This edition of the Journal is the first of a two-edition series focusing on various uses of hypnosis in psychotherapy. Because so many consumers of psychotherapy these days are eager for help that reaches beyond the “talking cure,” this collection of books may be particularly of interest to the clinician who wishes to obtain a broader repertoire of practical hypnotic applications, as well as to the reader interested in gaining broader theoretical understandings of the issues involved in introducing, educating, and preparing clients for hypnotic intervention.

We begin with a trio of titles that provide foundational skills in hypnosis for beginning and advanced practitioners alike. A pair of books authored by George Gafner and Sonja Benson emphasize hypnotic inductions and hypnotic techniques, respectively. Handbook of Hypnotic Inductions, published in 2000, is reviewed by Mitch Smith, MSW, and followed by the authors’ more recent book Hypnotic Techniques for Standard Psychotherapy and Formal Hypnosis (2003), reviewed by Charles Mutter, M.D. Both reviewers make the point that, although these are excellent texts, the titles are misleading in that the contents are written primarily from an Ericksonian orientation. The third book is Handbook of Hypnosis for Professionals written by Roy Udolf, J.D., Ph.D., and reviewed by David Alter, Ph.D. Alter points out that this volume is different from others in the hypnosis field because of “the depth and breadth of its explication of the nature of hypnosis, hypnotic phenomena, and the wide range of contexts in which hypnosis has a demonstrated practical application.”

These are followed by three books related to the use of hypnosis for ego-strengthening. The first of these, Inner Strengths: Contemporary Psychotherapy and Hypnosis for Ego-Strengthening by Claire Frederick, M.D., and Shirley McNeal, Ph.D., is reviewed by Max Shapiro, Ph.D., who accents the rich interplay of theoretical and clinical perspectives of this landmark volume. This is followed by The Worst is Over: What to Say When Every Moment Counts (2002), a publication on the use of hypnotic first aid in various high stress and emergency situations, which is authored by Judith Acosta and Judith Prager and reviewed by Marlene Hunter, M.D. Although a timely offering in the wake of the traumatic tragedy of September 11, 2001, the authors also provide important strategies for communicating with those who struggle with chronic and acute illness, suicide attempts, and the process of dying. The third selection in this group is an intriguing video, Breaking Patterns of Depression: Hypnosis and Building Resources, featuring clinical demonstration and discussion by Michael Yapko (1999) and evaluated by Philip Accaria, Ph.D.

The next two publications consider the synthesis of cognitive/behavioral
orientations with the practice of hypnosis. Neil Fiore, Ph.D., reviews *Brief Cognitive Hypnosis: Facilitating the Change of Dysfunctional Behavior* (2002), written by Jordan Zarren and Bruce Eimer. This is followed by Thomas Dowd’s *Cognitive Hypnotherapy* (2000), critiqued by Bruce Eimer, Ph.D. Although these two books are similar in theoretical orientation, they feature distinctive differences, and provide a pair of valuable resources, particularly for those who prefer or are encouraged to work within a brief therapy model of clinical practice.

The final two selections explore the uses of hypnosis when working with patients diagnosed with chronic illness and with individuals whose concerns center on chronic pain. Thomas Barr, Ph.D., examines *Hypnosis and Counselling in the Treatment of Chronic Illness*, (2002) written by David Frank and Bernard Mooney for the professional reader. *Managing Pain Before It Manages You* (2002), compiled by Margaret Caudill as a self-help workbook for medical patients, is evaluated by Carol Ginandes, Ph.D. Although a valuable compendium of resources, Ginandes underscores its significant limitation in excluding medical hypnosis from its armamentarium of pain management tools.

As always, we invite readers to contact us with recommendations for books and videos to review, especially their own publications, via email: mphillips@lmi.net. Our hope is that each book review section will introduce readers to a wide spectrum of titles they might not otherwise encounter and inspire welcome additions to the professional bookshelf.


In *Handbook of Hypnotic Inductions*, George Gafner and Sonja Benson provide over two dozen detailed scripts of inducing hypnotic trance, deepening, re-alerting and debriefing. It covers beginning to advanced hypnotic inductions in four main categories: conversational inductions, embedded meaning inductions, confusional inductions and directive inductions. A separate chapter provides inductions appropriate for use with children.

This book could be more appropriately titled the Ericksonian-oriented *Handbook of Hypnotic Inductions*. The authors report that they are guided by the work of Milton H. Erickson and those who have built upon his foundation for influencing behavior change—Steve Gilligan, Gay Haley, D. Corydon Hammond, Bill O’Hanlon, Steven and Carol Lankton, Ernest L. Rossi, Jeffrey K. Zeig, Brent Geary, and many others. Gafner and Benson further state that for the most part, clients who express an interest in trance work will be hypnotized to some extent, and much clinical work can be done when a client is in a mild or medium trance. Milton Erickson and his successors have popularized the more general and permissive approach that the authors term the “new hypnosis” (p.12). Most of the inductions in this book adhere to this philosophy.

Included throughout this book are clinical vignettes detailing various patients’ responses in the debriefing process after they were re-alerted from hypnosis. A strength of this book is the many ways in which the debriefing process is accomplished for each of the four categories of inductions. For example, in the embedded-meaning inductions
chapter, after an induction called “slowing down,” the debriefing transcript states (p. 85):

Listen very closely to the client’s first few sentences coming out of trance. Things said at this time may be gifts they bestow unknowingly, things that can be utilized next time. For example, one client said “I was having these visual fireworks—it was fabulous.” A somewhat oppositional client remarked, “In my head I counted from 20 to one fast and I got there long before you did!” The client with visual fireworks provided a useful touchstone that eventually permitted the induction to be shortened to a few deep breaths and “letting yourself drift deeply into relaxation, and taking as much time as you need, when you can imagine those visual fireworks, let me know with your yes finger.” The fast counter’s offering was utilized by reframing the behavior as eagerness and responsibility in not dissipating valuable time. I asked her to teach me this ability to go deep swiftly by doing it ten times in succession after the induction. The client did quite nicely in therapy afterward, and I’m sure she never realized just how much she taught me about utilization.

