This issue continues a focus that began in the last publication of the journal on various applications of hypnosis within the realm of psychotherapy. The selection of books included here span general uses of imagery, metaphor, and myth to guides for using formal and Ericksonian hypnosis to treat trauma and manifestations of evil. The topic of trauma appears to be resurfacing in the hypnotic literature after a time period where relatively few of these books have been published, largely due to the false memory debate. It seems likely that the dark reality of the terrorist attacks of 9/11 has pushed this issue to the forefront of our collective consciousness once more. For readers who specialize in treating trauma, or who are interested in new perspectives on this topic, this particular issue will bring you fresh possibilities.

Our book section begins with four works based on the use of metaphor and myth with therapy clients. Rubin Battino’s *Metaphoria: Metaphor and Guided Metaphor for Psychotherapy and Healing* is reviewed by Julie Linden, Ph.D., who enlivens her critique with her own playful metaphoric writing style. This is followed by *Grendel and His Mother: Healing the Traumas of Childhood through Dreams, Imagery and Hypnosis*, written by Nicholas Brink and evaluated by Jane Parsons-Fein, CSW. Although this book is highly innovative in applying the Beowulf myth to the basic healing structure of the therapy process, our reviewer found aspects of Brink’s approach troubling, especially in treating survivors of past trauma.

Following this title is Eric Greenleaf’s release, *The Problem of Evil*, critiqued by Harriet Hollander, Ph.D. Greenleaf’s approach integrates Ericksonian methods with narrative therapy to treat clients who struggle with the powerful impact of traumatic experiences that range from bullying and intimidation to incest. The last book in this series is *Coyote Speaks: Creative Strategies for Psychotherapists Treating Alcoholics and Addicts* by Jacques Rutzky, M.A., MFT. Reviewer Eric Greenleaf, Ph.D., points out that, although the author draws his inspiration primarily from Carl Jung, readers will benefit from the author’s sound model for approaching addiction and alcoholism as well as from his sensitive work with adult clients who were traumatized as children.

These selections are followed by a book which does not use hypnosis, but presents two other highly effective treatment models for the treatment of trauma. Dr. Philip Accaria, Ph.D., examines *Energy Psychology and EMDR: Combining Forces to Optimize Treatment* authored by John Hartung and Michael Galvin, pronouncing it a “winner.” Aside from its balance of cutting edge technology with sound methodology and analysis of available supporting research, Dr. Accaria believes that this book presents an engaging exploration of these two methodologies, complete with
commentary on practitioners’ common questions and objections to using these methods. In addition to the treatment of trauma, the authors include applications of their combined approach with children and adolescents, dissociative problems, addictions, performance enhancement, and character disorders.

Next are two books that focus more specifically on the hypnotic treatment of trauma. *Tools for Transforming Trauma*, written by Robert Schwartz and reviewed by Rick Voit, Ph.D., offers suggestions for using hypnosis to promote affect regulation and ego strengthening, transform traumatic events, and fortify the therapeutic alliance. Dr. Voit recommends this selection as an important reference book, though he would have liked the inclusion of more specific hypnotic techniques. The second book, *Ego State Therapy*, by Gordon Emmerson, approaches the treatment of trauma from a hypnotic ego-state perspective. Reviewer Claire Frederick, M.D., acknowledges the author’s contributions particularly in the utilization of resistances, and in applications of ego state work to relationship problems, especially with couples.

The last two selections in this issue depart somewhat from our theme, though they are written by well-known professionals in the field of hypnosis. John G. Watkins, highly esteemed hypnoanalyst, is the author of *Adventures in Human Understanding: Stories for Exploring the Self*. Shirley McNeal, Ph.D., views this collection of vignettes, short stories, poems, and essays as both a study in developmental psychology and a nostalgic journey through earlier stages of the author’s professional and personal life.

