

Book Reviews

Understanding Emotional Problems: The REBT Perspective

Edited by Windy Dryden

London: Routledge, 2008, pp.152, £19.99 (pb). ISBN: 978–0-415–48197-7.

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Windy Dryden must be one of the most prolific writers of self-help books on psychological therapy; most of which are easy to read and thoughtful. This book takes eight emotional states and examines them in terms of their network of thoughts, beliefs and behaviours from a Rationally Emotive Behavioural Therapy (REBT) approach, rooted in a cognitive behavioural therapy (CBT) tradition. REBT perhaps owes more to the original thoughts of Albert Ellis and his Rationally Emotive Therapy than that of a Beckian approach to CBT, although in essence it is merely a matter of emphasis. Eight chapters cover the eight emotional states: anxiety, depression, shame, guilt, unhealthy anger, hurt, unhealthy jealousy, and envy. The same structure is applied to each chapter looking at key points about the condition: the main beliefs, attitudes and thoughts, combined with behavioural responses. The structure is repetitive but facilitates comparison of similarities and differences. This is a book aimed at helping people understand emotional states and does not refer at all to any form of treatment. There are no references in the text but one reference at the end of each chapter and one recommended self-help book, which interestingly happens to be a book written by Windy Dryden. The author has written eight separate books on each of these emotional states for the Sheldon Press Self-Help series and this book is very much a summary of the skeleton of those books.

The exercise of comparing these emotional states illustrates the similar thoughts and behavioural styles that lie at the heart of all these problems: first, there is the rigid, demanding thinking full of “musts, oughts and shoulds” with high expectations for themselves and others; second, there is a distorted, absolutist type of thinking, splitting into “black and white”, “all or nothing” styles; third, there is avoidance or a variation on avoidance, whether it be safety behaviours, withdrawal, distraction, neutralizing or blaming others. If a person has these three tendencies then they are likely to be vulnerable to any or all of the eight listed emotional states.

The chapters on the less popular emotional states of jealousy, shame, envy and guilt are more interesting than the more frequently researched states such as anxiety and depression. There is also a useful table at the back of the book where the different emotional states are compared, looking at cognitive consequences, action tendencies (behaviour) and inferences in relation to personal domain. The final chapter is entitled “How People Maintain Emotional Problems”, which has a number of useful insights, particularly about people not taking responsibility for their own difficulties, but blaming others such as parents, genes, past environment. Again the final chapter appears to be a summary of a Windy Dryden book.

In summary, I thought that this was a useful, interesting and stimulating book for clinicians wanting to compare the cognitive and behavioural frameworks of these eight different emotional states, noticing similarities and differences. However, it is very dense, with

numerous bullet points and not a great deal of running text. I could almost imagine that the book was dictated from eight separate lectures on the eight different emotional states. The book does look a little rushed and a little more discussion about the comparisons and a few more references would have been helpful.

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Cognitive Behavioural Therapy for Chronic Fatigue Syndrome

Edited by Philip Kinsella

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Cognitive Behavioural Therapy for Chronic Fatigue Syndrome aims to describe the approach and how to use it to assess and treat people with the condition. The book is aimed at cognitive behavioural therapists, physiotherapists, occupational therapists and other clinicians who work in the field. This is a timely publication; the NICE guidelines for chronic fatigue syndrome/myalgic encephalomyelitis (2007) recommend CBT for the treatment of the condition; however, to my knowledge, this is the first book written for therapists on the subject.

The book provides a clear and practical introduction to the cognitive-behavioural approach to treating CFS. Kinsella begins by introducing the CBT model and evaluating the evidence for its use before describing assessment and the central components of cognitive-behavioural treatment. The following chapters consider certain subjects in more detail, including the role of emotions and underlying beliefs in the maintenance of the condition, ways in which to address other maintaining factors such as sleep problems and helping to manage pain. Kinsella completes the book by presenting a case and considering care pathways and ways in which CBT can be integrated with other approaches.

The basics of CBT in this client group are well-covered with detailed information on assessment, formulation and beginning activity scheduling. There are also some excellent sections on areas particular to this client group, such as engagement, enhancing compliance with treatment, problems with instigating exercise programs, the impact of fatigue on clients' lives, and managing other problems that arise from CFS such as pain. People new to CBT will find the chapter on key elements of CBT and the information on treating emotional problems by modifying thoughts and beliefs helpful.

There is less here perhaps for more experienced cognitive-behavioural therapists seeking help with complex cases. The chapter on treating emotional disorders does not provide much specific to CFS that could not be found in a more basic CBT text. It is suggested that comorbid problems with anxiety or low mood can either be treated in the same therapy or a referral can be made to an appropriate service but there is little further information about how this could be incorporated into the CFS treatment. Given the relatively high rates of comorbidity in CFS, there is scope for a more detailed description of the particular beliefs that are common to CFS that may also be maintaining emotional distress and suggestions as to effective approaches to modifying these.