
This is the second edition of an outstanding book; it has been revised and updated thoroughly. Almost all of the content has been modified somewhat, but the chapters on the neurophysiology of hypnosis and on the treatment of posttraumatic stress disorder have been completely rewritten. Although the book is centered around the assessment of hypnotizability with the Hypnotic Induction Profile (HIP), they present a total picture of a sound approach to hypnosis and its use in treatment.

The first chapter discusses naturally occurring trance phenomena and myths about hypnosis. Most of the myths described are ones that are commonly described or taught in workshops. However, the myth that “Hypnosis is therapy” is less widely described and taught. “That hypnosis is therapy is also a troublesome myth. We avoid the term *hypnotherapist* because by itself hypnosis is not therapy... It may enhance therapeutic leverage, but by itself is not a treatment” (p. 16). I emphasize this point because for many years I have been trying to get authors to avoid the use of the term hypnotherapy and substitute, for example, suggestive therapy facilitated with hypnosis or restructuring therapy facilitated with hypnosis, etc. Doing this would help dispel the myth that hypnosis is the therapy.

In the chapter on induced trance phenomena, the authors point out that “...the authentic hypnotic experience can be defined as formal hypnosis only when it is knowingly induced by the operator; responded to by the subject in a sensitive, disciplined way; and terminated by the operator’s signal” (page 35).

The next chapters of Part I describe the rationale for the HIP and the administration and scoring of the procedure. Although there are other clinical scales for assessing hypnotizability such as the Morgan and Hilgard’s Stanford Clinical Scale for Adults (1978/79) and Pekala’s PCI-HAP (1995), the Hypnotic Induction Profile requires less time and provides somewhat different useful clinical information. The instructions for administration and scoring are very detailed and specific, making it possible for the clinician to do the assessment in a standard way so that the results are useful as a way of reporting hypnotizability in clinical cases. They have updated the induction score on the HIP to a 16-point scale instead of the old 10-point scale. The 16-point scale does not change the administration of the test, just the scoring, so it can be applied to results done prior to the change in scoring.
Part II, *The Hypnotic Profile as a Diagnostic Probe*, is unique in the way personality style is approached. The personality style is determined with a personality inventory plus the HIP. “Three major personality types that emerge from the data are Dionysian, Apollonian, and Odyssean. Dionysians are intuitive, feeling, and trusting of others; they tend to be highly hypnotizable. Apollonians are logical, organized, and prefer to lead rather than follow. They tend to be at the low range of hypnotizability. Odysseans fluctuate between action and despair but are more balanced in the dialectic between feeling and thinking” (page 96). They go on to describe in detail these three personality types and how they are characterized with regard to space awareness, time perception, and their myth/belief constellation. In the chapter on “Hypnotizability and Severe Psychopathology” they correlate the findings from the HIP with the type of psychopathology, both Axis I and Axis II disorders.

As mentioned above, the chapter on neurophysiology is completely rewritten and updated. It is a brief but comprehensive review of the recent advances in understanding the neural substrate of hypnosis. It will be of particular interest to those who have not had the opportunity to read all of the literature in this field and want an overview of this important information.

The first chapter of Part III, *Using Hypnosis in Treatment*, is devoted to the important topic of formulating the problem. This chapter introduces their approach to the brief, symptom-oriented treatment called restructuring. However, most of the chapter is devoted to a useful discussion of various aspects of understanding the problem. Although occasionally mentioning the HIP it is comprehensive enough to be of value to clinicians whether or not they use the HIP.

The treatment method called restructuring is described in detail and is basic to understanding the next seven chapters on the treatment of specific disorders. Restructuring is recommended for the patient who is comparatively well integrated, scores in the intact range of the HIP, and who has a clearly defined and reasonable symptomatic complaint for which brief treatment is appropriate. In restructuring therapy the “. . . patient is invited to view the relationship between himself and his body as dialectical. That is, the patient is not his body nor entirely separate from it. . . . The individual is invited to restructure the relationship between the self and the body . . .” (p. 225). The discussion of restructuring includes a philosophical background as well as how it is facilitated by hypnosis. The seven chapters on specific disorders include specific restructuring suggestions along with case examples for smoking control, eating disorders, anxiety, insomnia, phobias, pain control, psychosomatic disorders, conversion symptoms, and miscellaneous behavior disorders.

