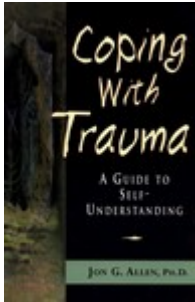


Trauma Recovery and the Promises of Positive Existential Psychology

A review of



Coping With Trauma: Hope Through Understanding (2nd ed.).

by Jon G. Allen

Washington, DC: American Psychiatric Association, 2005. 354 pp. ISBN

1-58562-169-2. \$29.95, paperback

Reviewed by

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Saturated media coverage has a way of influencing public consciousness and shaping the American psyche. One of the effects of 9/11 is that trauma, terror, and posttraumatic stress disorder (PTSD) have become household words. The stigma attached to PTSD has disappeared since that fateful day. The mental health needs for counseling and psychotherapy have become widely recognized by the public and by policymakers.

At a deeper psychological level, there is a gradual shift in the American psyche. The naïve positive psychology of boundless optimism, can-do attitude, and adolescent invincibility has been shaken by 9/11 and the subsequent homeland security scares. The daily carnage in Iraq and the mounting casualty figure of U.S. military forces further corrode the nation's self-confidence. For the first time in history, people in the United States have joined other nations in Asia, Africa, and Europe in accepting a tragic sense of life—terror

can strike almost at any time, and all the wealth in the world and all the military might cannot fully protect U.S. citizens at home or abroad from terrorist attacks.

Then, more recently, the catastrophe of the Asia tsunami further reinforced our feelings of vulnerability. The scope of devastation is something the world has never witnessed in recent memory. Everyone in the global community is affected, because technology has brought real-time suffering in far-flung areas right into our living rooms. Daily, people are confronted with the haunting images of suffering and despair. This almost worldwide cataclysm reminds us of two fundamental realities: (a) People are all connected and life cannot be just a playground for the privileged few while it is being surrounded by poor and suffering masses and (b) human beings are powerless in spite of their scientific progress when God or Mother Nature unleashes its fury.

It is against the above backdrop that Allen's *Coping With Trauma: Hope Through Understanding* arrived in my mailbox. It could not have come at a more opportune time, and the subtitle further piqued my interest. The first thought that came to my mind was, I wonder whether this book is capable of helping those traumatized by the Asian tsunami calamity.

A Primer on Trauma and Recovery

The fact that I was able to read through the entire book in one sitting indicates that it is highly readable and engaging. I almost felt like I were in the presence of an erudite, wise, and caring teacher, who gave a guided tour through the vast psychological terrain of trauma to one of his education groups for traumatized patients at the Menninger Clinic. I could almost hear Allen's voice as he patiently went over the essentials of research and clinical findings regarding types and effects of trauma, the neurobiological underpinnings, and the psychological coping mechanisms.

Overall, Allen's book has the feel of a college textbook on trauma, except that there is a real sense of compassion and sensitivity for his students. He selects his words carefully and takes pains to explain the nuances of his statements, just to make sure that they would not create misunderstanding and cause harm to his "traumatized patients." For example, after saying that various psychological difficulties are *natural* reactions to trauma, he hastens to add, "To say that reactions are natural and understandable is not to say that they are *inevitable*" (pp. 23–24).

Even though the main objective of the project is educational, Allen, the clinical psychologist, is clearly visible from cover to cover. The various scenarios of patients' experiences are precious gems in terms of both literary quality and clinical information. Whether he is talking about attachment theory or psychiatric disorders, his clinical experiences and insights come through loud and clear. Here is an example of his clinical wisdom: "Healing from trauma requires cultivating emotion, not squelching it..Think of

emotions like a flower garden, with all kinds of plants—maybe weeds, thorns, and cacti sprout up among glorious blossoms” (p. 47).

I find his discussion of the process of “mentalizing” especially helpful. To put it simply, “mentalizing entails awareness of mental states and processes in oneself and others” (p. 31). Mentalizing emotionally refers to “our capacity to make meaning out of emotions” (p. 224), and it is essential for emotion regulation and trauma recovery. Even though this is a technical term, Allen is able to make it very clear how the practice of mentalizing can help patients understand their own emotions and behaviors as well as empathize with others.

Although intended as an educational book for trauma patients, this comprehensive and well-documented book is valuable to a much wider audience—researchers, clinicians, and laypeople wanting a deeper understanding of trauma and its effects.

Attachment Theory as a Conceptual Framework

This second edition looks more like a new production. Allen has not only extensively rewritten most chapters and added several new chapters, but he also adopted attachment theory as the conceptual framework for his entire book. One of the points he emphasizes over and over again is “that the quality of early attachments contributes substantially to the individual's capacity to cope with trauma of any sort later in life” (p. xiii). Moreover, attachment theory serves to illuminate both the nature of trauma and the process of healing.

