of depression, of the dimensional versus categorical perspectives on depression and of the recurring nature of the disorder. The origins of cognitive theory and therapy are then reviewed in an interesting chapter detailing how Beck's approach shifted from the psychoanalytic to the cognitive as the result of both clinical experience and experimentation. The next chapter reviews the assumptions necessary to elucidate the cognitive theory. Many of these assumptions are important in cognitive psychology, for example the proposition that "cognitive functioning consists of a continuous interaction between lower-order, stimulus-driven processes and higher-order semantic processes". Central to this chapter and much of the structure of the book is a concern with establishing the cognitive model as a valid scientific theory, rather than just a clinical theory as suggested by Teasdale and Barnard (1993), which is too imprecise and vague (Coyne & Gotlib, 1986; Williams, Watts, MacLeod, & Matthews, 1997) for experimental test.

The next chapter provides a detailed outline of the present cognitive theory of depression, replete with various types of schemas and modes. The current model now consists of cognitive-conceptual schemas, affective schemas, physiological schemas, behavioural schemas and motivational schemas, which combine together in interrelated clusters to form specific modes. Beck now distinguishes between two main types of modes; primal models that deal with evolutionary derived needs and constructive modes that are acquired through life experiences. However, to this reader, the various types of schemas seemed a little redundant since emotion research suggests that emotion can be viewed as a combination of conceptual meanings, behavioural tendencies and physiological changes, with a motivational function.

The remaining chapters outline the descriptive and vulnerability hypotheses of the cognitive model of depression, and then in turn review the evidence for these hypotheses. For example, these chapters provide an extensive review of data relevant to the presence of negative thinking in depression (the negativity hypothesis), the distinct cognitive profile unique to depression (content-specificity hypothesis), the influence of cognitions on behaviour and affect (the primary hypothesis), and evidence for selective-processing in depression. Further chapters review evidence that there are latent cognitive structures in depression only activated by priming stimuli (the stability hypothesis) and that the onset and recurrence of depression will depend upon events matching with negative self-referent modes (onset and recurrence hypotheses). These chapters provide a clear distillation of the cognitive model and an excellent summary of current research.

My main reservation about the book is that it is too retrospective. The main focus is on reviewing how well the cognitive model has matched the empirical data gathered over the years, rather than refining the theory or developing new treatments as, for example, Teasdale and Barnard (1993) have done. This is particularly disappointing since there are some new ideas within the book that are interesting and would benefit from further elaboration, in particular those hypotheses developed around the idea of a primal loss mode. For example, the authors predict that depression in sociotropic individuals will be associated with symptoms of deprivation and be responsive to interpersonal and emotionally engaging treatments, whilst depression in autonomic individuals will be associated with symptoms of defeat and be more responsive to problem-solving interventions.

In all, this is an extremely thorough review of the literature on cognition and depression. Anyone interested in research in this field would find it a valuable reference tool.

ED WATKINS

Institute of Psychiatry, London

References

- TEASDALE, J. D., & BARNARD, P. J. (1993). *Affect, cognition, and change: Re-modelling depressive thought*. Hove, U.K.: Lawrence Erlbaum Associates.
- COYNE, J. C., & GOTLIB, I. (1986). Studying the role of cognition in depression: Well-trodden paths and cul-de-sacs. *Cognitive Therapy and Research*, 10, 695–705.
- WILLIAMS, J. M. G., WATTS, F. N., MACLEOD, C., & MATTHEWS, A. (1997). *Cognitive psychology and emotional disorders* (2nd ed.). Chichester: John Wiley and Sons.