Although they “prefer to abide by the principle of parsimony” and use short-term treatment whenever possible, in the chapter, “Spectrum of Therapies,” they discuss long-term therapy in the light of the HIP and the personality types associated with it. Therapies are presented as a continuum: exploration, confrontation, consolation, guidance, and persuasion. For example, Apollonians (low-hypnotizable) are suited best for exploration, whereas Dionysians (high-hypnotizable) are more appropriately treated with guidance and persuasion. For the very highly hypnotizable patient: “There is a growing accumulation of clinical data that suggests that introspective psychoanalytic therapy is contraindicated for the grade 5 patient . . .”. The special considerations they suggest in the chapter on the Grade 5 syndrome are important for all clinicians, whether or not they use hypnosis.
The last chapter on treatment, “Hypnosis in the Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder, and Dissociation,” will be useful to all clinicians who use hypnosis, whether or not they use the HIP. Because “hypnotic-like phenomena occur spontaneously in individuals with posttraumatic and dissociative disorders” hypnosis is “a means for learning to control such symptoms.”

This book is clearly written and extremely well referenced (29 pages of references). Although it will be of special interest to those who want to use the HIP, many sections of the book will be valuable to all clinicians using hypnosis in treatment. It is essential reading for anyone who is teaching a comprehensive course on hypnosis. Assessing hypnotizability should be a part of every basic hypnosis course for clinicians.

References


Treating Compassion Fatigue is one of the more recent volumes in the distinguished Brunner-Routledge Psychosocial Stress series, under the overall editorship of Charles R. Figley, Ph.D. It follows and builds upon the 1995 Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized in expanding our knowledge of this phenomenon and its management. Compassion fatigue is the convergence of traumatic stress, secondary traumatic stress, and cumulative stress and burnout (Gentry, Baranowsky, & Dunning, p. 124, this volume). It is a broader concept than any of the phenomena subsumed within it, or countertransference. Furthermore, although it can be applied to the situation of an individual therapist working with the traumatized, it is employed as well to describe the reactions of helpers of all sorts responding to disasters, such as the Oklahoma City bombing, 9-11, and the terrible war in the former Yugoslavia.

In Treating Compassion Fatigue, American, Australian, and Canadian mental health professionals explore a wide range of topics in two main sections. The first five chapters develop the conceptual complexity of compassion fatigue with both theoretical and research-driven contributions. The second five chapters discuss innovations in treatment and prevention.

Valent’s chapter develops a model of helper responses and pathologies with eight survival strategies (rescuing, attaching, asserting, adapting, fighting, fleeing, competing, and cooperating) and describes their successful and unsuccessful biological, psychological, and social dimensions and manifestations. The way victims’ and helpers’ survival strategies evoke responses in the others are considered. While complex and at times arbitrary, this model has much to offer for future study. Meyers and Cornille’s study of the impact of secondary posttraumatic stress upon child protective services
workers demonstrates the perils of doing this demanding kind of work. Wee and Myers studied those who provided service in the Oklahoma City bombing. Administrators suffered more stress than direct providers, and duration of service correlated with severity of symptoms. Meldrum, King, and Spooner studied Australian case managers, and found that a large proportion developed some symptoms of posttraumatic stress, and about one in five had symptoms consistent with a diagnosable PTSD. Stamm studied the phenomenon of compassion satisfaction, which may facilitate the understanding of why some workers may be more resilient than others.

Gentry, Baranowsky, and Dunning describe the Accelerated Recovery Program for compassion fatigue, a five-session treatment protocol for distressed helpers. This involves helping the helpers identify, understand, and develop a hierarchy of what triggers the symptoms of compassion fatigue; helps practitioners review their present methodologies for addressing their difficulties, and develop plans for self-treatment; helps practitioners to identify resources for addressing compassion fatigue; teaches effective self-soothing; teaches grounding and containment skills; helps them acquire proficiency in self-care, boundary-setting, and skills acquisition; teaches the technique of video dialog for internal conflict resolution and self-supervision; and facilitates the development of a self-administered self-care plan. Moran studies the role of humor in coping with life stressors. Baranowsky illuminates the silencing response, in which assumptions are made such that the clinician guides the client to redirect, shut down, minimize, or neglect the trauma and related concerns. White discusses compassion fatigue in connection with a training program in the use of eye movement desensitization and reprocessing (EMDR) in war-torn Yugoslavia. Finally, Myers and Wee review their study of responders to the Oklahoma City bombing disaster, and suggest strategies to help traumatologists before, during, and after disaster assignments. Their synthesis is thoughtful and worthy of study by anyone with administrative responsibility for helpers vulnerable to secondary PTSD and compassion fatigue.