Watkins’ book is followed by Janet Sasson Edgette’s *Candor, Connection, and Enterprise in Adolescent Therapy*. Robert Acton, Ph.D., who evaluates this volume, finds Sasson Edgette’s work a valuable resource in helping therapists understand the unique process of therapy with adolescents. Although the author is a well-known practitioner of Ericksonian therapy, Dr. Acton points out that she deviates from this model to encourage therapists directly to be “real” with teenagers. This book emphasizes that candor is the most effective contextual basis on which to build a therapy relationship that these clients can trust and value. In a world where honesty is so often distorted, or missing altogether in dealings with teens, this author’s point of view is solidly refreshing.

We continue to invite readers to contact us with their recommendations for books, videos, and audiotapes to review, including their own publications, via email to 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 their professional bookshelves.


Battino’s newest book, *Metaphoria, Metaphor and Guided Metaphor for Psychotherapy and Healing*, is an addition to his growing contributions to the Ericksonian literature on psychotherapy. For those already familiar with well known Ericksonian theoreticians/clinicians (i.e., the Lanktons, Zeig, and Rossi), this book will be mostly a review, but a finely arranged one that makes the book a potential text for the teacher of metaphor. In fact, the author states that when asked to write this book, he was unsure that he would add anything new to the literature. For those who have no
background in hypnosis or guided imagery, this book is not the place to begin. It assumes a level of familiarity with certain concepts that would be confusing to a beginner, and as such requires a teacher to provide the foundation in imagery and hypnotic work. However, for the psychotherapist with some background in imagery work, the book covers many topics and provides a detailed introduction to the definition, structure, formulation and application of metaphors.

In this compendium, the title may be one of Battino’s most creative contributions. As the title suggests, the author has set the horn of plenty on the table amassing a fine array of examples, exercises, and experts which loosely all relate to the topic of metaphors. Interesting that Battino’s invented word conveyed to him “euphoria, metamorphosis, passion and moments of delight” (xvii). One might guess that this particular metaphor remained unconscious to Battino, but as he suggests, the “meaning of any communication is the response you get” (p. 23). To this reviewer, Battino communicated breadth more than depth. To wring the last bit from this metaphor, I ate tidbits from a wide variety, but remained un-full yet not unfulfilled in the end.

It would be a disservice not to mention Battino’s passion, however, which is as much for the narrative as for the acted, spoken word. Battino tells us he is an actor, and I am sure the skills culled and condensed from that profession delight and enrapture the listener when he tells his stories. He covers the details of pacing and leading, and at times strays deeply into the Neuro-Linguistic Programming (NLP) literature to cover anchoring and eye cues (p. 70), all of which are useful concepts and skills for an astute clinician, but hardly necessary to the use of good metaphors. Battino comments on the difference between the spoken word and the read word (p. 2), clearly preferring the spoken, and it is here that the weakness of the book emerges. This is a book about metaphors in the context of psychotherapy, yet seems to be a book about psychotherapy in the context of metaphor and guided imagery. This is hardly a criticism, for it implies that Battino simply set out to do too much, and probably has too much experience to limit the focus easily. For example, I would have liked to see Chapter Four expanded, as central to the book’s explanations about metaphors and their construction, rather than the author’s superficial covering of a broad range of therapeutic techniques, e.g., the arts and psychodrama.

Of great value in this book are the detailed examples, the therapeutic interventions, and the how to’s, which both novice and experienced therapists will find useful. Battino devotes a chapter each to reframing, ambiguous function assignments, ordeal therapy, and as-if or miracle questions, referring to each as a kind of metaphor. In Chapter Seventeen, Battino defines what he means by guided imagery and guided metaphor: “In individual guided-imagery work a healing metaphor is developed collaboratively with the client” (p. 289). A guided metaphor is also developed collaboratively but uses the “client’s story of her life as well as her personalized healing metaphor” (p. 289). (I am not convinced there is a distinction, since imagery can summon a client’s entire “story”.) What is useful are the questions he provides in order to gather the information needed and the steps to follow to then create healing metaphors for clients. These steps are easy to follow, although as Battino reminds the reader, making metaphors is a complex task. Just having the ingredients does not a gourmet meal make.

