

## Book Reviews

### **A Guide to Treatments That Work (2nd ed.)**

Peter E. Nathan and Jack M. Gorman (Eds.)

Oxford, UK: Oxford University Press, 2002. pp.681. £65.00 (hardback). ISBN: 0–19–514072–9.

DOI: 10.1017/S135246580321211X

The first edition of this book deservedly won the Best Psychology Book award from the Association of American Publishers/Professional and Scholarly Publishing Division. The sleeve describes the book as an indispensable reference for all mental health practitioners and this is the case. The second edition provides updated chapters on which treatments work across the full range of psychiatric disorders including ADHD, substance use, schizophrenia, depression, anxiety disorders, somatoform disorders, sexual dysfunctions, sleep disorders, eating disorders and personality disorders.

Strengths of the book include the consistent and explicit standards by which authors judge the methodological adequacy of the outcome studies, the high calibre of the authors who are undoubtedly world experts in their field and represent psychology and psychiatry, and the excellent Summary Table at the start of the book. Not only does the book describe what works, but it also describes what does not and what is unknown. Having this information in one single volume enables comparison across disorders, as well as across the psychology/psychiatry boundaries.

Every library should have this book, and every clinician and researcher interested in evidence-based practice should be familiar with it. It cannot be recommended too highly.

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### **Excessive Appetites: A Psychological View of the Addictions (2nd ed.)**

Jim Orford

Chichester: Wiley, 2001. pp. 406. £19.96 (paperback). ISBN 0–471–98231–8.

DOI: 10.1017/S1352465803222116

This book is the second edition of a seminal text on addictive behaviour, first published in 1985. The original book provided an important attempt to derive a common conceptual framework for all addictions, which incorporated psychological ideas to develop a more complex model of addiction than simplistic disease or sociological models of addiction. Furthermore, the original book was an impressive compendium of data in the field, acting as a useful reference work for anyone interested in addictions. The second edition maintains the high standards of the original work, whilst being comprehensively updated with new findings.

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The core argument of the original book is retained – that there is a range of appetitive activities that can become excessive, and that it is more useful in addictions to look at the set of psychological processes that can influence this development, rather than focus on “drugs” or “substances”. The book begins with thorough reviews of a range of excessive appetites (drug taking, gambling, eating/exercising, drinking, sexual activity), providing detailed descriptions of these behaviours, their incidence and their sociodemographic distribution. Furthermore, these chapters are spiced with first hand accounts from the relevant client groups. Later chapters review a range of psychological processes that could be involved in the development and maintenance of addictions, e.g. personal motivations in inclination to start, the role of beliefs and failed restraint in exacerbating addiction, the role of learning and reinforcement in developing a strong appetite for the respective activity and the role of conflict in maintaining or reducing addiction. Throughout these sections, Orford stresses the importance of a longitudinal perspective in understanding addiction and the role of multiple interacting determinants.

The book provides a clear and comprehensive discussion of issues relevant to addiction. However, this book is probably most directly useful for people with a theoretical interest in addiction or who want to develop their conceptual framework for approaching addiction. Whilst there is much information that is relevant to the therapist, in terms of behaviours and beliefs in addictions, there is little in this book that directly discusses treatment interventions or implications. Thus, whilst this book develops a theoretical argument that everyone in addictions would benefit from considering, it may be less useful for the busy clinician except as a wonderfully comprehensive reference book.

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### **Handbook of Counselling and Psychotherapy**

C. Feltham and I. Horton (Eds.)

London: Sage Publications, 2000. pp.777. £26.99 (paperback). ISBN: 0-7619-5687-5.

DOI: 10.1017/S1352465803232112

This multi-authored text provides an overview of counselling and psychotherapy today, covering a broad sweep of approaches, conditions, perspectives, professional debates and presenting problems. It is divided into nine parts that address the above issues, with 115 short chapters, using 79 authors. It is primarily intended as textbook for students on counselling and psychotherapy training courses, as well as a resource for professionals. It is largely British in origin, although aims to be more widely applicable. A number of key resources and documents are included, such as names and addresses of accrediting bodies, advocacy organizations and voluntary groups.