Treating Compassion Fatigue is more a series of intellectual snapshots of a field in the process of becoming than a definitive statement about the important topics it addresses. It will be of more use to those who are deeply involved in the trauma and disaster relief fields and need information as it develops than to those who seek a definitive synthesis. This is a book which is more useful for administrators and planners than for front-line clinicians. It outlines the problems that first responders, other helpers, administrators, and case managers are likely to encounter when they deal with the traumatized, and offers some tentative and partial solutions. It should be helpful in informing efforts to develop and build in interventions to “help the helpers” in agencies that deal with trauma in general as well as those that deal with disasters.

However, the individual clinician will probably learn the most from the Valent’s chapter on survival strategies, Moran’s study of how helpers use humor to cope, Baranowsky’s informative exploration of the silencing response, and Gentry, Baranowsky, and Dunning’s suggestions for the self-treatment of compassion fatigue.

Hypnosis plays no significant role in Treating Compassion Fatigue, a glaring indication that traumatologists in general have not yet appreciated the powerful role hypnosis can play in facilitating many of the types of interventions that are recommended to assist those with compassion fatigue. Hopefully this omission will be rectified as the
study of compassion fatigue and its treatment comes of age.

Taken and understood on its own terms, *Treating Compassion Fatigue* is a valuable contribution to a field of study that is in its early stages of evolution. Notwithstanding its virtues, numerous minor inaccuracies, jarring dysfluencies, and problems in copy-editing compromise the book. For example, a five-chapter section is described as having six chapters, superfluous words appear in otherwise fluent sentences, and some sentences and paragraphs cry out for rewriting. In one instance, a strong correlation is reported between the abbreviation of a concept and that very concept spelled out completely (CF is highly correlated with compassion fatigue).

References


The Fourth Brief Therapy Conference, sponsored by The Milton H. Erickson Foundation, was held in August of 1998 in New York City. There were 26 invited addresses and they are converted into corresponding chapters in *Brief Therapy, Lasting Impressions*, edited by the Foundation’s director, Jeffrey Zeig. They are grouped under the headings, Principles & Practice, Contemporary Perspectives, Therapeutic Approaches, and The Person of the Therapist. Brief therapy is much more than short-term treatment. The topics, perspectives, and orientations are diverse. So while the general headings are helpful, they are not definitive. Although citations follow each chapter there is no general index, so the reader must either work through from start to finish, not an unpleasant task, or browse in an effort to find specific material of interest.

Organizational issues aside, one of the strengths of brief therapy is its ability to embrace divergent approaches. The advantage of a volume of collected papers is that the varying points of view can be organized around the central theme cum backbone called brief therapy. A review of some of the chapter titles supports this view. They include “The Cause and Cure of Affect Phobias in Short-term Dynamic Psychotherapy,” by Leigh McCullough; “Reality Exists: A Critique of Antirealism in Brief Therapy,” by William J. Matthews; “Better, Deeper, and More Enduring Brief Therapy,” by Albert Ellis; “Sprouting Wings: Four Catalysts for Accelerating Change in Brief(er) Prescriptive Therapy,” by John Norcross; and “Brief Therapy for Sexual Dysfunction,” by Joseph LoPiccolo.

The Ericksonian tradition is well represented by Jeffrey Zeig, Stephen Lankton, Betty Alice Erickson, Ernest Rossi, and Stephen Gilligan, but since the scope of brief therapy is so broad, so are the orientations of its advocates. For instance Albert Ellis and Michael Yapko support a cognitive-behavioral perspective. Leigh McCullough utilizes short-term dynamic psychotherapy. Family and systemic approaches are discussed by Lynn Hoffman and Monica McGoldrick. Each of the presenters puts his/her own spin on the central theme. There are reflections on the past including “Moments
of Eternity: “What Carl Rogers Has to Offer Brief Therapy,” by Maureen O’Hara; a look into the future with “Brief Therapy as a Growth Industry,” by James Prochaska; and “Expanding Your Psychotherapy Practice Through Medicare,” by Nicholas Cummings; and cautionary tales such as “Why the Field of Therapy Is on the Verge of Extinction and What We Can Do to Save It,” by Scott Miller, et al. While hypnosis is not the primary focus of any of the presentations, its utilization is applicable in many of the therapeutic settings that are discussed. Clinicians who are hypnotically inclined will find much of value in these pages. Many of the authors have published extensively on hypnosis and hypnotherapy.

