
Reviewed by: William J. Matthews, PhD, University of Massachusetts-Amherst

Reviewing this book was a good news/bad news experience for me. As one who has been influenced by Erickson’s work both in regards to hypnosis and psychotherapy, I never tire of reading his clinical casework, any of which would likely be the highlight of a mortal clinician’s career. The cases reported are fascinating; the interventions are thoughtful and innovative, demonstrating Erickson’s impressive clinical creativity. In that regard, Zeig and Munion have done a nice job in presenting Erickson’s key principles and greatest hits. However, as a researcher and scientist, the underlying epistemological considerations with regard to psychological theory, research, and practice, are more problematic.

The authors have made a clear, well-written presentation with regards to Erickson’s personal history and how his life experiences, such as overcoming the physical challenge of polio as a boy, his divorce, and having a large family, influenced his approach to working with clients. Used to underscore the authors’ points, each chapter is replete with many of the classic case examples of Erickson’s work, with which many readers have become familiar. In this manner, *Milton H. Erickson* is an updated revision of Haley’s (1973) *Uncommon Therapy*. Different than Haley’s (1973) work, Zeig and Munion have sought to provide an exposition of the overarching principles and epistemological underpinnings, as well as a chapter devoted to a presentation and refutation of the key criticisms of Erickson’s work that have developed in the 20 years since Erickson’s death. It is here that my inner scientist homunculus begins to cause me some gastrointestinal distress.

Zeig and Munion lay out three important and interrelated themes that define Erickson’s work. They are: (a) guiding principles; (b) Erickson’s opposition to formal psychological theory as method of informing clinical practice; and (c) the extreme difficulty, if not impossibility, of conducting traditional research as a method to empirically test either the assumptions underlying the approach or its efficacy. Let
me briefly discuss point (b) and its problematic relationship to points (a) and (c). A repeated theme in this book is Erickson’s opposition to psychological theory as evidenced by such as quotes from Erickson as, “I invent a new theory and new approach for each individual” (p.47), and “I think any theoretically-based psychotherapy is mistaken because each person is different” (p.80).

This rejection of theory taken in conjunction with the assertion that Ericksonian work is essentially impossible to subject to empirical scrutiny continues to place unnecessary limitations on Ericksonian approaches to psychotherapy and/or hypnosis. As Held (1995) has observed, a complete system of therapy has three essential components: (a) one or more descriptions of what constitutes the problem of pathology; (b) one or more theories of what causes the problem; and (c) one or more methods to alleviate the problem under discussion. In claiming an anti-theoretical position, one is left with an unsystematic, random and incomplete approach to change. I see no evidence that Erickson was incomplete or random in his approach to therapy and change.

As such, the claim that Erickson had no theory of human behavior is nonsensical and unnecessary. For example, Erickson took a developmental stage perspective in considering where the client was in his or her development and where they might need to go (Haley, 1973). In rejecting the psychodynamically based construct of insight as neither necessary or sufficient for behavior change, Erickson clearly implies a theory that places emphasis on proximal causes and consequents of behavior. Few therapists seemed to have understood the importance of client expectancy or the role of behavioral modeling as well as Erickson (see Sherman & Lynn, 1990). With regard to hypnosis, his belief in a hypnotic or trance state clearly implies some theory of consciousness and information processing. In the absence of some theoretically based organizing principles, one would have to assume that Erickson thought client behavior specifically, and human behavior generally, was completely random and chaotic, with no predictable consistencies across context. There is absolutely nothing in Erickson’s writings to suggest that he believed human behavior was either random or unpredictable. Quite the contrary, Erickson was an extremely well organized therapist who clearly had a systematic approach to therapy. Finally, it is important to note that since theories are sets of interrelated constructs based on empirical observation relating to the prediction and control of some phenomena, rejection of a given theory needs to be based on some notion of empirically, as opposed to rhetorically, based observation.

The notion that a particular approach to psychotherapy is so idiosyncratic and, as such, can not be subject to empirical validation is not a claim unique to Ericksonian approaches to psychotherapy. With some notable exceptions, this view has been pervasive within the field, attributable, at least in part, to Freud’s early rejection of any attempt at, or interest in, empirical validation. With regard to Erickson, Zeig and Munion suggest approaches based on the general linear model of statistical analysis (which seeks to reduce within group variability while maximizing between group variability) are inadequate because reducing within group variability means eliminating or controlling the individual variability, which is the essence of the Ericksonian approach. This is an empirical question. While any given research design has limitations, those limitations need to be evaluated against legitimate tests of refutability.
(i.e., hypothesis testing) and the meaningfulness of the obtained data. However, in their critique that the traditional between and within group experimental research paradigm negates the uniqueness of the Ericksonian approach, Zeig and Munion neglected to consider the appropriateness of time series single subject methodology (see Kazdin, 1982). This methodology directly focuses on intrasubject, as opposed to between group, variability and would seem perfectly suited to evaluate the uniqueness of this approach.