Given the enormous range, the scope of coverage of any one issue is inevitably limited, so whole swathes of research and clinical evidence or debate are summarized in one or two lines, which will leave most experienced practitioners or researchers feeling a bit frustrated. This is, however, probably appropriate for its intended audience, and what is written is largely sensible and helpful. The coverage of research issues and contextual issues,

for example, is competent and interesting. I would be happy to recommend the text to students, and to those who wanted to gain a good albeit brief overview of much that is known about counselling and psychotherapy today. In addition, I may well use some chapters as a good introduction to topics that are often only covered tangentially on courses that concentrate on therapy models, such as practice self-monitoring, telephone counselling, conflict in organizations and the impact of religion. University libraries with many undergraduates may wish to purchase this text, although I am not sure that it is detailed enough for postgraduate students or practitioners to purchase for their own use. It is worth dipping into, for an interesting and broad ranging introduction.

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### **The Relaxation Therapy Manual**

Christine Heron

Oxon, UK: Winslow Press Limited, 1996. pp.107. £35.00 (spiral). ISBN: 0-86388-159-9.

DOI: 10.1017/S1352465803242119

Relaxation is an integral component of cognitive behavioural therapy for a wide range of psychological disorders. Given the central role it plays in the therapeutic process, the necessity to equip therapists with the skills and knowledge on *how* to deliver a *good* relaxation therapy has become indisputable. As a qualified social worker and yoga teacher, Heron has compiled this practical manual based on her extensive experience in relaxation training. *The relaxation therapy manual* aims to enable helping professionals who possess basic therapeutic skills to run individual relaxation sessions, or small classes, in a proficient and systematic manner.

This manual is structured into four parts. The first two chapters of Part 1 provide some background information on relaxation. As these two introductory chapters are intended for people without a cognitive-behavioural background, readers who have a good grip of the theoretical rationale for relaxation therapy can jump to chapters 3 and 4 where practical information (e.g. lighting, noise-control, room temperature, atmosphere, trainer's voice) related to the actual delivery of a relaxation session are covered in greater detail. Part 2 begins with familiarizing readers with the "correct" posture for relaxation. Having had the basics reviewed, the remainder of Part 2 goes on to provide a detailed account of a few widely favoured relaxation techniques. The techniques covered include conventional ones for the body, e.g. progressive relaxation and relaxed breathing, as well as some fashionable ones for the mind, e.g. visualization and meditation. Part 3 is a short section devoted to offering some handy solutions to common problems encountered in a relaxation training session. Practicalities that concern handling different client groups are also discussed. Finally, in Part 4, readers will find all the materials they need to run an 8-session, 2 hours per week relaxation course. Each session is thoroughly and clearly laid out and a variety of class exercises are incorporated. Interestingly, some of them are quite didactic in nature, such as going through

handouts and group discussion. Participants are expected not only to learn the techniques for relaxation but also to possess a theoretical understanding of the skills they should have acquired by the time they finish all eight sessions.

Overall, this is a user-friendly manual. The clever use of non-technical language and summary boxes wherever appropriate facilitates the reader to absorb information quickly. The ready-made session plans and the photocopyable handouts are also appealing. I would recommend *The relaxation therapy manual* to frontline health care professionals as a handy sourcebook.

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### **Creating Moments of Joy for the People with Alzheimer's or Dementia**

Jolene A. Brackley

Indiana: Purdue University Press, 2000. pp.187. £13.50 (paperback). ISBN: 1-5575-3212-5.

DOI: 10.1017/S1352465803252115

*Creating moments of joy* offers a unique and personal perspective on how carers and/or families of a person with Alzheimer's can help enrich both their loved one's and their own lives together. Jolene Brackley draws on her extensive experience as a director of special care Alzheimer's units in America to create a very amenable collection of day-to-day activities and coping strategies that can be used to enhance the lives of patients with Alzheimer's and their families.