Despite the rich tapestry that the conference presents, there are some notable gaps. Of the 26 chapters only Monica McGoldrick specifically addresses culture, class, race, and gender. Peggy Papp discusses gender differences in depression. In light of the importance of these factors in any discussion of twenty-first century psychotherapy, they deserve more attention. Disability studies are not discussed at all. Clinical research is given sparse attention. Ernest Rossi introduces his work in neuropsychology, but important research in hypnosis most relevant to clinical practice by David Spiegel, Irving Kirsch, and others would have been a valuable addition. While families get some attention, couples do not; for example, although Michele Weiner-Davis, author of Divorce Busting, presented at the Brief Therapy Conference in 2002 in Orlando, she unfortunately was not included in this volume.

It is impossible to achieve a perfect balance, and there will always be perceived omissions or irrelevancies, but overall, whether student or seasoned practitioner, readers will surely find something here of interest. If you cannot attend one of these conferences, curl up with this book. It is the next best thing.


The Evolution of Psychotherapy: A Meeting of the Minds, edited by Jeffrey K. Zeig, Ph.D., presents the proceedings of the Fourth Evolution of Psychotherapy Conference held in Anaheim, California in 2000. Over 5000 participants attended. The faculty consisted of pioneers in the disciplines of psychotherapy and continued the tradition established in the first Evolution Conference: To create a forum for the meeting of the minds of the great masters and pioneers in the field of psychotherapy. As participants watched the masters agree, disagree, and learn from each other, we could deepen our perspectives and get closer to our own unique clinical artistry. This book is the next best thing to having been there in that it offers us the advantage of exposure to all the diverse faculty approaches. The presentations at the conference ran simultaneously so if we attended one, we missed another. The book offers us the same panorama and, because we can reread the material and catch the ones we couldn’t attend, it gives us almost as intimate exposure as being there in vivo.

The book is divided into five sections representing major areas of psychotherapy. We move from psychoanalytic, through cognitive, systemic, experiential, to ethical and social concerns. Each section has presentations by master therapists of a particular theoretical orientation and a discussion or response from a
therapist of a different orientation. Not only is there something here for everybody—new stimulation, challenging theories, provocative positions—but the presenters and discussants are engaged in crosscurrents of ideas that can enliven us all, and sometimes shock us into new areas of thinking and feeling. Lawrence Le Shan, Ph.D., the author of many books including *Cancer as a Turning Point*, has often told his students that if you don’t change your therapeutic approach every seven years you run the risk of going stale. There is such a wealth of ideas, creativity, diverse personalities, and genuine disagreement in this book that it is an antidote to going stale.

Each of these people presents a lifetime of work, commitment, changes, and vulnerability and provides interesting, provocative, and expanding ideas. For example, I am a therapist who uses approaches based on the work of Erickson and Satir. However, my understanding of aspects of my own work was clarified when reading Kernberg’s comprehensive theoretical presentation entitled “Transference Focused Psychotherapy for Borderline Patients.” This presentation is an excellent summary of his work which focuses on the “gradual integration of internal world of object relations” (p. 20). I was also particularly struck by Aaron Beck’s response to Kernberg’s formulations. Working with the cognitive model as opposed to the psychodynamic model he discusses the similarities and differences between these models with a refreshing simplicity, unique to him, I think.

Masterson, in his thorough and beautiful presentation, describes a case history which demonstrates his elegant, impeccable, careful process of bringing the borderline patient into focusing on her relationship with herself, with her disorder-of-the-self triad—a disciplined model.

Hillman’s response to Masterson comes from a Jungian position and explores the self beyond the person, invites in the internal community, from dreams, memories, to expand beyond the animus of the mother.

Albert Ellis, the well-known provocateur, has enlivened conferences since the ‘fifties by elaborating his sometimes harshly realistic rational-emotive therapy, replete with his unique vocabulary (“musterbations” “awfulizing”) and alphabetical symbols (REBT, Rational Emotive Behavior Therapy; USA, unconditional self-acceptance). A masterful performer, Ellis loves to shock, and relishes the moments of silence that his statements can elicit. I think that after he left the psychoanalytic fold he was the first to alphabetize his therapeutic system. I once heard Arnold Lazarus laughingly say that Ellis started with RT, then it was RET, then it was REBT. Lazarus said that if Ellis lives to be 150, by then he would have come across Lazarus’ Multi-Modal Therapy (MMT) so it would then become REBMMT.