Presented throughout the book are examples describing the techniques that an Ericksonian-oriented therapist would utilize to implement the different types of hypnotic inductions as well as the deepening scripts for numerous diagnoses such as depression, anxiety disorders, chronic pain, adjustment disorders, and other problems. Vital principles and concepts in hypnosis such as hypnotic language, seeding, amnesia, ideomotor finger signaling and Ericksonian utilization are also discussed. Metaphors and therapeutic stories are numerous throughout this book and certainly constitute one of its strengths.

When detailing many of the inductions in the book, the authors have strategically placed a box which describes hypnotic principles being applied in the induction in the right hand column beside the induction. The process comments accompanying the induction assist the reader in being able to identify the specific hypnotic principles and guidelines involved in formulating the various types of hypnotic inductions. This is another impressive strength of this book. After each induction is also a section called “Notes for Practice” which discusses particular responses from each induction that can be utilized in future therapy.

For those readers not as interested in the indirect and metaphorical approaches, this book may be of less interest. Chapter Five, however, addresses directive inductions including arm catalepsy, arm rigidity, coin drop, hand levitation, and ice bath, which bring balance to an otherwise indirect orientation. There is no mention, for example, of the use of fractionation, a deepening technique which many clinicians feel provides for quicker and deeper hypnotic trance levels. This omission reflects to this reviewer the authors’ stated belief that much clinical work can be done in a mild or medium trance.

George Gafner and Sonja Benson have written a book which describes clearly the hypnotic inductions it provides. This work will be of strong interest to those fascinated by the methods of Milton Erickson and his successors who have emphasized indirect and metaphorical approaches. The final chapter presents two inductions
specifically for children which will prove helpful to therapists working with children. Types of inductions for specific age groups are provided. Another useful feature is the glossary of hypnotic terminology and principles provided in the last eleven pages.


The authors have designed a text that is compelling for clinicians who use indirect and metaphoric techniques in psychotherapy. This reviewer experienced flashbacks of his experiences with Milton Erickson and his disciples.

The book is divided into various chapters including examples of metaphors, story telling, and specific techniques used for different pathological conditions. Chapters include sections on therapeutic communication, ways of accessing unconscious resources, facilitating unconscious process, age regression and progression, problem solving techniques, and the treatment of pain, anxiety disorders, depression, and Posttraumatic Stress Disorder. A number of case histories are presented.

This text is a natural resource for the therapist who uses metaphors and indirect techniques for therapeutic purposes. Many examples are cited and the psychodynamics are discussed. The reviewer takes exception to one example (p. 261) where the authors describe a man with post-traumatic disorder whose fiance died just before their wedding. This event in itself does not constitute criteria for this type of diagnosis, and the authors were remiss in not including more clinical information to support their assessment.

Nevertheless, the text is also an excellent reference for clinicians who do not use metaphors in therapy. It would be useful as well for the neophyte who is learning to enhance skills in the therapeutic process. Gafner and Benson separate chapters for specific pathology and cite metaphors used in treating that pathological condition that also reflect how age regression and progression were used. They include a rich resource of bibliographical references along with a glossary of terms. This reviewer would recommend this book as a useful reference for those clinicians using this form of therapy.


Not a week goes by in which patients coming to my office don’t raise predictable reservations whenever the subject of hypnosis and its role in addressing their presenting concerns is introduced. Those reservations arise regardless of whether I or the patient first suggest that hypnosis may be woven into a treatment plan. These reservations are “teachable moments”, providing wonderful opportunities for further understanding each person’s presenting concerns, character, and motivation for change. In addition, they offer opportunities for education and the building or deepening of therapeutic rapport.

There are numerous books that have been written with an eye toward the practicing clinician interested in learning how to apply hypnosis to a variety of presenting concerns. A number of them provide a cursory review of the nature of
hypnosis and quickly progress into provision of scripts for induction techniques or hypnotic suggestions directed toward specific presenting problems. It is too often the case that clinicians are more interested in “how to” than they are in learning “when to”, or even the more basic question of “why” one approach as opposed to another might make sense when working with a particular patient.

Dr. Roy Udolf’s book, *Handbook of Hypnosis for Professionals, Second Edition*, distinguishes itself from others in the hypnosis field because of the depth and breadth of its explication of the nature of hypnosis, hypnotic phenomena and the wide range of contexts in which hypnosis has a demonstrated practical application. As the author says in his preface to the book, “The goal of this book is to acquaint readers with the factual basis and techniques of hypnotism and to suggest some of the practical applications of this phenomenon in a variety of fields, clinical and otherwise” (p. xiv). Udolf goes on to say that his intention in writing the book is to describe the field of hypnosis and hypnotic phenomena, but not to write a book on “hypnotherapy” per se.

It is one of the strengths of the book that the author assiduously sticks to his stated intentions, but it is also, perhaps unavoidably, one of its drawbacks. For example, it is not until Chapter Five (page 181 of this 500 plus page textbook) that Dr. Udolf begins to describe the practical applications of hypnosis. Chapter One of the book provides a concise and informative history of hypnosis, with appropriate albeit brief attention to the major figures that influenced the development of the field of hypnosis. He goes on to describe common misconceptions about hypnosis (which echo the concerns raised by my patients) in a manner similar to other authors who address this issue, such as Michael Yapko, Ph.D., in *Trancework* (1990, 2003 revised).

Chapter Two discusses Hypnotic Susceptibility with a well researched description of many hypnotic scales. Even more helpful is his thorough description of some of the challenges to the validity of these various scales due to lack of consensus in the field regarding the differences between susceptibility, hypnotizability, hypnotic capacity and the various factors that impact upon hypnotizability in research, clinical and other settings.

Chapters Three (Induction and Deepening Procedures) and Four (Hypnotic Phenomena) are covered in a manner that enable the reader to come away with an understanding of the nature of these aspects of hypnosis although the writing style is more encyclopedic than narrative. As with the rest of the text, the author succeeds at describing a variety of hypnotic methods or phenomena, but the clinician/reader is left responsible for decision-making as to what might be most appropriate for a given patient. The author’s strength is describing the issues with which one needs to be familiar to have a broad understanding of hypnosis, not on how to use it clinically with a given patient.