Written in a series of short chapters, each chapter is further broken down into daily challenges that a person with Alzheimer's and their carers and families face, from washing and dressing to communicating and reasoning. For each simple activity there is a short example of how such strategies have worked, and a section for the reader to write their own notes and ideas.

In all respects this is a wonderful book to recommend to anyone who cares for or lives with a person with Alzheimer's or dementia. It presents a very positive, yet realistic, approach that helps the reader think of new ways to overcome daily challenges or have fun together. Whilst helping the carer to understand that whilst there are many things that a person with Alzheimer's or dementia may no longer be able to do, it also provides coping strategies that could be used to make such losses difficult. One of the greatest strengths of *Creating moments of joy* is its ability to never lose sight of the individual and to look positively at what can be a very difficult illness for both sufferer and carer to deal with. Perhaps the only drawback of the book is its distinct American style and tone. However, providing the reader can get past the "trans-Atlantic" feel of the book, it could be used very successfully as a tool to help support families caring for a person with Alzheimer's.

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**Self-Injury: Psychotherapy with People who Engage in Self-inflicted Violence**

Robin E. Connors

Northvale, New Jersey: Jason Aronson, 2000. pp. 418. £42.50 (hardback). ISBN: 0-7657-0264-9.

DOI: 10.1017/S1352465803262111

This book is aimed at helping professionals who work with adults (without learning disabilities) who engage in superficial deliberate self-injury, “and who are, in varying degrees, responsive to psychotherapy” (p.20). Connors obviously respects and cares about people who engage in self-injury, and she stirs the reader to share this respect and compassion.

The book is in three parts. In the first, Connors provides a brief review of self-injury in the psychiatric literature, and reports a few studies of prevalence. She offers definitions, and distinguishes self-injury from suicidality. She describes different forms of self-injury, and mentions variations in terms of the degree of dissociation; the presence or absence of sexualization; and the amount of planning or impulsivity.

Connors also discusses the different functions of self-injury, emphasizing that the therapist must seek to understand the purpose for each client. (A useful checklist on function is provided in an appendix). Connors reminds us that we should focus on the *person* who self-injures rather than on the self-injury, stating that therapists make a mistake if “extinguishing behavior becomes more important than healing core issues” (p.30).

In terms of “core issues”, Connors concludes that “there appears to be a working consensus that one or more childhood trauma and loss experiences generally exist in the histories of people who self-injure” (p.39). She acknowledges that some studies have not found a correlation between self-injury and trauma. However, in the remainder of the book she assumes that people who self-injure have either experienced some form of trauma, or else have lived in an “invalidating environment”. In Connors’ view, such experiences can lead to “a fundamental sense of disconnection from self and others, overstimulation, and disrupted boundaries . . . Self-injury is a coping mechanism employed to maintain self-integrity” (pp.45–46).

Connors believes that there are four primary functions of self-injury: “the reenactment of the original trauma, the expression of feelings and needs, a way to organize self and regain homeostasis, and the management and maintenance of dissociative process” (p.47). This book may be less helpful for people who do not fit into these categories.

Some readers will be unconvinced by Connors’ examples of the fourth category (e.g. clients using self-injury in order to prevent switching to another part of themselves, or to facilitate a shift, or to communicate between two personalities). Others might be put off by her discussion of “energy medicine” and her claim that “posttraumatic healing involves opening the blocked channels of energy” (p.86). She states that these channels can be opened spontaneously; or as a result of specific healing efforts designed to open energy lines or balance energy flow (e.g. acupuncture, thought-field therapy, flower essences, meditation, Reiki); or through other forms of trauma work not focusing on the energy lines (e.g. talk-orientated therapy, chiropractic adjustment, an abreactive experience, prayer, cognitive reframing, massage, EMDR . . . anger work, or art therapy) (p.87). Connors continues by stating that “Many methods are effective” (p.87). She appears to accept a large variety of methods, although she acknowledges that many have not yet been subject to scrutiny.

