

Review of *Post-Traumatic Stress Disorders: Concepts and Therapy* by William Yule (Ed.) (1999) (\$35) Chichester, England: John Wiley & Sons.

This is the thirty-first book in the Wiley's Clinical Psychology book series, edited by J. Mark G. Williams. William Yule's volume, which he edited and co-wrote three of the 15 chapters, *Post-Traumatic Stress Disorders: Concepts and Therapy*. It may be the best book in a fine series of books.

Professor Yule, is an elected member of the Academy of Traumatology and recipient of numerous awards for scholarship has also received them for his humanitarian efforts. This balance between science and practice, so characteristic of the Boulder Model of clinical psychologist training, is applied exceptionally well in this book.

Few scholars of Professor Yule's stature would include a chapter exclusively focusing on EMDR and would write it. Co-authored with Patrick Smith, the chapter draws equally from traumatology and psychology literatures. They argue that although the efficacy studies of EMDR are mixed (as it is for most psychotherapy), ongoing research is the solution to any arguments about its utility, including dismantling and component studies. To call for such studies suggests that Europeans are beginning to recognize the contributions of this and other neoteric treatment approaches. It is interesting that they adopt the Winson REM thesis regarding the efficacy of the use of eye movements in spite of dismantling studies that show its relative utility in accounting for clinical gains (i.e., desensitization). They note that research by Ross, Ball, Sullivan & Caroff demonstrate that REM state is dysfunctional in traumatized people, due in part to the release of norepinephrine. I believe the authors correctly speculate that EMDR allows the traumatized person to process and store the upsetting memories, as long as the client is in a state of relative relaxation to prevent the release of norepinephrine. This is consistent with my long-held belief that the active ingredient in all successful desensitization techniques (be they used in Cognitive Behavioral Therapy or any other) is what Wolpe first applied to the *in vivo* desensitization, Reciprocal Inhibition (Wolpe, 1958). Perhaps as a summation of the debates surrounding EMDR, the authors note that "any new and effective treatment of post-traumatic stress is to be welcomed, and it is unfortunate that the debate about the usefulness of EMDR has recently become polarized and politicized" (p. 280).

The rest of the book, though, less controversial, provides a useful set of axioms about how people become and recover from traumatic experiences with or without the help of psychologists. The book is important reading for anyone working with the traumatized, which means everyone in direct practice!

It is all the more unfortunate, therefore, when the final chapter presents a model with so little credit going to Bonnie Green, Jack Lindy, and John Wilson (1985), who first published their five-factor model. Consistent with the Green, Lindy & Wilson model, Joseph & Williams proposes one that links event stimuli together with social and individual factors to predict the individual's cognitive and emotional processing that will result in a particular outcome. Event stimuli (unconditioned stimuli) experienced by a

victim cause a cognitive reaction by the victim (conditioned and unconditioned response) that is associated with or is experienced simultaneously with kinesthetic experiences (e.g., resulting in "body memories"), emotions, visualizations, and other symptoms. Two factors in addition to the event stimuli that influence the "event cognitions" are (1) the victim's "personality" (schema, assumptions, and networks) and (2) the context of the experience (sources of social support and other factors that can cue traumatic memories and symptoms).

As the new century unfolds, the general public as well as general psychology has new found respect and appreciation for the immediate and long-term psychosocial consequences of traumatic events and contexts. The challenge is integrating the many areas of psychology toward a psychology of trauma. This new psychology of trauma will be far more powerful and useful drawing from more traditional fields of psychology and the wealth of theories, research programs, and methods of assessment and treatment. If only we can continue as psychologists to collaborate through discourse toward co-creating this new era of study and treatment.

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#### References

Green, B., Lindy, J., Wilson, J. (1985). Conceptualizing Post-traumatic stress disorder: A psychosocial framework. In C. R. Figley (Ed.), *Trauma and its Wake: The Study and Treatment of Post-Traumatic Stress Disorder*, pp 53-72. NY: Brunner/Mazel.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, California: Stanford University Press.