Consciously designing metaphors (p. 84) is an important learning tool, and one Battino recommends. I wish that the author had spent some time discussing the therapist’s
intuition, that sum of unconscious experience which often permeates our work, allowing, for example, the image (the metaphor) to float into consciousness that ultimately relates to and guides our understanding and work with a client.

Battino reminds us that the solution-focused-brief-therapists perceive three kinds of clients: The workers, the complainants and the visitors (p. 205). I would guess that the “workers” make up the smallest percentage of people in therapy, and that moving the other two groups towards “working” is the real challenge of therapy, and that requires relationship skills, patience, and a well integrated conceptual framework on the part of the therapist. For some, metaphor will be part of that framework, for others it will be the framework. See Battino’s all too brief mention of Batesonian Perspective (p. 6) to appreciate metaphoric meta structure and the notion that in the mind all is metaphor.

Pairing action with metaphor to achieve change is crucial to work with children, and really is another way to define play therapy. Battino credits Ordeal Therapy to Erickson and Haley (p. 228). These are not new ideas; they are old ones with a new name. Herein lies the crux of my disappointment in this book— it covers many of the techniques, the theories, the concepts that are the common ground to all good therapy, and yet, fails to note that connection. It is a strength to be so inclusive, it is a weakness to not call it such, and in this Metaphoria fails. The book might have been better titled: Multiple Interventions for Healing.

Child therapists are not likely to gain much from this book, although some examples of metaphors to use with children are included. The book is written largely for the audience treating adults (or the child within the adult), and for those comfortable defining therapy as trance and utilizing trance phenomenon to achieve the patient’s objectives. As noted earlier, it will also be of interest to teachers and trainers looking for a comprehensive text on metaphors. It is well organized and planned, clear although not always elaborate.

While there is no mention of Jung, whose great contribution of the concept of collective unconscious was all about metaphor (Kalsched, 1996), nor much attention given to any of the old psychotherapy masters who drew heavily from metaphorical reference (e.g., Winnicott, Freud, Horney), it seems more an honest omission due to Battino’s passion for Ericksonian thinking. Milton H. Erickson, M.D., was of course, a product of the old masters, and undoubtedly influenced by them, so it seems Battino has honored the memory of his mentor with this book.

During and since graduate school the biggest criticism I have been given of my professional writing is that it is too poetic. I know now that was a compliment, for this comment recognized my particular framework for conceptualizing therapy. This is what Battino would call the metaphorist (p. 21). In the end, we may remember Battino for introducing the wonderful word metaphoria into the language of psychotherapy.

References

The subtitle of this book is *Healing the Traumas of Childhood through Dreams, Imagery and Hypnosis* and it is written by Nicholas E. Brink, Ph.D., a clinical psychologist in private practice. He is a past president of the American Association for the Study of Mental Imagery and the Book Review Editor for the journal *Imagination, Cognition, and Personality*.

In the Foreword, L. Michael Bell, Ph.D., Medievalist and Folklorist in the English Department, University of Colorado, wrote: “Brink has plumbed—uniquely—the even deeper psychological layers of this art (the Beowulf poet’s) to discover their resonance for modern psychotherapy” (p.xiv). He continues: “Grendel and his mother are within us, our fears and anxieties and the enemies of the God within—the creative, inspiring, good and self-actualizing part of us… With the death of Grendel and his mother this God-within us is able to flourish” (p. xvi).

Brink’s hypothesis is that the myth of Beowulf’s killing of Grendel and his mother can deepen our understanding of the healing process, and that the basic structure of the therapeutic process can be fit into the structure of this myth. He depicts parts of the self as analogous to the heroes and villains of the Beowulf saga. Thus, Brink refers to the unconscious as “the warrior within” (p. 40), as symbolized by Beowulf. The castle is the castle of the self and Grendel symbolizes the monster of our despair that wreaks havoc. He equates the lineage of four generations of Danish kings to human developmental stages, and explains that the dissociation resulting from the abandonment trauma of the first of these kings is then transmitted unconsciously from one generation to another. The language of therapy and myth are intertwined similarly throughout the book: “We begin our journey to track this monster, our journey into our unconscious mind of forgotten memories, a journey with pitfalls” (p.139). “The Grendel within me blames and kills a part of me, torments me… (It carries the) burden of my ancestry” (p. 25).