Although much of her focus is on assisting recovery from trauma, she does not report outcome studies on the treatment of post-traumatic stress reactions. The lack of any outcome data throughout the book is one of its main limitations.

Part 2 is entitled “Responding to people who self-injure”. Connors believes that reducing self-injury should only become a goal in therapy when it is in the client’s own aim. This is a challenge to those who tend to be more proactive, working on increasing motivation for change. Connors discusses “unhelpful approaches”, including labelling self-injury as “manipulative behaviour”; hospitalizing solely due to (non-life threatening) self-injury; and setting up a contract whereby the client promises not to self-injure while in therapy. Throughout the book, Connors challenges us to examine the reasons for what we do, and work on a case-by-case basis, rather than taking a black-and-white approach to issues such as self-disclosure, touch and boundaries.

Despite Connors’ acceptance of some unconventional therapies, her basic approach is well-grounded. She discusses the importance of careful listening and utilizing a collaborative approach. She outlines the importance of identifying patterns of self-injury, including seasonal patterns, and recommends the use of her own workbook in this regard (Trautman & Connors, 1994). Having studied patterns, triggers can be identified and alternatives found. Connors provides a useful list of alternatives to self-injury. She advocates problem-solving, and perhaps encouraging the client to make a contract “with himself/herself”. Treatment may include helping clients to get their needs met in direct, effective, healthy ways. She refers to skill-building and helping clients tolerate adverse mood-states, although she provides little detail on the latter. Connors also discusses assessing and managing the level of harm. She addresses issues such as helping clients to tell other people about their self-injury.

Having discussed the self-injury itself, Connors returns to her theme of the need to “complete the self-boundary”. She uses the language of object relations, but observes that clinicians of other persuasions could also use this approach. This is followed by a chapter on dealing with the trauma, which combines basic information about managing intrusive imagery and affect, and processing and integrating traumatic events, with a discussion of pharmacotherapy, EMDR, energy-based approaches, and spirituality. This chapter also includes a section on addressing the needs of family members.

Part 3 is on “Managing our own response to self-injury”. Connors states that many clinicians have feelings of inadequacy when working with patients who self-injure, or feel anxious about issues of liability. She reports that some clinicians may deal with their own sense of helplessness by attempting to control the client. Connors raises issues related to power and policies. She reports an interesting case-study regarding potential self-injury during a therapy session. She also provides a chapter on self-care for the therapist.

I have deliberately included quotations from the book in this review. If they make you wince, this book is probably not for you. If you are looking for a manual detailing a step-by-step intervention for treating self-injury, you should look elsewhere. But if you are interested in thinking about self-injury from a different perspective, and considering ethical issues, this book is worth reading, even though you might not agree with everything written in it.

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*Reference*

TRAUTMANN, K., & CONNORS, R. (1994). *Understanding self-injury: A workbook for adults*. Pittsburgh: Pittsburgh Action Against Rape.

**Depression in Context: Strategies for Guided Action**

Christopher R. Martell, Michael E. Addis and N. S. Jacobson  
New York: Norton, 2001. pp.223. £25.00 (hardback). ISBN: 0-393-70350-9.  
DOI: 10.1017/S1352465803272118

This book provides an in-depth description of the theoretical and practical aspects of Behavioural Activation (BA), a behavioural approach to treating depression. Anyone who has been intrigued by the important findings of Jacobson, Dobson and colleagues that the behavioural component of cognitive therapy (i.e. activating people, increasing activities) is as good at treating depression as standard full cognitive therapy will find this an interesting and useful book.

The book starts with a very comprehensive and clear account of a contextual approach to depression, developing a behavioural model of depression, building on the original work of Ferster. In essence, the contextual account suggests that depressed people lose touch with the contingencies for positive reinforcement in the world around them. This loss of contact with reinforcement can be maintained in a number of ways in depression – in particular by depressed people adopting narrow repertoires of behaviour, such as a passive style, and by using escape and avoidance behaviours more frequently than nondepressed people. In my capacity as a clinician regularly seeing chronic and recurrent cases of depression, this account rings true, as well as providing a useful alternative viewpoint for approaching difficult cases.

