
Was there ever a time of practicing psychotherapy, with or without hypnosis, where the idea of trauma, big “T” or little “t,” was not at least a thoughtful consideration? For all those moments of thoughtfulness, *Healing Trauma* occupies a “sweet spot” of especially tuned in and pertinent contributions from some of the leading thinkers of our time: Daniel Siegel, Erik Hesse, Mary Main, Allan Schore, Bessel van der Kolk, Francine Shapiro, Diana Fosha, Robert Neborsky, Marion Solomon, and additional colleagues. The authors focus on topics related to interpersonal neurobiology, disorganized attachment, and early relational trauma as a predisposition to violence; PTSD, EMDR, dyadic therapeutic relationships and comprehensive treatment that focuses on intense affects; and the lasting effects of infant attachment styles on adult intimate relationships. Each chapter is carefully written. Some chapters, especially those by Siegel, Schore, and Fosha represent cogent summaries or advancements in thinking from previous and more comprehensive previous publications. If you want to spend some quality time with a book on trauma, you are in for a treat. (We all owe Jack and Helen Watkins a debt of gratitude for their work on Ego-State Therapy, long before work on dissociative disorders became popular. Much of their clinical wisdom is visible in these chapters, but it is rarely acknowledged.)

I have taught psychoanalytic psychotherapy students from Daniel Siegel’s book, “The Developing Mind,” for several years, as a supplement to a corresponding course on Freud’s introductory papers; a course I had previously taught. Siegel never makes the claim, and I think he is too wise to do so, that adopting his view of the mind as organized around states of mind is a radical replacement for a psychoanalytic psychology that is moribund and in chains when it tries to hold on to archaic models in the face of mountains of new information about how minds and brains work. Every psychotherapist needs a starting point for training, and Freud is a good one. But if we are to treat Trauma, then working with states of mind is a necessity. Siegel’s chapter elegantly summarizes hundreds of contributions to the field of neuroscience, and neatly parses the information into a well organized parade that builds on ideas about memory, emotion, states of mind and self regulation, the
development of a core sense of self, attachment, and integration, in an iterative and common sense fashion. He builds a solid case for thinking about the flow of information between states of mind and integration of this flow to produce a higher and integrated “autonoetic” consciousness. It is not that lower modes of consciousness don’t exist in healthy people. I think that Siegel would say that the issue is one of an individual’s capacity for flexibility and resilience in the face of life’s challenges so that they would not be restricted in the range of responses they might use to face a trauma, or a creative moment. It is in the rigid constellations of wounded states of mind with obligatory response patterns that we fail to cope with life and rely upon childhood-sized solutions for adult-sized problems. In some ways, Siegel’s work stands as a summary for the entire book, but don’t stop reading after the first chapter!

Hesse, Main, and colleagues provide the interested reader with a summary of attachment theory and then detailed exploration of the basis for their understanding how Type D infant attachment seems capable of provoking second generation effects on adults and their children. In other words, infant attachment and the associated internal working models that Bowlby long ago proposed are, in fact, inter-generationally transmissible on the basis of patterns of relatedness. Any thoughtful interviewer is aware that some patients seem nearly incoherent in trying to describe their childhoods, and may actually have experiences of amnesia, acute distractibility, or confusion in trying to talk about an abusive parent. Systematizing the patient’s discourse in a standardized interview led Hesse and Main to be able to reliably predict internal states of mental disorganization based upon the extent of incoherence in patient’s use of language. From this work on the Adult Attachment Interview, and extending work on Type D infants, it would appear that parents transmit to their infants their own internal fear-evoking responses. In other words, to simplify, Type D parents frighten their children, and teach them to be frightened, just like they are/were. The intergenerational transmission of psychology is visible in this work. Freud showed us how infantile neurosis produced adult neurosis. Hesse and Main show us how parents teach their children the “parental disturbance” and that these children grow up to teach their children the same disturbance.

Studying attachment is a powerful tool to anticipating transference constellations and transference attributions in adult psychotherapy. Since there is evidence which points in the direction of Type D attachment as a potential precursor in adult dissociative disorders, this makes for especially interesting reading. As an aside, this will be additionally useful in formulating hypnotic suggestions for ego strengthening in some populations since the internal working models associated with Type D and other insecure attachments represent “bumpy” road maps that can be counteracted by thoughtful suggestion.

Allan Schore’s exploration of how early relational trauma and disorganized attachment reflect disordered orbito-frontal development that leads to lack of cortical control of intense emotional states like rage is one of a continuing series of papers that he has masterfully constructed. He continues to advance his basic premise about the salience of Right Brain function in the development of our humanity and shifts attention away from linguistically focused psychotherapeutic inquiries into the realm of image, body sense, etc. Schore has not yet embraced the wisdom or neurology of hypnosis, and I am eager for him to do that. However, his emphasis on right brain function is music to the ears of any competent clinician using hypnosis since we spend much of
our time looking for ways to activate right brain functions in the search for “sensorimotor tags” and other standard “flags” that are often indicators of traumatic antecedents as we hypnotically investigate conversion symptoms, etc. If you are interested in the brain, Schore gives the most cogent and thoughtful exploration of psychopathology in neuroscientific terms that I have read. His chapter is not for the faint of heart, and requires concentration. It is worth the effort.