At the end of this presentation Ellis embraces Mindfulness. Whoever would have thought that he would make this spiritual discipline his own? He does it very cleverly, in keeping with his usual style. Maybe this is what LeShan was talking about.

There are many others who provoke and evoke interesting and sometimes brilliant rejoinders. There is Gendlin’s “Your body has the whole of your history with each person. Your body has all of what you said and did together” (p. 257). Zeig, in his discussion of Gendlin says: “I follow Goethe who said that man cannot persist long in a conscious state. He must throw himself back to the unconscious, for his roots lie there”(p. 268).

There is the soulful reflection of James Hillman that the lack of beauty in life can
create pathology. “Our theories do admit reluctantly that a non-human world influences us” (p. 162). “My scorn is for your generals—the theories you are unwittingly required to practice, theories derived from nineteenth century idolatry of science and statistics, progress and performance, theories that leave out the actual world of things, the natural environment and the invisible” (p. 164).

Donald Meichenbaum’s rejoinder to Hillman: “Dr. Hillman and I come from different theoretical perspectives and embrace different methodological frameworks. My approach is more practical in nature” (p. 171). We have Thomas Szasz’s radical, thought-provoking, and to some, alarming, reflections on suicide and James Masterson’s compassionate rebuttal.

Arnold Lazarus’ passionate presentation entitled “Something Must Be Done About the Totalitarian Mentality of Many Ethics Committees and Licensing Boards” is a must read for every professional. It is a frightening concept that accused professionals have to prove their innocence rather than defend it with legal assistance.

Rossi’s essay on neurogenesis continues his pioneering work to validate on the level of neurobiology the transformations that can occur in our clinical work.

Zeig also continues to do original and seminal work. He encourages us to amplify our abilities to communicate by using our bodies as well as our minds and gives us concrete images to use. He presents 26 symbolic therapeutic postures as a multilevel metaphor for the hypnotherapeutic process. For those unfamiliar with Milton Erickson, Zeig continues to make deceptively simple and usable the infinite complexity, flexibility, and variety of the doctor who refused to be bored or tied to a theory and who saw every patient as unique. For those of us who worked with Erickson, Zeig keeps re-exploring his genius in refreshing, dramatic, and humorous ways.

The last presentation in the book is a passionate and upsetting State of the Art address by Laura Huxley, bringing new awareness to what we all think we are committed to: The plight of children, especially unwanted children. She presents the following figures (in 2000), as a plea to support her organization, Children Our Ultimate Investment:

In America every 59 seconds a baby is born to a teenager.
Every day 2,745 children drop out of school
Every day 5,753 children are arrested
Every day 8,470 children are reported abused or neglected
Every 2 hours a child is a victim of homicide—and if convicted the murderer of the child receives only one-quarter of the sentence of the murderer of an adult!
Every 2 hours a child commits suicide (p. 359).

She quotes Ralph Nader: “The corporations are electronic child molesters…Year by year parents are losing control over their own children to the omnipenetrating hucksterism of companies…hoping to learn how to stimulate and exploit their anxieties, fears, loneliness, and sensual drives in order to sell, sell, sell.”

She then speaks of spirituality and says, “As the immateriality of prayer brings concrete results in transforming the chemistry of illness into the alchemy of health, so does loving a being before it is conceived bring untold rewards to the baby and the parents, And society too will profit” (p. 392).

There is much more that is stimulating in this book. The only criticism I have of the book is that the contributors’ names, degrees, affiliations, and addresses are not listed.
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Perhaps more importantly, there is neither a subject index nor an author’s index to guide the interested reader. Not having an index in a professional book of this kind is a significant omission. However, these criticisms are minor compared to the value of this book.

It became clearer to me after reading all these presentations how much therapists of different orientations need each other to challenge ourselves to refine and deepen our theories, and to help each other not get stuck in theory, to open to the healing moments beyond theory. Our minds meet and we change each other; we grow through our differences. The Evolution Conference, and this book, provide a forum for us as a professionals to do just that.