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I think this book is intended to be about the science of its subject. Although it presents a wealth of empirical data, which is one fundamental aspect of science, it also demonstrates how really difficult it is to maintain the hard-headed objectivity necessary to do science thoroughly. The authors have a going-in premise – that early life trauma is a major and centrally causal factor in the manifestation of psychopathology, and that this centrally causal role has been hushed up by people who overtly deny it. I emphasize up front that it is hard for me to believe that anyone could seriously claim that early sexual and physical abuse do not matter to child development and later health and well-being. I can easily believe that people have tended to look the other way and minimize the extent to which such abuse takes place, but that is a different thing than maintaining that, when it does occur, it has no repercussions. Thus, I do not mean to suggest that the going-in premise of this book is actually mistaken. Rather, I mean to question how we have tended to go about understanding the role of cause in the association between early life trauma and health and well-being.

This book describes the results of a plethora of studies showing that early life trauma is associated with later manifestations of psychopathology, from disturbances in externally manifested behaviours and personal relationships to neurological differences between people who have experienced such trauma and those that have not that can only be observed using fancy, relatively newly available technology such as fMRI. These studies have almost universally been carried out well after the occurrence of the trauma, making it impossible to know whether whatever differences are observed pre-dated the experience of the trauma. Without such information, establishment of causality is impossible. In 27 chapters and around 300 pages of text, however, only one directly mentions this issue. The issue is not trivial: for example, as is noted in chapter 20, hippocampal volumes of combat veterans with post-traumatic stress disorder are reduced relative to controls, but then so are those of monozygotic twins of such veterans who have not experienced combat at all. It is of course really difficult to execute studies that capture behaviour and brain function before trauma occurs. Much more could be done, however, with study design. For example, many studies referenced in this book compare groups with trauma experience and no diagnosis, trauma experience and a diagnosis, and no trauma experience and no diagnosis. There’s a control group missing here: those with no trauma experience and a diagnosis. Science should be about doing as much as we can to minimize study limitations, keeping those that remain firmly in mind, and working to falsify rather than buttress our going-in premises.

The topic of this book is important and the information presented is timely and extensive, but the book is repetitious. Chapters repeat the same basic information again and again, reiterating the same points and glossing over the same limitations. There are six synopsis sections that repeat these points again, and even a final epilogue section that literally quotes from each of the six synopsis sections. If you remain in any doubt after all that about what the authors want you to understand, you have been doing too much multitasking while reading the book. And just in case you are wondering, the book is about early life trauma and psychopathology, not health and disease more generally. There is next to nothing about how early life trauma may be related to, for example, development of cancer or heart disease or even metabolic syndrome.

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