The book then goes on to provide a very clear description of the rationale and strategies for behavioural activation (BA). This section is very informative and full of useful practical ideas, whilst also providing a clear distillation of the basic philosophy required to implement the BA approach. This approach focuses on examining the function, not the form of behaviour, and on examining the role of context on behaviour and mood. As such, this approach parallels other recent developments in cognitive and behavioural treatments, e.g. acceptance and commitment therapy and mindfulness-based CBT. For people with a very narrow view of behavioural work, this section will be an eye-opener. The interventions utilized within BA have a richness very different from the stereotype of behavioural work. This treatment is not simply about activity scheduling and increasing pleasurable activities, but also includes role-playing, managing situational contingencies, reducing avoidance, and “attending to experience” (again akin to mindfulness training). Rather than challenging negative thoughts, in BA the therapist will help the client to determine the antecedents and consequences of such thoughts, and thereby devise alternative behaviours to minimize the effect of the thought, even if that includes recognizing the thought as unhelpful and trying to carry on anyway. Thus, BA implicitly seems to develop decentering from negative thoughts by examining their function.

Overall, this book should prove to be a very valuable tool for anyone interested in the treatment of depression. The evidence clearly shows that BA is an effective treatment and,

whilst this book indicates that BA is not as straightforward as originally suggested, in many ways it is a simpler therapy than CT, which may make it easier to learn. I would strongly recommend this book for any therapists looking to expand their creative use of behavioural techniques for depression: even the most “cognitive” of cognitive therapists would find ideas in this book that would be beneficially incorporated into their treatment of depression. All in all, this book provides an excellent master-class in behavioural approaches to depression and, as such, provides a fitting tribute to the late Neil Jacobson.

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**Evidence in the Psychological Therapies: A Critical Guide for Practitioners**

C. Mace, S. Moorey and B. Roberts (Eds.)

East Sussex, UK: Brunner-Routledge, 2001. pp.218. £15.99 (paperback). ISBN: 0-415-21248-0.

DOI: 10.1017/S1352465803282114

Despite the growing influence of evidence-based approaches to psychotherapeutic practice since the 1970s, the application of the principles of evidence-based medicine to psychotherapeutic interventions has not been unproblematic. *Evidence in the psychological therapies* presents the reader with a range of divergent perspectives on three fundamental issues implicated in evidence-based approaches to psychotherapy, i.e. what is the nature of “evidence” as applied to psychotherapeutic practice; how should “evidence” be accrued in research and practice; and how could “evidence” be used by mental health practitioners to enhance their practice.

*The nature of evidence*

The opening chapters of the book explore the nature of “evidence” as applied to psychotherapy. In contrast to jurisprudential conceptualizations of “evidence” (John Jackson, Chapter 2), “evidence” refers to scientific validation when applied to psychotherapy research. In a lively and polemical chapter, Simon Wessely (Chapter 4) justifies the importance of randomized control trials (RCTs) over other forms of outcome research by highlighting that RCTs are less open to bias and have the unique capacity to demonstrate the harmfulness of a particular treatment. In contrast, Michael Rustin (Chapter 3) and Paul Sturdee (Chapter 4) alert the reader to the dangers of applying an uncritical “scientific” evidence-centred approach to psychotherapeutic practice. Rustin argues that the evidence-based approach may not take adequate cognizance of the uniqueness of individual patients who often do not fit the “pure” classification of disorders and evidence-based approaches to such disorders. Sturdee argues that science is inherently a socially constructed endeavour and that scientific evidence does not provide proof but rather affirms “our commitment to the conceptual structures and theoretical constructs provided by the paradigm within which what counts as evidence has already been defined” (p.61). This section concludes with Digby Tantam’s (Chapter 6) essay on the relationship between reasons and causes.

