
Jean A. Olson
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istic abuse.

Second, in Chapter 4, entitled, “A View of the Multiple’s Inner Family,” I believe that the authors ascribe more universality to their formulation of the interpersonality structure than would be born out by the literature. Each MPD patient has a unique internal system structure. Learning that structure is one of the goals of therapy, for it will guide the therapist towards areas of knowledge and protection within the system. It is my experience that patients with MPD who have a history of ritual abuse will develop a complex hierarchical system. However, I would caution the reader not to expect that their client’s system will break down into the neatly bounded categories described by the authors.

Third, the authors appear uncertain in the area of clients’ ongoing contact with former or current abusers, particularly early in treatment. While they cite the risk of loss to those personalities who are still attached to but unaware of the trauma caused by the abusers, it would be my position that continued exposure to risk of or continuing abuse and/or intense reminders of that abuse by the presence of the abusers in the clients’ lives more than outweighs the risk of loss of the fantasy of the ideal family. In my own practice, I strive to attain separation between my patient and the abusers as quickly as possible. In ritualistic abuse victims this will involve a significant amount of deprogramming, an area to which the book devotes surprisingly little attention.

Fourth, therapeutic touch, including hugs, is quietly advocated. I would recommend the therapist take caution here, particularly in extending touch beyond the wrist joints. Clients with MPD will experience more intense contact on a variety of levels simultaneously ranging from holding—comforting to restraining—engulfing, and sometimes to overt sexual assault. What may be invited by one alter may provoke a suicidal crisis in another.

The authors cite a reasonable bibliography and reference list at the end of their book, including several of the recent publications that are “musts” for the multiplicity therapist. These now-emerging classics would include: Kluft, R., 1985, Childhood Antecedents of Multiple Personality Disorder, Washington, D.C., American Psychiatric Press; Braun, Bennett, 1986, Treatment of Multiple Personality Disorder, Washington, D.C., American Psychiatric Press; and Ross, C., 1989, Multiple Personality Disorder: Diagnosis: Clinical Features and Treatment, New York, John Wiley and Sons.

In summary, I enjoyed this book immensely. I found myself both heartily agreeing and sometimes actively disagreeing with the authors who provided both a provocative reading experience and rich food for thought.


Jean A. Olson
Albuquerque, New Mexico

I first became acquainted with Ronnie Janoff-Bulman’s work several years ago through her chapter, “The Aftermath of Victimization: Rebuilding Shattered Assumptions” (1985). In that chapter she proposed that a key element in the
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development of posttraumatic stress symptomatology is the shattering of the victim’s basic assumptions about themselves and the world. A primary task for recovery from trauma involves rebuilding the assumptive world. The three particular assumptions that she addressed were: “1) the belief in personal invulnerability, 2) the perception of the world as meaningful, and 3) the perception of oneself as positive” (1985, p. 18). She also presented an interesting discussion of the positive and negative aspects of self-blame.

The chapter was well done with regard to content as well as to delivery and was very useful in developing an understanding of both primary and secondary traumatization. Based on this, I was eager to read a text in which Janoff-Bulman would have an opportunity to further develop the ideas she presented in this chapter.

Janoff-Bulman’s (1992) text does expand on her earlier concepts—to a degree. A major strength of the book is in the detail in which some of the concepts are explored. At times, this also becomes a significant weakness. Certain fundamental concepts are belabored to the point of redundancy. The most notable example occurs when she restates five times in a page and a half that resistance in therapy is natural and expected in light of our tendency toward cognitive conservatism and resultant resistance to change. While it was important to contextualize her concept of basic assumptions, this could have been done more succinctly. The section runs 42 pages, which is almost a quarter of the text.

Chapters 3 and 4 provide a description of trauma and its effects on victims. Janoff-Bulman utilizes a generic trauma model and expands the scope of traumatic events to include experiences such as chronic or life-threatening illness and bereavement. She also provides support for the concept of secondary traumatization, although not using that particular terminology. The differences between so-called “natural” disasters or “acts of God” and human perpetrated violence, as well as childhood versus adult victimization, are discussed fairly extensively. Passing reference is made to the devel-
opment of borderline and multiple personality disorders as sequelae of childhood trauma.

Within the context of the effects of early trauma, Janoff-Bulman seems to contradict herself. She initially states that victims of severe childhood abuse are likely to overreact to new stressors because they are primed both physiologically and psychologically and have developed few coping skills (p. 88). Shortly thereafter, she makes a brief reference to a study that indicated that Vietnam veterans who had a stressful childhood were less likely to develop PTSD symptoms than a control group (p. 90). Still later, she states, “Only those who began with negative assumptions can easily maintain them, experiencing minimal trauma and requiring little change” (p. 94). Clearly, the majority of survivors of early childhood abuse have not had an opportunity to develop positive assumptions and schemas.