By the time the reader arrives at the fifth chapter, a solid foundation for the history and nature of hypnosis has been carefully constructed. In Chapter Five (Practical Applications of Hypnosis) the author provides an alphabetical listing of the types of conditions for which there is research support for the *clinical* application of hypnosis for concerns ranging from acting out to vaginismus. The chapter digresses from a focus on hypnosis to a cursory review of major therapeutic approaches (e.g. psychoanalysis, client-centered therapy, gestalt therapy, social learning theory, etc.) and then returns to a description of how hypnosis may be used to achieve selected therapeutic goals within each of these various therapeutic conditions. This chapter goes on to include a
discussion of the medical and dental applications of hypnosis, as well as applications of hypnosis in non-therapeutic settings (e.g., forensic applications, military applications, hypnosis in advertising and its relevance to sports performance enhancement). Given the range of issues the chapter addresses—whole books are easily devoted to each of these different topics—it isn’t surprising that the depth characteristic of its earlier chapters is missing.

Chapters Six (Self-Hypnosis) and Seven (Psychological, Legal, and Legislative Problems and Alleged Dangers of Hypnosis) follow a similar format to the earlier chapters in that they acquaint the reader with the issues to be aware of with respect to how a subject may respond to hypnosis or how hypnosis is be viewed in other contexts. Learning to appreciate the distinction between hetero-hypnosis as a special case of auto-hypnosis versus formally training a patient in self-hypnosis can sensitize the clinician to ways of enhancing the patient’s ability to extend treatment benefits beyond the treatment setting. Similarly, being aware of how hypnosis is viewed in other contexts, such as the legal context, is a necessary reminder for any clinician working with patients whose presenting concerns have an increased likelihood of intersecting with the legal arena.

Dr. Udolf closes his book with a brief chapter on Hypnosis in Perspective (Chapter Eight). This portion deviates from the rest of the text by focusing on the role of theory in hypnosis and the place/future of hypnosis in the field of psychology as a whole. For the clinician, what matters most is often how well a particular approach is able to help a specific patient resolve a particular set of concerns. While different theoretical approaches may guide the clinician’s choices as to how hypnosis will be used, the “proof of the pudding is still in the eating”: the patient either benefits or doesn’t. Dr. Udolf stresses the importance of continuing to develop theories regarding hypnosis in the belief that this will continue to refine the ability of hypnosis to be helpful to the widest number of people with the broadest possible applications. Having recently attended the ASCH national conference on hypnosis, and repeatedly heard that the time for hypnosis to be more widely utilized has arrived, Dr. Udolf’s book provides a solid base upon which learning to use hypnosis can be built. The experienced clinician will find much in the way of useful reminders about hypnosis from a trans-theoretical perspective but will have to look elsewhere for information on the utilization of hypnosis with specific populations or conditions. As an introductory text for the graduate student or the professional interested in understanding the field of hypnosis, the book covers core areas comprehensively, thoughtfully, and scientifically, all in a highly readable manner.

*Inner Strengths: Contemporary Psychotherapy and Hypnosis for Ego Strengthening.*


There is a handful of books, I believe, which are required reading for hypnotherapists. *Inner Strengths*, by Frederick and McNeal, is one of those books. This volume is well-written, clear, and cogent. The content is well-researched and comprehensive. Frederick and McNeal illuminate Ego-State Theory and psychotherapy
in general, with a special focus on ego strengthening. It is at once rich in scholarship and extremely useful in day-to-day clinical practice.

The book opens with a cogent description of the theoretical underpinnings of ego strengthening approaches. This is not a book that narrowly focuses upon hypnotic approaches. Rather, ego strengthening and Ego-State Therapy are well placed within the larger context of psychological theory. Both historical and contemporary theorists are covered, especially the seminal achievements of John and Helen Watkins in developing Ego State Theory and Therapy, which constitute a towering achievement. This volume extends their work dramatically by providing a wide-ranging and erudite connection to the broader body of psychological, and especially psychoanalytic and psychodynamic theory. Well-researched, this book will prove valuable even for therapists who are not conversant with or studying hypnotic approaches. Therapists of all persuasions are well-advised to master the material in this book.

The first part of this book provides a solid theoretical grounding in the hypnotic and non-hypnotic approaches to ego strengthening. A wide variety of theoretical traditions are encompassed, including classical and neo-classical psychoanalytic thinking, object relations approaches, ego psychology, self-psychology, cognitive-behavior therapy, Jungian, and, of course, Ericksonian approaches. Not content to encompass intrapsychic factors, the authors also attend to the genetic/biological, social, interpersonal, and developmental dimensions of pathogenesis via the stress-diathesis model of psychopathology.

*Inner Strengths* then goes on to describe in detail the practical use of ego strengthening techniques in understanding and resolving various clinical syndromes. Frederick and McNeal survey and describe both direct and indirect approaches to diagnostic and treatment approaches. Their elucidation of exploratory and projective/evocative techniques is creative, clear and thoughtful. In addition, they describe the treatment of various narcissistic, anxiety, and dissociative syndromes. While the theoretical material is extremely rich, there is extensive presentation and discussion of clinical examples and a wide variety of hypnotic scripts. Thus, this book is equally of interest at theoretical and practical levels. The hypnotherapist will want to make full use of the scripts and protocols, while the non-hypnotically inclined psychotherapist will find much of value in the clinical examples.

The limitations of this book are inherent in the complexity of the therapeutic work described. Having used this book extensively in teaching psychotherapists of varying persuasions, I find that the use of hypnotic ego strengthening techniques with seriously disturbed patients is a very complex undertaking with a significant learning curve. While Frederick and McNeal caution the reader repeatedly about the difficulties and complexities of this work, their writing style and clinical examples flow so smoothly that one can easily feel “this is easy.” Such an assumption would be incorrect. Working with Dissociative Identity Disorder and other seriously disturbed patients requires a very strong and comprehensive grounding in the theory and practice of psychodynamic psychotherapy. It is usually necessary for the psychotherapist learning to treat this patient population to pursue ongoing clinical consultation. While it is possible for a very senior therapist to learn to add hypnotic ego strengthening approaches with minimal consultation, this population will be the exception to the rule. In fact, most therapists would be well-advised to arrange ongoing clinical consultation while learning.
the approaches described in this volume.