*How should evidence be accrued?*

Increasingly, less value seems to be placed on the contribution that single case studies could make to evidence-based practice. Graham Turpin (Chapter 7) provides the reader with an excellent overview of the general principles underlying single case experimental designs (SCEDs) and suggests that SCEDs may play a role in establishing the efficacy of psychotherapeutic interventions. In the three chapters that follow, Kevin Healy, Simon Jakes, David Allison and Chess Denman provide illustrations of a different conceptualization of evidence-based practice, i.e. the view that psychotherapy involves the continuous formulation and re-formulation of hypotheses about a particular patient. Healy's discussion on the nature of working hypotheses in psychoanalytic psychotherapy is followed by Jakes's chapter on the nature of hypothesis testing in cognitive-behaviour therapy and by Allison and Denman's comparison of cognitive therapy and cognitive analytic therapy as applied to a case study.

*Applying evidence in practice*

The remaining chapters deal mostly with the question of how evidence should inform clinical practice. Phil Richardson's chapter on the role of evidence-based practice in psychodynamic psychotherapies (Chapter 11) provides a lucid, thought-provoking analysis of the limitations of evidence-based practice and of ways in which psychodynamic therapies can indeed rise to the challenge of formal outcome research. The final two chapters by Frank Morgison and by Mark Aveline and Jim Watson focus on the implementation of the evidence-based approach in clinical practice and on clinical audit respectively.

*Summary*

*Evidence in the psychological therapies* does not profess to offer any practical guidance to therapists on evidence-based practice in psychotherapy. Rather, Mace, Moorey and Roberts present the reader with a range of perspectives on issues fundamental to evidence-based practice in psychotherapy. This divergence in perspectives leaves the reader better informed and more aware of the importance of critical reflection and continued debate on the role and implementation of evidence-based practice in psychotherapy.

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**Qualitative Health Psychology: Theories and Methods**

Michael Murray and Kerry Chamberlain (Eds.)

London: Sage Publications, 1999. pp.262. £18.99 (paperback). ISBN: 0-7619-5661-1.

DOI: 10.1017/S1352465803292110

Health psychology is a discipline that has grown rapidly in popularity. Michael Murray and Kerry Chamberlain suggest that one problem faced by a discipline that is young and is experiencing such rapid growth is that there is a tendency to adopt the standards and methods of more established disciplines as a means of gaining respectability and status within the wider scientific community. It is in response to this problem that they have chosen to edit

a book that examines the role of qualitative research within the field of health psychology. The book is divided into three sections. The first explores some of the main theoretical perspectives underlying qualitative research in health psychology. The second is more “hands-on” and focuses on some of the practical issues (such as conducting qualitative research with children, researching death and dying, and conducting cross-cultural research) that qualitative researchers will face when researching different populations. The final section explores a range of analytic issues and approaches, including grounded theory, action research and interpretative phenomenological analysis. None of the contributors in the book are arguing that qualitative research should replace the quantitative approach that has dominated the discipline of psychology. Rather, they suggest that qualitative approaches could complement the more dominant approach and call for the reader to consider alternative perspectives and approaches. As Smith et al. note in chapter 14, “doing qualitative research is difficult and demanding, but it is also creative, exciting and ultimately has the potential to make a significant and distinctive contribution to health psychology”. I consider this to be a well-written book that will be a useful resource for those looking for a comprehensive introduction to the theory and methods of qualitative research, be they postgraduate students, researchers or, indeed, health psychologists.

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### **Cognitive Behaviour Therapy: A Guide for the Practising Clinician**

Gregoris Simos (Ed.)

East Sussex, UK: Brunner-Routledge, 2002. pp.330. £16.99 (paperback). ISBN 1-58391-105-7.