The language of the book, however, is one of its biggest problems. In the Preface, Dr. Brink states: “The purpose of this book is to increase the reader’s understanding of the cause or one class of causes, of behavioral, emotional and thought disorders and of the treatment process of therapy for these disorders with this class of causes” (p. xvii). Unfortunately, much of the writing in this book is as unclear to me as is this sentence.

The structure of the book adds to this difficulty. Brink structures the book by dividing the myth of Beowulf into stages, then tracking parallel stages of the myth and the therapy process of each of six clients, interspersed with digressions and other case anecdotes. In convoluted fashion, he alternates portions of Beowulf’s journey with short and sometimes fragmented descriptions of how his six clients fit into the mythical saga. Eventually therapy culminates in the slaying of Grendel’s mother in the bottom of the murky lake and the subsequent celebration. Brink’s structure makes it very difficult to keep track of who is who, and to get any individual understanding of his clients as unique people.

Moreover, on a deeper level I have serious questions about some of the
fundamental assumptions underlying Dr. Brink’s depiction of the therapeutic process. “Why use a myth as a map of this journey?” Brink asks. “Whereas an individual dream is specific to an individual, a myth of the culture describes the unconscious process on a more universal level applicable to all of us” (p. xx).

Many agree that there is a universal unconscious; many also agree that each of us has a hologram of that unconscious that is unique to each of us. Several times Brink refers to Milton Erickson’s work. However, Erickson’s work is clinically very different from Brink’s. For example, Erickson is quoted in the Frontispiece to *Ericksonian Approaches to Hypnosis and Psychotherapy:* “Each person is a unique individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individual’s needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behavior” (Zeig, 1982).

Brink’s formulation seems to be aligned with the Procrustean bed that Erickson referred to. In each segment we jump back and forth from the Beowulf myth to portions of the therapeutic journeys of Raymond, Megan, Craig, Sally, Aaron, and Peggy. The hypnotic language is mostly directive, and sometimes appears intrusive. While the inductions are not uninteresting, they are not choreographed by subtleties of language or creative phrasing to pace the unique metaphors of these six particular clients.

There is also little demonstration of compassion, humor or flexibility in this work. Brink sees Erickson’s “yes set” as a technique “to insure that either he or she is in agreement with me” (p. 84). Erickson used the “yes set” to amplify acceptance of the client and to establish the hypnotic connection between his own unconscious and the unconscious of the subject. I found little reference to the value of the trusting relationship between hypnotist and subject. Indeed I was alarmed by depictions such as the following: Brink: “All the responsibility of possessions. You just let go of them. The earth is cleansing itself. So much unnecessary responsibility” (p. 111). And: “Responsibility’s arm was torn off” (p. 111).

As a clinician who uses Ericksonian approaches, I am uncomfortable with the killing off of parts of the self. Erickson always focused on helping the individual accept all parts of the self, especially the ones often hated by the self which are in the most pain. The adult part of the self develops compassion for the traumatized self, no matter how ugly, and integrates it with respect and love.

Nothing is said about the possibility that Grendel and Grendel’s mother were also the victims of brutalization. Contrast this with the novel *Grendel* by John Gardner, in which Grendel says:

The sky ignores me, forever unimpressed. Him too I hate, the same as I hate these brainless budding trees, these brattling birds…Not, of course that I fool myself with thoughts that I am more noble. Pointless, ridiculous monster…Ah sad one, poor old freak!” I cry, and hug myself and laugh, letting out salt tears, he he! till I fall down gasping and sobbing. (It’s mostly fake.) (p.6).

If Grendel and Grendel’s mother are a part of my client and my client’s healing involves slaying a part of the self, then in my hypnotic relationship with my client, it appears that I am moving from a relationship model of acceptance and compassion to a romanticized and dissociated model of victory by violence.
Many people walk around hating the helpless victimized child within themselves, treating their child selves as the abusers did. It takes courage to accept the child-monsters. At age 12 I loved the heroism of the Beowulf myth and was moved by it. Now, watching my clients grappling with the parts of themselves they don’t want to accept, I see a different and more complex heroism. Where there was hatred for their vulnerability, now there can be compassion.