The other chapters in this book build on the foundations explored in these first three, and except for the chapter on EMDR add a fair amount of depth and the individual perspective of creative practitioners to these subject areas. If you have no interest in affect theory or attachment you will be disappointed. If you do, then you are in for a treat.

If you know something about EMDR, then I don’t think you will know a whole lot more after reading this “introductory” chapter in Healing Trauma. What I’d like to see is someone who is well versed in EMDR and neuropsychology take the method apart and look at the components of what has been strung together much as the emphasis in this book on affect theory and attachment theory does for psychotherapy, in general. Like any psychotherapy, brain scans change after talk therapy. The fact that this is true about EMDR does not distinguish it. Just like thoughtful practitioners have woven hypnotic metaphors into everyday practice, dimensions of technique in EMDR, which are not all that different from the work of Watkins and Watkins, after all, can be woven into even a psychoanalytic psychotherapy. Maybe somebody will pick up the challenge and take an integrative look at some of the ancillary therapies like hypnosis and EMDR in relation to their integration into the theory of trauma treatment. I would have liked that chapter in this advanced book rather than the introductory view presented.

Healing Trauma is a must read as both an introduction to the field of traumatology for new clinicians and an in depth review for established ones. If you want a book that brings you a series of first class thinkers, without having to buy several other books, this is a good one. If you teach, and need papers to focus your students, this is also a good place to pull chapters. All in all, I recommend this book to you highly and without reservation. It is still cutting edge in 2005.


The author, Roger Hambleton, is a retired British prosecutor and defense lawyer with experience in both civil and criminal matters. He holds degrees in law and psychology, as well as an interest in hypnosis. In this monograph, he has produced a unique and useful addition to the literature in which he examines the legal implications of misused hypnosis methodology in clinical, experimental, and other settings. It must be noted, however, that he does so from the point of view of British common and case law; but since American jurisprudence was originally based on and has been influenced by these precedents, it is possible for American researchers and practitioners to derive benefit from this monograph, provided that caveat is observed. Indeed, seemingly to underscore that point, Hambleton includes separate chapters on Australian and American law as pertains to hypnosis. There is also a listing of noteworthy British legal cases, which are discussed in the text and which may serve as precedents in the courts of the United States and other countries.
The book begins with a brief discussion of the history and theories of hypnosis. In so doing, the author repeats the frequent error of attributing to James Braid the origins of the term “hypnosis.” A more careful review of the literature would have revealed that such nomenclature began with French authorities in the early 1800s. More to the point, he includes entertainment “for the amusement of an audience” and experimentation “for fun” by amateurs as areas where hypnosis is used (p. vi). The potential damage resulting from such applications is somewhat considered in the text, again with reference to British statutes and landmark cases.

There is a subsequent chapter on induction methods, which briefly summarizes techniques and susceptibility. The definition of hypnosis is acknowledged to be complex, and it is noted that there is no universal definition; in legal situations, that can be a vital sticking point. Hambleton himself prefers to offer a definition in terms of behavioral characteristics; that is, he attempts an operational definition which he asserts is likely to be admissible as evidence of hypnosis in a court of law. Many observers of the field would be inclined to agree with him.

In the next chapter on potential risks, there is consideration of possible psychological injury to the client, patient, or subject, when the modality is inappropriately employed. Adverse effects, complications, and even “unusual” reactions can be regarded as assault in law. In the determination of emotional damage, the author utilizes the DSM-IV as a benchmark, and he reviews the various diagnostic DSM categories in that frame of reference. This is followed by abstracts of six illustrative case studies in which harm was alleged. The dangers of hypnosis per se are then considered in both clinical and research settings. This is accompanied by discussion of reputed coercion, failure to terminate properly, and stage performances as potential hazards. Psychological injury stemming from alleged criminal or civic assault is considered from a British forensic viewpoint; but even so this portion of the book is especially relevant, as is the chapter on negligence and breaching the duty to care. One does not have to be a lawyer to understand the issues presented, and clinicians and researchers will find these discussions important.

There is a final section on the principles making for good practice. Every hypnosis professional and scientist should be cognizant of the points covered here.

One area lacking sufficient consideration and discussion is the potential risks when hypnosis is attempted or undertaken by so-called “lay hypnotists.” Such persons generally lack the necessary education and understanding of the essentials required for proper application of hypnosis. Without appropriate and sufficient preparation and experience, the full benefits of hypnosis cannot be obtained and the potentials for risks are heightened.

Hambleton’s book is highly recommended for all who seek to utilize hypnosis properly, ethically, and legally in various settings. This volume truly belongs on the bookshelf of all serious practitioners and investigators who should be cognizant of possible pitfalls in using this valuable modality. Members of the legal community can also benefit from familiarity with the contents of this monograph.