The other limitation of the book is an artifact of the extraordinary richness and depth of scholarship evidenced herein. The material is broad and deep and will frequently stimulate the reader to new insights about his/her own work. It is therefore not a “quick read.” The reader familiar with the various theoretical systems described will be stimulated to think in new ways about his/her work. The reader unfamiliar with some of the theoretical systems described will likely be inspired to learn more. On the whole, this classic text fully deserves to be read and re-read.

Since this volume was published in 1999, it has been among my top recommendations for students of psychotherapy generally, as well as of hypnosis specifically. This book is already a classic and should be on the bookshelf of every psychotherapist who uses hypnosis. *Inner Strengths* is one of the very best books on hypnotherapy, and on psychotherapy, published in the last decade.

I give *Inner Strengths* by Frederick and McNeal my highest recommendation.


This is a very useful book about one of the most important aspects of our work—how words can calm or incite, heal or wound, and help or hinder in times of stress, pain and confusion.

It is organized into four parts. The first, *Verbal First Aid*, describes how to establish rapport and begin calming the patient by identifying oneself and speaking clearly and factually: “My name is…”; “I have called 911, they are on their way...”; “I will stay with you until they arrive; they will know just what to do...”; etc. The authors remind us that in times of crisis, we are already in an altered state of consciousness. The right words come across as positive hypnotic suggestions (as, of course, the wrong ones can even be detrimental). The book is full of anecdotes and examples which typify the techniques of speaking clearly and calmly, matching breathing in order to slow it down, and offering comforting and reassuring suggestions. Also included in the first part are sections on the Mind-Body connection and on recognizing and facilitating altered states.

Part II, *Heart to Heart Communication*, includes sections on gaining rapport, “Extending the Contract” (i.e., sustaining and maintaining the healing communication) which has begun and some excellent guidelines on the principles of therapeutic suggestion. They also talk about the power of prayer, and the apparently telepathic communication which sometimes occurs.

Part III, *Putting It All Into Practice*, is a veritable treasure trove of useful, detailed information. It includes some standard, generic scripts which can be modified to suit the occasion, phrases to assist in gaining rapport, both with adults and with children, matter-of-fact responses, and—particularly helpful—What To Do and What To Say charts for specific situations (e.g., What To do: call 911. What To Say: “John, I called 911, they’re on their way”). Although these may seem simplistic, such examples demonstrate often just what is needed. These become quite detailed when discussing such crises as breathing problems, heart attacks, and burns. There are specific
suggestions for pain relief, visual imagery, distraction and many other scenarios. Additionally in Part III are Chapter Nine on Physical Illnesses and Chronic Conditions, Chapter Eleven on Verbal First Aid for Suicide Attempts, and Chapter Twelve on how to comfort those who are dying, their families and close friends.

Part IV is dedicated to the caregiver—how to cope after the emergency is over, how to comfort yourself, and humour for healing.

The book is admirably suited to both the physician/therapist/paramedic/other health care professional and also to caring and sensible “normal folks” who find themselves in an emergency or other situation where words are so important (in other words, pretty much all situations where physical or emotional well-being is important). We do not pay enough attentions to the words that we use, the tone of voice, the body language. Acosta and Prager remind us of their crucial role in caring for both others and ourselves.

All of this sounds somewhat prosaic. It isn’t. What saves this book from being so is the plethora of relevant anecdotes, the realistic compassion, and the knowledge base which shines underneath all that is written. These authors know their stuff.

**Breaking Patterns of Depression: Hypnosis and Building Resources**. Michael D. Yapko.

*Breaking Patterns of Depression: Hypnosis and Building Resources* is one of fourteen videos in a series entitled “Brief Therapy Inside Out” published by Zeig, Tucker and Theisen, Inc. Each video begins with an introductory interview conducted by hosts Dr. Diane Kjos, Ph.D. and Dr. Jon Carlson, Psy.D., Ed.D., with the featuredclinician who, in this video, is Dr. Michael D. Yapko. Yapko then conducts a 45 minute unrehearsed interview and treatment session utilizing hypnosis. The video is concluded with a 25 minute processing session in which Drs. Carlson, Kjos and Yapko review segments of the demonstration giving the viewer an opportunity to hear Yapko’s conceptualizations about the subject and his rationale for the interventions chosen. Technically, this is an excellent production that includes a segment indicator posted in the lower right hand section of the screen and split screen views of both Yapko and the “client.” It is a very aesthetically pleasing video in which Yapko presents his solution-oriented, cognitive-behavioral paradigm that is “turbo charged” with the Ericksonian utilization model of hypnosis.

Yapko iterates the four questions that guide his conceptualization of the client and assessment regarding the direction in which he will proceed. Those questions are: 1) What are the goals for the client and what is the sequence/order of addressing them? 2) What are the resources the client needs to accomplish the stated goals and does the person have those resources, or will they have to be built? 3) How will those resources be built? and 4) Will the client use those resources in the contexts where she/he would like to access them?

Those who are familiar with Yapko’s work will recognize his positive, solution-focused approach in which he draws from the models explicated by Erickson, J. Haley,
Aaron Beck and Virginia Satir. Amusingly, Yapko also credits Alan Funt, of Candid Camera fame, for his extraordinary skills at pattern interruption, commenting: “Alan Funt is most skilled at pattern interruption and manipulating external circumstances to create changes in behavior.” Yapko focuses on what people can do, views them as resourceful vs. pathological and focuses on their strengths and what they can learn. He perceives his primary role as that of teacher helping people to evolve new choices. His main thesis is: “Provide people with more choices that are made more accessible and available to them.” Of hypnosis Yapko says: “Hypnosis is not a therapy. It is a way of delivering ideas and communicating ideas.” He further opines that “Hypnosis is a way to help people step outside their typical ways of experiencing themselves to build new associations.”