DOI: 10.1017/S1352465803302115

This is a useful reference book on the application of cognitive behaviour therapy to a variety of disorders. Aaron Beck provides the introduction and the editor was trained by Beck, and is regarded as a leading cognitive behaviour clinician in Greece. There are 11 chapters covering a variety of mental health problems and populations, including depression, suicide, bipolar disorder, panic disorder, OCD, GAD, eating disorders as well as schema-focused therapy, cognitive therapy for borderline personality disorder, and CBT with couples/families, children and adolescents.

Most of the chapters present diagnostic and assessment information, research findings, clinical conceptualizations and practical treatment information. The chapters on CBT for suicidal behaviour (by Freeman and Jackson), bipolar disorder (by Newman) and psychosocial treatments for OCD (by Whittal, Rachman and McLean) are particularly helpful in considering the theory and practical issues in applying CBT to these populations.

Another strength of the book is that the authors provide useful references for further reading, and for the most part provide detailed information on treatment techniques, which makes this a particularly useful resource for those beginning to practise CBT. However, there is a lot of repetition in many of the chapters, particularly with regard to, for example, describing Beck’s model of emotional disorder, and the fundamental skills of CBT such as Socratic questioning, identifying and challenging negative thoughts.

In summary, this is a useful generic text, particularly for those beginning to practise CBT covering a variety of clinical problems and populations. Some chapters are more coherent with regard to theory and specific clinical formulations than others, and some information is presented somewhat repetitively. However, it provides useful references for further reading, many helpful practical tips in applying CBT, and serves as a good introduction to the clinical problems presented.

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### **The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment**

Babette Rothschild

New York: WW Norton & Company, 2000. pp.190. US \$30.00 (paperback). ISBN 0-393-70327-4.

DOI: 10.1017/S1352465803312111

This text is essential for any therapist working with individuals with trauma. PTSD is one of the most complex disorders found in mainstream psychiatry and a thorough understanding of the psychophysiology and treatment of trauma is crucial in providing safe and effective treatment. The author focuses on the inseparable link of the impact of trauma on body and mind from a theoretical and clinical perspective. In the first section, current theory of psychobiology of the stress reaction under normal and traumatic conditions is given. The roles of the brain, autonomic nervous system, verbal and somatic memory are discussed to offer an understanding of how the human mind and body process, record and recall traumatic events. The section ends with a description of the phenomenon of dissociation and flashbacks and consequently consolidates the psycho-physiological theory of trauma. Throughout the section, case examples and exercises for the reader illustrate the effects of the different biological systems on the body.

Section two focuses on practice and strategies to use with the traumatized body and mind. The first chapter is dedicated to ensuring the safety of the patient. It commences with the dangers inherent in treating trauma: the risk of patients becoming overwhelmed, decompensating and even being re-traumatized. To avoid these responses, therapy needs to be at the patient's speed, one that can be coped with, halted or slowed down as necessary. Great emphasis is given to the therapist being sensitive to physiological changes in the patient, which show that arousal needs to be reduced before continuing with the therapy.

In maintaining safety, the type of trauma patient is discussed. The author clearly outlines the differences between the potential coping of patients depending on their developmental history and psychological stability. Revisiting the different types of trauma patients before commencing trauma work is really important to inform the treatment plan as each patient will have different therapeutic needs. The more unstable the patient, the more attention to the therapeutic relationship and transference will be required. The role of the therapeutic relationship is developed and discussed.

The book moves on to the use and development of coping mechanisms, which will enable the patient to endure the treatment and resolve the trauma. It concentrates on building the patient's resources by using and developing body awareness in order to have control over their

distress both within and outside sessions. Specific exercises are given for patients to stop and prevent flashbacks and to give themselves a break from the trauma. Rather than trying to escape bodily sensations, patients are encouraged to engage with them and use them beneficially, which in turn reduces their fear of sensations. The final chapter focuses on uniting implicit and explicit cognitive and body memories and relegating the trauma to the past.

In summary, this is an excellent book that I have used extensively with clients. It complements the CBT approach as it emphasizes collaboration and places the client's needs and safety first. The use of body awareness to mediate distress has given both clients and myself the confidence to work through previously avoided traumas.

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