I disagree with Dr. Bell’s implication that a mythological saga that moves us all can introduce psychotherapy to the deeper depths of the unconscious where demonic monsters live. I think psychotherapy responds to the infinitely complex layers of unconscious experience with increasingly creative and subtle flexibility of mind that goes far beyond the compartmentalization of good and evil. I appreciate the fact that Brink is enthusiastic about the saga and courage of Beowulf and its metaphoric possibilities. I think the slaying of dragons is a wonderful fantasy. I see coming home to one’s self, however, as something quite different. Slotting his patients into this rigid structure may deprive them of the uniqueness of their struggle and possibly his journey with them. Seeing them through this mythic lens is an interesting exercise, though presents a significant dissociation from the clients I work with, and is of questionable clinical value to me as a professional.

References


This is a remarkable and original book about therapeutic compassion and healing and the creative approaches that restore courage and freedom to individuals whose lives have been altered by the forces of human destructiveness. Inspired in part by the emotions generated by his visits to Auschwitz, the author gives a voice to victims of individual acts of evil. He considers the traumatic impact of experiences that range from bullying and scapegoating to incest.

The book draws the reader in with powerful first hand accounts of patients, who have recorded in their journals and letters the trauma that was followed by despair, descent into alcoholism, or the shattering of the personality. For those patients the author provides an integrated therapy in which the internal pain is externalized through narrative, dream work, and imagery.

Therapy invites the utilization of imagination as preparation for action. For example, the author views dreaming, as Erickson did, as a way both to hide and reveal elements of meaning. Symptoms also reveal and hide meaning. However, in Greenleaf’s approach to healing, the emphasis is on the difference in the social outcome between symptom and dream. The symptom creates distance. The dream offers client and therapist an opportunity to explore meaning communally and intimately.

The author describes his use of narrative therapy in the healing process.
Narrative therapy utilizes a strategy in which problems are viewed as the expression of conflicting stories in a social context. Narrative lends itself to the perception of relationships in a social context as theater in which shifts can occur through creation of alternative scripts. Internal conversation becomes external.

In a similar manner, Ericksonian therapy advises making an interesting design out of a problem—redesigning (reframing) it. The author finds that narrative therapy and Ericksonian approaches are complementary in their use of metaphor and the story as the means by which the individuals learn, label and re-label their place in the world. Through metaphor and story individuals create distress or comfort. The “directive” and “constitutive” functions of metaphor or story enable persons to rearrange their values and their ability to act. The dream, in this process, may pose the goal of the patient and symbolically hint at inner strengths. The therapy relationship, according to the author, directs the patient to complete the suggestions revealed in the dream, the narrative and the image.

In addition to his utilization of dream, imagery and narrative, the author describes the importance of helping patients with developing an accurate attribution of their emotional experiences. Trauma often results in a lessening of the patient’s ability to interpret correctly communications to them. The therapeutic relationship described by the author helps patients distinguish feelings of self from feelings of the other, gaining an appreciation of their individuality and an increased awareness and respect for their personal boundaries.

The diverse theories that inform the author’s creative therapeutic practice are presented last in the book. At this point, the reader becomes more familiar with dreams, metaphors, stories, narrative and imagery as an heuristic representation of inner experience. The author then shares his sources, which range from catastrophe theory, and quantum physics, to epistemology, and constructivism. As a therapist trying to understand how a person comes to represent outside reality within the mind, he shares with us challenging excerpts from Wittgenstein, Bateaon, Plaget, Freud, and Tibetan Buddhism, permitting us to examine for ourselves the relevance of their ideas to his eclectic hypnotherapy.