The 45-minute therapy session was, in this reviewer’s opinion, exquisite. Yapko was masterful in his pacing and leading of the client and in the utilization of multileveled suggestions. His use of permissive suggestion, truisms, implication and imagery was masterful on the heels of a naturalistic induction. He also utilized numerous ego-strengthening strategies tapping into the client’s past experiences. The client’s feedback both verbally and non-verbally appeared to indicate dramatic paradigmatic shifts. The client’s use of metaphor to describe his experiences was almost startling. It would be very interesting to see a follow up interview to assess whether or not these seeming shifts translated into functional changes in the client’s “moderate depression.” This brings me to a few “criticisms” of Yapko’s presentation.

My assessment of this client would have included a diagnosis of, at the very least, features of Posttraumatic Stress Disorder/Chronic, assuming the client’s report of physical and emotional abuse by his father was sound. Yapko spoke of a client learning “not to respond to internal and external triggers.” I found myself wondering if there are some aspects of his cognitive-behavioral paradigm that might reflect a limited, and perhaps incorrect assessment and understanding of what may actually be occurring in human beings. To use a metaphor, imagine that a person is bound by rope at her feet and hands and is straddled with 100 pounds of rock on her back. Now conceptualize the cognitive-behavioral view as the very best model available to clinicians. Then, it would be understandable to advise a client to lie on the ground and slither up a road to move forward. A good recommendation if the assumptions were sound. Therefore, saying that a client must “practice” not listening to the “internal critic” would seem good advice. On the other hand, use of another approach such as the energy medicine paradigm might be tantamount to cutting those bindings and removing the rocks. It would then be unreasonable to advise a client to slither up a road because the better possibility would be simply to walk or run upright.

In addition to the abovementioned criticisms, I think this video would have been much more valuable as a hypnosis training tool if Yapko had explicated more directly the variety of Ericksonian utilization interventions he employed so beautifully. For this reason in particular, I consider this video a useful tool for clinicians who are at the advanced level of practice in hypnosis, especially in the Ericksonian utilization method. Those who are not will fail to understand what it is they are watching Yapko do. Not much learning can occur in this fashion, though to be sure, there is much to learn from watching Yapko work hypnotically. All-in-all, I would give this video three and one-half stars out of five, a very good score by my standards. I congratulate Yapko, Zeig, Tucker and Theisen and Carlson and Kjos on their very fine production.
From a base of considerable experience and expertise, Drs. Zarren and Eimer—two board-certified clinicians—have assembled in *Brief Cognitive Hypnosis: Facilitating the Change of Dysfunctional Behavior* a unique set of clinical tools that combine cognitive-behavioral techniques with hypnosis within a brief therapy model.

The authors state that regardless of your “psychotherapeutic school of thought, you will be able to borrow, insert, and apply much, most, or all of our approach into your already familiar ways of working” (p. xiv). They have in fact offered readers “a clinically practical, user friendly guide that explains and illustrates how [they] work” (p. xv). This book is intended for experienced health care clinicians and other medical and mental health care professionals who are familiar with the use of hypnosis as a clinical tool. Yet much of the detail and cautionary statements—especially in the first seven chapters—seem to be aimed at the intern preparing for clinical work and those licensed professionals new to hypnosis as an adjunctive tool to “expedite treatment and shorten the time it takes to help their patients” (p. xiii).

The authors state that their Brief Cognitive Hypnosis model differs from a more traditional cognitive-behavioral focus on patient beliefs and expectations in that they “assign great value to the role of the unconscious in the formation and maintenance of symptoms and their amelioration” (pp. xiv-xy). In fact, Zarren and Eimer define the patient’s difficulty in controlling or changing behaviors as resulting from “cognitive dissonance and conflict occurring between the conscious and unconscious parts of the mind” (p. 3). This way of reframing problems as stress caused by inner conflict is used effectively across many of their case studies.

Reframing many dysfunctional behaviors as habits learned to cope with stress prepares patients to accept relaxation, hypnosis, and self-hypnosis as the solution. An example is found in one of the many trance scripts offered: “When you are relaxed, you can’t be angry or upset, anxious or afraid, frustrated or stressed, because relaxation is the physical and emotional opposite of those feelings” (p. 66). Clever and useful reframes abound in this book, including: Labeling the symptoms of “withdrawal” from smoking as “unique stress reactions” evoked by inner conflict between the conscious and unconscious mind; a seeming “addiction” becomes a “habit” that can be changed; worry about the cause of a habit is lessened by encouraging the patient to think of “simple empty habits” that no longer serve a purpose; problem eating is not treated with dieting but with “changing the way you think about food, about how you deal with food” (p. 153); and sudden stops in weight loss are reframed as normal “plateaus” and “helpful stops” that allow the body to readjust to the change in weight (p. 154).

The book’s thirteen chapters are divided into three parts: Part I-Fundamental Concepts and Essential Tools; Part II-Clinical Applications; and Part III-Smoking Cessation and Keys to Change. In the first seven chapters comprising Part I, the authors lay the ground work for using their model and introduce the neophyte to key concepts in using hypnosis, reframing, and a brief therapy model. They include a checklist of patient patterns and beliefs as part of an intake evaluation and offer helpful case studies to illustrate how they use questions and reframing to establish the therapeutic and hypnotic relationship. A chapter on Trance Inductions offers extensive transcripts of
several forms of hypnotic inductions that will be useful to the reader new to hypnosis. Even therapists experienced in hypnosis will want to study “Zarren’s marble induction,” which is “an ideal way to externalize physical discomfort and somatic ideation. . . . [and] combines visual and tactile-kinesthetic systems” (p. 68).

The strength of this book is in the clear descriptions it offers the beginning therapist and its thorough coverage of the steps to building a therapeutic relationship with the patient. This book offers healthcare professionals at all levels of experience access to the verbatim inductions of two distinguished and highly skilled therapists. More experienced therapists, however, may consider the same qualities a limitation of this book. There is much to be learned from these two clinicians, but experienced therapists may want to pick and choose the chapters and sections they wish to read. Therapists experienced in hypnosis, NLP, and Cognitive-Behavioral Modification may wish to skip over much of Part I, for example, but there are still many creative approaches to be learned, especially in Chapter Two, The Waking State Reframing Model; Chapter Six, Common Factors in Dysfunctional Behavior and the Creation of Double Binds; and Chapter Seven, Dysfunctional and Therapeutic Rituals.