Allen's main thesis is “healing entails making sense of trauma in the context of secure attachment relationship” (p. xix). Of course, there is nothing new in emphasizing the importance of providing a safe and trusting relationship before healing can take place. Yet, he has taken the discussion to a much broader level. All the positive, adaptive functions, such as cognitive understanding, problem-solving, agency, and exploration are made possible when there is a secure base of attachment. Trusting relationships with others become both the wellspring of hope and the royal road to recovery. The therapist provides a secure base for the clients to explore their inner and outer worlds and develop a new inner working model to better cope with traumas, especially betrayal and relational traumas.

The Promises of Positive Existential Psychology

Allen did not use the term *positive existential psychology*, but both the subtitle and various segments of his book give sufficient indication of what he is leaning toward. Different from the pessimistic existentialism that emphasizes the dark meaninglessness and absurdity of life, positive existential psychology, as developed by Viktor Frankl (1985), is predicated on affirmation of the inherent meaning and value of life in spite of the experience of evil and

suffering. Allen seems to share Frankl's view without quoting him. Throughout the book, Allen makes frequent but brief forays into the unfamiliar world of positive existential psychology, expresses some insightful observations, and then quickly retreats to the familiar domains of attachment theory, scientific research, and cognitive–behavior therapy. Allen's underlying unease seems to be that the existential–spiritual realm is not readily intelligible and controllable through scientific research.

However, there are strong reasons for his attraction to the existential approach, because the big questions related to trauma regarding suffering, evil, and death are basically existential and spiritual issues. To fully make sense of trauma, one needs to go beyond rational knowledge and understanding and venture into the subjective, phenomenological world of existential–spiritual quest. The following quotes indicate Allen's acknowledgment of the need for an existential approach: “Yet, believing that psychology cannot take us far enough, I'll construe hope as an existential stance adopted in tragic circumstances” (p. 280). “To summarize: to hope is to adopt an existential stance. The grounds for hoping do not lie in the *facts* of reality but rather in the *meaning* we ascribe to reality. Hence hoping is an active process of making meaning” (p. 283). “While hope is founded in our capacity to make sense of suffering, we need more than the power of our reasoning to sustain it. To reiterate, we need more than the head; we need the heart” (p. 291).

Allen's tragic vision of hope sounds very much like Frankl's concept of tragic optimism (Frankl, 1985). I have identified the five essential components of Frankl's tragic optimism: *acceptance* of reality and our own limitations; *affirmation* of the inherent meaning and value of life; *courage* to confront the past, present, and future; *faith* and *trust* in God and others; and *self-transcendence* in sharing love and hope with others. I have shown that these five components are essential in trauma recovery and posttraumatic growth (Wong, 2003; in press; Wong & McDonald, 2002). Here are a few quotes that further indicate Allen's recognition of the value of the existential approach in treating traumatized patients:

I've found that a cheerfully upbeat and naively optimistic attitude fails to inspire hope by not respecting the gravity of traumatic experience. (p. 279)

Paul Pruyser considered hope to be an existential condition. Here's the link between trauma and hope: hoping presupposes a tragic situation and serious suffering. (p. 282)

Based on a tragic sense of life and an undistorted view of reality, hoping entails an attitude of modesty and humility, coupled with recognition that reality—and the future—is opened-ended, not fully knowable. Accepting our inherently limited grasp of reality allows for the possibility of novelty, leaving some space for hope. (p. 283)

Sometimes trauma sufferers must depend directly on others for hope; feeling hopeless, they must rely on borrowed hope—hope that others hold out for them. (p. 292)

Pruyser felt this quest for hope entirely open-ended, predicating it on a benevolent disposition somewhere in the universe. Some traumatized persons find hope in their faith in God. Others may find hope in the benevolence of nature. But I'm convinced that Pruyser was right. Our prototype will always be a caring person—an attachment relationship. (p. 292)

We must keep the benevolence of others in view, and we must also cultivate it in ourselves, as providing compassionate care to others is one way we all flourish. (p. 293)

It is clear that all five components of tragic optimism are implied by the above quotes. Tragic optimism provides the only enduring hope, because it is based on faith and meaning rather than self-confidence and positive expectations. This kind of tragic optimism will resonate with those who have lost everything in the Asian tsunami disaster and who feel utterly helpless and hopeless. In short, I find Allen's last chapter on hope most stimulating and promising. The existential thread, which briefly appears in various chapters, becomes clearly visible in the last chapter. My only criticism of the book is that this existential thread is not fully developed or well integrated with attachment theory and the main thesis of the book; existential thoughts are there simply because one cannot make sense of trauma and restore hope without addressing the deepest longings and the highest aspirations of the human soul. However, I am hopeful that the promises of positive existential psychology in this volume will be realized in Allen's next edition.

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1554-0138

March 23, 2005, Vol. 50, Release 12, Article 3
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