The third section of the book (Chapters 5-7) focuses on the process of coping with the aftermath of traumatic events. Chapter 5 discusses the symptomatology of posttraumatic stress. Janoff-Bulman goes into some depth describing the classical cycle of intrusion and denial/numbing, which she characterizes as an approach/avoidance struggle that facilitates the recovery process. The denial and emotional numbing experienced by trauma victims are viewed as forms of dissociation. The impact of dissociation on the victim’s experience and recovery is briefly discussed. There is a good overview of the cognitive benefits of disclosure followed by a discussion of problem solving.

Chapter 6 describes the rebuilding of assumptions. Emphasis is placed on the appraisal and interpretation of the traumatic experience. This chapter provides valuable insights into the experiences and tasks of the trauma victim.

Chapter 7 addresses the crucial role of other people in assisting victims of trauma. The majority of the material relates to general social contact and family/significant others. The effects of the victim’s trauma on the basic assumptions of nonvictims and the vicarious victimization that can arise from contact with trauma survivors are described in some detail. Again, a great deal of useful information is provided.

Unfortunately, the role of the therapist is covered in a mere four pages. In essence, the therapist is depicted as a caring other and teacher who assists the client to achieve a balance in approach (intrusion) and avoidance (denial/numbing) responses to the traumatic material. A very brief list of techniques that facilitate each aspect is provided. Interestingly, hypnosis is mentioned among the tools to enhance approach. As most clinicians who utilize hypnosis with trauma victims realize, hypnosis is also extremely valuable for helping the client to contain affect, to manage stress, and to reduce or manage intrusive imagery.

The final chapter provides some concluding thoughts regarding recovery. A good description of recovery, including problems with the semantics of the term itself, and factors that facilitate recovery are presented. Ideally, in the end, a balance is struck such that the survivor can achieve a sense of guarded optimism regarding both oneself and the world.

Overall, this book was disappointing. Yes, Janoff-Bulman did further develop and document the ideas presented in her earlier chapter (1985); however, she stopped there, failing to make what would seem to be the logical progression into
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clinical application. How does she utilize this knowledge of basic assumptions when treating victims of trauma? A section or even a chapter devoted to this would have been greatly appreciated.

It is somewhat difficult to identify the intended audience for this book. Clearly it would be beneficial for students and clinicians who are new to the field of posttraumatic stress. Researchers are apt to appreciate the extensive reference list. The fact that her approach to the subject is often fairly basic, coupled with the lack of information on integrating the material into a treatment frame, may limit the appeal and value to experienced clinicians.

I very much respect Dr. Janoff-Bulman and her work. I highly recommend that any clinician working with trauma survivors who has not read her chapter (1985), do so. Then, when time permits, you might want to read this book as a secondary resource.

Reference


Leslie Y. Rabkin
Seattle, Washington

In 1926, in his book on Legal Psychology, M. R. Brown summed up the received wisdom of 3 decades of studies on the suggestibility of children’s memories and eyewitness accounts: “Create, if you will, an idea of what the child is to hear or see, and the child is very likely to hear or see what you desire” (p. 133). Voluminous research over the past decade has demonstrated the multifarious factors that influence a child’s perception and reporting of events (e.g., Warren, Hulse-Trotter, & Tubbs, 1991, on children’s suggestibility), but we can still hear the courtroom echoes of Brown’s airy dismissal in the pleadings of alleged child abusers and of parents in contested custody hearings.

Children as Witnesses is a collection of papers by researchers and child advocates from the United States, Canada, England, Scotland, and Germany. This provides a more international perspective on the evidence and arguments presented here that stress the complex interaction of cognitive, contextual, and emotional influences on children’s testimonial behavior, all of which contradict Brown’s simplistic formula. As is common in such volumes, the material ranges from the incisive to the discursive. Covered are topics such as court reforms in relation to the child witness; the role of crime observer and victim (e.g., how to square the constitutional right of a defendant to confront their accuser with the potential adverse effects on a child of having to do so); methodologies such as videotaping designed to shield children from the rigors of courtroom testimony; and procedures for empowering child witnesses in the prosecution of sexual abuse cases through demystifying courtroom procedures and the utilization of stress-reduction techniques.

Over half the book is taken up with discussions of how to modify court prac-