Part II deals with “specific procedures for specific problems,” and a topic the authors feel is given too little emphasis in most hypnosis training—“what we do with the trance state once we have induced it” (p. 61). This second part contains four chapters that cover four problem areas: Irritating Habits, More Complex Habits, Panic Disorders, and Medical Problems. Irritating or simple habits include such presenting problems as thumb-sucking, bruxism, and snoring, which can be treated with a common structure that is modified to fit the patient’s “sensory representational language” and the complexity of the problem.

In the treatment of “Irritating (simple) Habits” and “Complex Habits” the authors do not teach their patients self-hypnosis (pp. 86-87, 117). The patient’s only responsibility is to concentrate on their breathing. The suggestion is given that every time the patient does self-hypnosis “everything that was said to him” will be automatically reinforced (p. 155). With more complex anxiety-based behaviors such as Panic Disorders covered in Chapter Ten, however, they do instruct their patients in self-hypnosis and relaxation skills (p. 169). But the authors instruct their patients not to talk to themselves and to not give themselves suggestions when doing self-hypnosis in order to avoid improperly worded suggestions and defusing the message that the process of change has already begun.

Part III contains the last two chapters—“A Single-Session Smoking Cessation Program” and “Review: Keys to Change”—which are immensely helpful as a quick reference guide to trance scripts, protocols, and useful reframes of erroneous beliefs. Readers at all levels of experience will find that the clear layout of this book makes it extremely useful and practical. This is an excellent handbook for beginning therapists and for experienced clinicians who must adapt to managed care’s pressure to use brief therapy and cognitive behavioral models. Clinicians experienced in hypnosis and brief therapy will find strategies and techniques they can adapt in order to enhance their protocols and improve the success of their therapy.
Cognitive therapy, or CT, as elaborated by Aaron T. Beck and his associates (Beck et al., 1979; J. Beck, 1995), is a highly structured, psycho-educational therapy that helps anxious and depressed patients develop adaptive coping skills. A basic assumption underlying CT is that associated with most negative feelings are thoughts, beliefs, and behaviors that may be examined and re-evaluated with therapeutic benefit (Eimer & Freeman, 1998). Thus, the focus of CT is on identifying and challenging negative maladaptive thoughts, replacing them with adaptive coping thoughts, testing and rehearsing new behaviors and thinking patterns, and monitoring experiential and behavioral outcomes.

Until recently, there has been little in the CT literature on the use of hypnosis (Golden et al., 1987). In the language of the laterality of brain functions, cognitive therapy has emphasized “left brain” thinking as opposed to “right brain” creativity and imagination. In Cognitive Hypnotherapy, Tom Dowd successfully changes this emphasis—adding “right brain” to what was mostly a “left brain” art.

For CT and CBT practitioners, Cognitive Hypnotherapy offers options for expanding the scope and flexibility of their practice by adding hypnosis to it. For clinical hypnosis practitioners, this book models efficient ways of integrating cognitive restructuring and reframing techniques with direct and indirect, permissive, hypnosis trance induction and therapeutic suggestion techniques.

One of the book’s weaknesses is the author’s lack of follow through in coming up with a clear definition of hypnosis after he reviews the cognitive-behavioral paradigm and different models of hypnotherapy. Dr. Dowd vaguely defines hypnosis as a “cognitive technique that under the right conditions can modify cognitive content, cognitive processes, and cognitive structures” (p. 62), but this skirts the issue. He does not explain what is uniquely hypnotic about hypnosis.

However, to be fair, early on (p. 33), Dr. Dowd does assert his position that “the practice of cognitive-behavioral hypnotherapy is similar to the practice of cognitive behavior therapy in general. As Kirsch (1993) has pointed out, “according to the cognitive-behavioral model, whatever can be done with hypnosis can be done without it, and vice versa”. Thus, theoretically, Dowd appears to align himself with the socio-cognitive, non-state view of hypnosis (Spanos, 1996), although this theoretical position is somewhat inconsistent with much of the rich clinical material that the author presents throughout the book.

Early in the book (pp. 33-34), the author lays out his view of the basic techniques or tasks of cognitive-behavioral hypnotherapy: (1) relaxation as a coping skill for reducing anxiety; (2) guided imagery for rehearsing the use of adaptive coping strategies in problematic situations; (3) cognitive restructuring for replacing dysfunctional self-statements with functional self-statements; (4) successive approximations in which exposure to stressful images or situations is gradually increased; and (5) hypnotic skills training in which the patient is trained to engage in trance behavior and respond better to hypnotic suggestions.

The strengths of this book are not theoretical, but rather, clinical and practical. Dr. Dowd clearly illustrates how to implement the above listed tasks and techniques through the liberal use of case examples and transcripts in Part II on the “Treatment of
Psychological Disorders”. He gives clear examples of how to implement objectives 1, 2, 3, and 4 above. However, he does not talk much about number 5. The reader who is looking for detailed formal trance induction scripts will not find them in this book. However, the reader will be rewarded by the excellent selection of scripted trance state dialogues for problems of anxiety, phobias, stress, depression, trauma, performance enhancement, and habit disorders.

What I found especially interesting is the simple but effective strategy Dr. Dowd illustrates in chapters 6 through 9 for transforming negative cognitions into positive cognitions. He first does this with the patient in the waking state, working with the patient to identify negative maladaptive thoughts and positive replacement thoughts for the target problem. This is a form of “waking state reframing”; i.e., changing the way you think about something without necessarily changing that something (Zarren and Eimer, 2001). The patient rehearses thought replacement in the waking state. After hypnosis is induced, the patient is coached to engage in the same thought replacement process. Through repeated rehearsals in trance, the positive coping thoughts and cognitive coping skill of thought replacement are strengthened and reinforced.

However, a notable omission from this book is any discussion of how and when to teach patients self-hypnosis. Teaching patients self-hypnosis is an effective means of enabling them to practice cognitive coping skills rehearsal. Also, as mentioned earlier, while the author pays lip service to the desirability of “hypnotic skills training”, he never really explains how to do it, or how he incorporates it into his model.

Another notable omission is any discussion of how the author assesses hypnotizability, especially in light of statements such as the following: “There is evidence from clinical studies that therapeutic outcome is consistently related to hypnotizability, so that an assessment of this individual difference variable should be undertaken before treatment by hypnosis” (p. 71).