My criticisms and concerns notwithstanding, Milton H. Erickson is an updated, albeit brief, review and exposition of the life, ideas, guiding principles, and significant contributions of Erickson’s approach to psychotherapy and hypnosis. The key notions in this book regarding Erickson and his work are quite consistent with the existing literature about him and, as such, this book is a fair and accurate representation of Erickson. On that basis, I would recommend this book as a good introduction to Erickson, particularly for the individual who is unfamiliar with his work.

References


Reviewed by: Sharon B. Spiegel, PhD, ABPP, Private Practice, Bethesda, MD

The editors, Lynne M. Hornyak and Joseph P. Green, have succeeded admirably in producing a readable, informative work for practitioners. They invited a diverse group of notable contributors with extensive experience in specialty areas to share their knowledge, viewpoints, and strategies for including hypnosis in treatment. Given the range of topics and orientations, the editors have done a commendable job of keeping a consistency and focus throughout by providing a uniform format for the authors. Although there is considerable variation in style, treatment, and presentation, all of the authors provide a summary of the relevant literature, rich case material, descriptions of the clinical methods and suggestions, and recommendations for future research.

This book is to be applauded for its breadth. Issues that are commonly thought of as women’s health concerns are discussed, including the chapters on breast and gynecological cancer by Michael Hall and Steven Jay Lynn; on chronic pelvic pain by
Mark B. Weisberg; on preparation for childbirth by Marc Oster and Carolyn Sauer; and on menopause by Mary Halas. In addition, topics that apply to both men and women, but perhaps have a higher incidence or greater impact in the lives of women are also included. In this category there is a chapter on body image concerns resulting from physical illness by Lynne Hornyak; on eating disorders by Marianne Barabasz; and on pregnancy loss and infertility by Susan Mikesell. The book provides clearly written, easy to understand reviews of the literature, case studies, and treatment guidelines for all of these important topics.

But the book goes one step further. Perhaps one of its strongest points is the inclusion of topics that are relevant to both men and women, but for which women may require a modification in treatment approach or a focus on different variables. Included in this category are chapters on smoking by Joseph Green; on anxiety disorders by Nancy Schoenberger; and on cardiac disorders by Valerie Perdue. These contributors present salient and sometimes subtle data to inform practitioners about the inappropriateness of adopting identical treatment protocols for men and women. The authors highlight what they believe to be the different biopsychosocial factors at play with female clients. For example, in the chapter on treating women who smoke, Joseph Green identifies the specific health risks to women and their particular clinical needs. Although smoking cessation protocols are often the same for men and women, anxiety about weight gain may be a more salient obstacle to treatment success for women. Women who are trying to stop smoking typically gain more weight than men, but research indicates that adding weight control strategies to the treatment may actually undermine the smoking cessation efforts. Thus, Green recommends a simultaneous focus on exercise as a method for addressing this issue.

Similarly, in the chapter on cardiac disorders, Valerie Perdue educates the reader as to the gender differences in cardiac disorders. Since heart disease is the number one killer of men, one might easily see this as a gender-neutral disorder. However, although women may be at lower risk for heart attacks, women’s hearts may be more vulnerable to certain kinds of life threatening arrhythmias. Furthermore, depression and anxiety may contribute to cardiac disorders as well as result from them. Thus Purdue presents ways in which hypnosis can facilitate adjustment to cardiac disease and assist patients to tolerate intrusive medical procedures.