Despite claiming to be a cognitive-developmentalist theoretically (though Dowd never really defines the “cognitive-developmental hypnotherapy” model), the author is quite “Ericksonian” and permissive in his hypnotic style. To his credit, he does a good job of modeling this conversational and sometimes indirect approach to inducing hypnosis and utilizing the hypnotic state (which he does not define) to deliver trance state suggestions. His naturalistic trance induction and trance state dialogue scripts provide readers at all levels of hypnotic expertise with useful ideas to incorporate into their practice. However, somewhere in the mix, the reader gets the sense that the connection is lost between the Ericksonian technique and the cognitive model described early in the book as the basis for “cognitive hypnotherapy”.

Especially strong are the clinical chapters addressing anxiety and phobias (Chapter Six), the reconstruction of memory (Chapter Ten), the enhancement of life (Chapter Eleven), and overcoming resistance (Chapter Twelve). Chapter Six deftly illustrates how to assess and work with the cognitive content, processes, and core belief structures associated with anxiety and phobic disorders employing direct and indirect hypnotic methods. In my opinion, the strongest clinical and theoretical chapter is chapter 10 which addresses hypnotic methods for employing memory reconstruction to treat people who have experienced trauma. In this chapter, as well as in others, the author makes the important point that patient pathology, as well as psychological realities (e.g., that all memory is a reconstruction) can be effectively utilized in the
service of the therapy. For example, he demonstrates how the inherent inaccuracy of memory can be employed therapeutically to help patients build more comfortable memories of unfortunate past events to enable them to cope more effectively (i.e., using memory distortion in the service of the therapy). He distinguishes therapeutic work in this regard from forensic work where the search for truth demands corroborating evidence.

The weaker clinical chapters, in my opinion, are the ones dealing with the treatment of stress-related disorders (Chapter Seven), depression (Chapter Eight), and habit disorders (Chapter Nine). Chapter Seven, for example, is too brief to do justice to this complex topic. Chapter Eight emphasizes “alert hypnosis” for depressive patients, but I believe that the author’s treatment of this topic is too cursory and does not incorporate important current work in this area (Banyai et al., 1993; Wark, 1998).

All in all, *Cognitive Hypnotherapy* will make a welcome addition to any therapist’s library and I recommend it. Dr. Dowd has made an important contribution to both the CBT and hypnosis literature. For beginning and advanced hypnosis clinicians, it will serve as a good review of the main tenets of CBT and as a practical guide to integrating CBT’s main techniques with hypnosis. To pure CBT practitioners, it will serve as a good introduction to hypnosis, and a reason to learn more about it.

**References**


In *Hypnosis & Counselling in the Treatment of Chronic Illness*, authors David Frank and Bernard Mooney, Ph.D., work from the theoretical premise that many illnesses, including cancer, that have been traditionally viewed as organic or purely physical are, in fact, stress-related problems that can be effectively treated with counseling, and
hypnosis in particular. The authors suggest that hypnosis and counseling extend beyond the often identified application of treating symptoms, in some cases, to providing the primary tool to effect a cure or complete remission in chronic illness. I find this assertion both bold and refreshing because it builds on the premise that human beings have the mental capacity to impact positively their health and well being. This position does not negate or even suggest that people should avoid more traditional, mainstream Western medical treatments, but rather that we should approach with open minds the question of identifying true curative factors in recovery from chronic illness.

The authors come from a strong background in the Rogerian, person-centered approach, and both are members of The British Association for the Person-Centered Approach. They lay a theoretical foundation showing how clinical hypnosis can fit nicely into the broader context of a person-centered approach.

This book is divided into seven chapters. The first chapter defines hypnosis, discusses its theoretical development, covers some common myths and misconceptions and briefly describes the historical foundation for the use of hypnosis in behavioral and humanistic counseling. Chapter Two contains a number of case studies from the professional literature in which hypnotic interventions were used to treat chronic illness, most particularly, cancer and hemophilia.

Chapter Three focuses primarily on emotional/psychological factors and their effect on the immune system. This theme is further elaborated in Chapter Four through discussion of the placebo effect and a relevant literature review and in Chapter Five through the authors’ presentation of their hypothesized effects of guilt on health and illness mainly through a case study format.

In Chapter Six, an introductory level survey chapter, the authors discuss other medical conditions that have been effectively treated with hypnosis. In their final chapter, the authors further elaborate upon their personal, person-centered treatment philosophy. This chapter is rather basic, describing the primary features of Rogerian person-centered therapy and retelling Virginia Axline’s story of her patient Dibs. This chapter includes the authors’ beliefs about the effects both of bereavement and what they describe as emotional child abuse on subsequent psychological development.

A major strength of this book is that, whenever possible, the authors attempt to describe the specifics of the hypnotic interventions used in the case material. This is a major bonus for practicing clinicians. Although the use of hypnotic approaches is considered atheoretical, I found it useful to highlight the congruence between person-centered psychotherapy and clinical hypnosis. This book is very readable and jargon free. I would suggest it as most suited for beginning students of hypnosis, lay persons interested in learning how hypnosis and self-hypnosis could be of benefit in dealing with chronic illness, and a good introduction for other healthcare providers who may not be aware of the potential uses of hypnosis in the medical field.

My first specific criticism occurred in Chapter One, when the authors describe their own research regarding brainwaves of clients during hypnosis, counseling, or a control situation. There was no reference cited for this research, so I assume that the research was never published. Also, the authors state that the brainwaves of clients were similar in counseling and hypnosis and dissimilar to the controls. They did not, however, describe what these brainwave patterns were. The second critique is more general and addresses the book’s most appropriate audience. For professionals that have taken more than two ASCH-equivalent workshops, much of the material in this
book is review (e.g., history of hypnosis, definitions, myths and misconceptions, and conditions treated with hypnosis). The book is relatively short to begin with (147 pages). This, in addition to the space devoted to the previously mentioned basic concepts, could make the $37.95 price seem high relative to its content for those who have already received basic hypnosis training. These comments, however, do not detract from the book’s usefulness as an introduction to the uses of hypnosis in the medical field.