The book closes with a chapter by Lynne Hornyak and Joseph Green in which they provide an elegant synthesis of the issues and themes raised by the contributors. For example, one major unifying theme is the interface between mind and body and the importance of addressing multiple factors that contribute to and maintain a disorder. In the chapter on chronic pelvic pain, Weisberg clearly articulates the inaccuracy of a dualistic approach that views all illness as either “real” or “psychogenic”. He also includes an excellent succinct explication of the biopsychosocial paradigm and psychoneuroimmunology. Several authors discuss the far-reaching effects of stress management for improving quality of life and aiding the immune system. Another interesting issue across chapters is the therapist’s view regarding the importance of hypnotizability as a predictor of outcome. To the extent that these contributors are representative of practitioners in general, it appears that patient motivation is deemed far more important as a screening tool.
This book excels both in its organization and breadth, but I do have one reservation. Although most professionals will find this book a valuable asset, those looking for clinical guidance with a specific health issue might be disappointed if their theoretical model or patient population do not match that of the author of a particular chapter. For example, there is an excellent chapter on eating disorders with specific treatment suggestions written from a cognitive behavioral perspective. A therapist using another model might be left wondering how to translate these methods into a different mode of therapy. One possible solution would be to view this as the first in a series of similar books. Indeed, I found myself wishing for a follow-up volume presenting multiple chapters on using hypnosis with differing theoretical orientations and treatment models. Hopefully, this book will stimulate such interest.


**Reviewed by: Peter M. Barach, PhD, Horizons Counseling Services, Inc., Cleveland, OH**

James Chu’s book is essential reading for clinicians who want to provide effective treatment for a difficult and complex patient population: Adults who experienced repeated childhood trauma. Using the scientific literature and clinical experience to teach a treatment approach that supports functionality and empowerment, the book is both realistic and compassionate in tone. Although earlier versions of some chapters were previously published as journal articles, Chu has revised and supplemented them with new material.

Chu recognizes that characterological issues and a history of chronic abuse often go hand in hand. He describes the importance of carefully paced treatment in building the psychological resources that are needed to resolve the effects of chronic trauma. Ignoring the lack of coping skills in this population, some clinicians have thrust their clients into a heavily abreactive mode of treatment that has left clients feeling overwhelmed, dependent, and suicidal. In contrast, Chu offers an alternative approach that supports the patients’ sense of responsibility and control over their own behavior.

Taking a nonjudgmental approach to working with patients who are sometimes described as “impossible,” Chu helps the reader understand the patients’ difficulties in accepting limits and recognizing the boundaries of the treatment relationship. These patients often grew up in families that had inappropriate boundaries. They also may have learned that control and manipulation are adaptive ways to relate to others, and it is entirely expected that they will play out manipulative scenarios in the therapeutic relationship. Furthermore, they may unconsciously play out reenactments of child abuse in how they act with and perceive the therapist. These patients need clear treatment boundaries, and Chu specifically tells the reader how to establish them.

Once a well-bounded treatment relationship is established, the therapist is free to attend to the central importance of relationship issues in the patient’s life. Without clear boundaries, patients tend to look to their therapists as their sole interpersonal support.
This situation arises because many chronically traumatized patients never learned social skills and expect to be hurt by others. Chu emphasizes the need for them to develop an interpersonal support network that they will need to cope with the emotions and memories that arise during treatment (as well as in daily life). He describes how interpersonal support can help the patient cope with emotional distress without having to use dissociation, substance abuse, and self-mutilation as anesthetics. He also tells the therapist how to teach emotional self-care skills to patients who never learned these skills. The book contains many case vignettes that easily translate into clinical interventions.

The author helps the therapist to respond to the patient as a person, not as a collection of symptoms or as a helpless victim. For example, in treating patients with Dissociative Identity Disorder, he makes it clear that the unit of treatment is the person as a whole and not the dissociated alternate identities (usually referred to as “alters”). Chu’s approach stands in clear contrast to the favoritism shown to some alters by neophytes in working with dissociative disorders. When talking to the alters, the therapist endeavors to bring about increased psychological integration by helping “them” accept each other’s feelings and perceptions.

Chu takes a balanced approach to the recovered/false memory controversy. He reviews the claims made by advocates of the “false memory syndrome” position, looks at the research concerning the malleability of memory, and evaluates the data concerning corroboration of recovered abuse memories. He concludes: “It appears that horribly abused children do forget. However, when individuals begin to recover memories of past traumatic events, it remains unclear to what extent these memories reflect the actual events” (p. 70). The author urges therapists to take a neutral position when clients demand to know, “Do you believe me?” Throughout the book, Chu’s approach stands in contrast to the caricature of “recovered memory therapy” that has used extremist writings and cases of alleged malpractice to assail the entire field of dissociative disorders and their treatment.

For an approach to treating complex PTSD and dissociation that fits well with the developmental perspective that has increasingly shaped theory and clinical practice in the last few years, Chu has produced a useful and well-written guide.