*Managing Pain Before It Manages You* is a self-help workbook published for a popular audience in a revised paperback edition. Originally designed as a manual to be used as an adjunct to participation in a formally structured cognitive-behavioral pain management program in an outpatient setting, this edition has been promoted as a stand-alone handbook for chronic pain patients and their relatives, as well as a resource for health care professionals. For this *Journal*, this review will focus on the book’s relevance for the hypnotically trained practitioner and for pain patients to whom they might suggest the book.

The stated goal of the book is to give the general medical patient suffering from chronic pain the “skills to manage, function and cope with pain” (p.xv) both physically and psychologically. The objectives of the book are to stimulate enhanced motivation and self-efficacy, provide a knowledge base about the current theories of pain science, and to offer skill building resources for diminishing pain and its corollary emotional distress. Dr. Margaret Caudill, an internist and mind-body medicine specialist, is a well-known pioneer in the field of pain management who, over the last two decades, has piloted the well-known behavioral medicine programs at the Beth Israel Deaconess Medical Center in Boston and at the Department of Pain Medicine at Dartmouth Hitchcock Clinic in Manchester, New Hampshire. The book’s foreword, which was written by Dr. Herbert Benson, credits Dr. Caudill with creating a program that has been clinically “so successful that patients on average reduce their visits to physicians by 36% for years following treatments” (p. xi).

As a self-help workbook, the manual includes not only didactic information about the nature and biology of the pain process but also functions as a practical, step-wise guide through a variety of self-management techniques and behavioral homework assignments. Designed to be highly user friendly for a lay audience, the workbook layout includes perforated worksheets for self-monitoring diaries (including pain, physical activities, food, relaxation practice) and even includes a tear-out “Please do not disturb: I’m relaxing per my doctor’s orders” sign to post on the door.

This book is organized into ten chapters which readers are encouraged to read at the rate of one per week in order to maximize the absorption of information and the skill practice assignments following each chapter. Each chapter includes a helpful summary of the information presented and an ancillary reading list. It is written in an empathic, compassionate second person narrative voice, speaking directly to the reader as “you” throughout. Case vignettes, which have been written in a popular tone (“Paula
was very angry at the thought of recording her pain levels” [p. 9]), punctuate the narrative and provide a way help the reader to identify with the daily challenges and triumphs of other pain patients.

The broad content of the ten book chapters includes an array of mind-body techniques derived mainly from a cognitive-behavioral approach to pain management; the revised edition also includes an updated section on nutrition and an appendix on other “Complementary Alternative Medicine” therapies.

In the first chapter, the cognitive behavioral model is introduced, with encouragement for the chronic pain patient to learn to “accept ownership” of pain without self-blame, and to learn to consistently track and chart physical pain sensations and emotional responses in a pain diary; a helpful schematic discussion of how to designate measurable behavioral goals follows. The second chapter explains straightforwardly the neurobiology of chronic pain in its central and peripheral nervous system components, and discusses associated inflammation, muscle spasms, and the use of opioids. This chapter then introduces the mind-body connection by listing the multifaceted psychological factors associated with the pain experience (“anger, depression, anxiety, fear, guilt, frustration, hopeless/helpless” [p.33]); Dr. Caudill subsequently encourages the reader to begin a foray into a personal assessment of the psychological meaning of pain through an inventory of questions: “How has your pain affected how you work, play and perform other activities? What does being in pain mean to you?”(p.32-33).

In the third chapter, the focus shifts to the heart of the behavioral skill-building component of the book. The emphasis is on using concrete skill building exercises to enhance a sense of control and self-efficacy for better management of the pain experience. It is in this chapter that the book’s fundamental espousal of Benson’s Relaxation Response (Benson,1990) as the sine qua non of stress reduction techniques that mediate the fight or flight response is evident. Strategies are presented for the modulation of the breath to encourage a shift from chest breathing to “diaphragmatic breathing”, focusing on a “repetitive phrase, word, breath or action”(p.41). Other techniques presented in detail include coupling breathing with visualizations, using progressive muscle relaxation, and creating safe place imagery. Surprisingly, these are all dubbed “Relaxation Response Techniques” despite their prevalent usage in myriad traditions and behavioral technologies. Indeed the field of hypnosis is introduced and billed as an “Advanced RR Technique” on page 53 where a glove anesthesia and transfer exercise is presented. On the following page, an exercise in Visualization (which is also called a RR Technique) is described; it utilizes hypnotic techniques of multi-sensory evocation, safe place imagery, pain transformation through changes in sensation and then an inner trance dialogue with the pain in what appears to be an ego state therapy script. Unfortunately none of these techniques are identified for the reader as hypnotic strategies.

In summary, this handbook might well be very useful as an informative compendium and overall, motivational self-help guide for chronic pain patients who have not been previously exposed to a mind-body model. The user-friendly format, the author’s compassionate tone, and the chapter per week pacing with exercises makes it appealing for a motivated patient to utilize.

However, it is lamentable, for both the lay person and their health care providers who might recommend the book, that this “soup to nuts” compendium of pain
management strategies written by a foremost expert in the field is devoid of a section on medical /clinical hypnosis. The word itself is only mentioned once in the book (p. 53) and is absent from the index. The absence of a section on hypnosis either in the body of the volume or in the appendix on other techniques is an astonishing omission given the magnitude of the research /clinical literature documenting the efficacy of hypnosis as a significant adjunct to pain management in a wide variety of applications (Hawkins, 2001; Montgomery, DuHamel & Redd, 2000) and its widely described efficacy in behavioral medicine in general (Brown & Fromm, 1987). This oversight is perhaps explained by the poor track record that clinical hypnosis still has in terms of integration into the health care environment due in part to public ignorance/misconceptions and in part to the ongoing reluctance of the medical profession to adopt it. However, in the case of Dr. Caudill’s book, this is also presumably due to her practice residing squarely within the “Relaxation Response” model that assiduously eschews identification with its psychobiological cousin and prototype, clinical hypnosis. The book’s glaring absence of comment on the extensive armamentarium of hypnotic techniques of suggestion for modulating pain and its psychological concomitants therefore limits its usefulness for both the hypnotically savvy patient and health care provider.

References