Greenleaf trains students and colleagues through the experience of hypnosis. A special technique involves “passing the trance.” Seated in a circle, he induces one participant into hypnosis by means of an arm levitation. The subject reports her visual images and associations and then proceeds to induce the next person, by means of an arm levitation, into hypnosis. The group explores a theme, or a problem to be solved. Each person comes to appreciate both their individuality and relationship to a community as a model for their own work as therapists.

Throughout the book, directly and indirectly the author reveals the ways in which he departs from traditional psychotherapy, dependent on diagnosis and analysis of the origin of symptoms. His focus is on action, and on future. How will change occur? What questions open the way to change? What will change look like and how will it feel? How will change be conceptualized? What will new ways of thinking mean for further change? The therapy of healing makes use of perceptions, sensations, and visual imagery represent the world. The therapy of healing explores active ways to rearrange imagery and alter narrative to affect changes in emotions, experiences and relationships.
This book is a rich source of therapeutic insight and will reward the therapist with repeated readings.


Jacques Rutzky has written three short monographs, each clearly articulated and succinct. They are interleaved and left to bump along together, without too much connective thread. The first and longest of these three is a thorough beginning text on the physiology of addiction and its dangers and psychological effects. The main emphasis is on correct and complete diagnostic assessment and relapse risk assessment. These parts of the book are like an excellent version of DSM-IV and useful to beginning therapists, as well as to addicts and their families.

The second monograph concerns the “trickster” archetype, a Native American myth embodied in the figure of Coyote. The well-chosen tales from the trickster canon are used to emphasize aspects of the psychology and interactive style of addicts and of the therapists who treat them. Each tale is echoed in the author’s internal dialogue during therapy: “And I thought to myself, ‘Yes, I do see you, Coyote.’”

The battle with the trickster is conducted by Rutzky with an emphasis on moral attentiveness, contractual negotiation, and the twelve step community of recovering addicts. Rutzky also exhibits a suitable humility and diffidence as a therapist, coupled with a strong interior cast to his reflections. His style is like that of many fine dynamic therapists: thoughtful, attentive, quiet, reflecting on the counter-transference as the interactions of therapy proceed.

The conduct of psychotherapy with addicts, including the twelve step model, confrontation, and the drinking and using contract, is described through a series of therapy vignettes. These, along with Rutzky’s reflective sense of his own emotions and the patients’ struggles, constitute the third monograph. Here the power of Rutzky’s moral vision is revealed, though the subtitle of the book might well have been “Compassion and the Pain of Consciousness”. In a wrenching, moving passage about his adult clients who have been traumatized as children, he writes:

The impact of exploring a lifetime of pain in the context of psychotherapy or witnessing the emergence of traumatic memories is rarely discussed. Work in the field of long-term depth psychotherapy long enough, ... and you’ll see your patient tremble, become nauseous, and arrive for an appointment sleep deprived, fearing the return of a repetitive nightmare ... And you will recoil when your patient reveals ... a step-parent’s face when he first entered a darkened bedroom. You will shudder when you hear how she prayed that the darkness would disappear and when it didn’t, a large part of her did. And it will change you, forever (p. 210).

Rutzky cites Jung, who said that the development of consciousness brings both light and healing, and the Jungian, Sandner, who says, “Coyote is a partner in that
liberation: He forces the hero to be conscious.” Rutzky combines their views to make a vibrant archetype of the therapist-patient relationship:

Jung, it turns out, was not only a guide to the theory of mental images, the archetypes of the collective unconscious. He was also a direct influence on the founders of AA. Rutzky tells the tale well: In 1931, Jung treated Roland H, a relapsing alcoholic who continued in analysis and continued to drink. Finally, Jung told Roland H. that his only hope might be found in a spiritual experience. In 1934, Bill Wilson was told about Jung’s advice to Roland H., which helped lead to the spiritual awakening of Wilson and the founding of AA. Jacques Rutzky is a worthy, instructive practitioner of this complex tradition.


As a clinician, have you ever wondered if there was a more efficient and effective means of treating your clients/patients? If so, I recommend without reservation this book by John G. Hartung, Psy.D., and Michael D. Galvin, Ph.D. This work is a winner in many respects. Galvin and Hartung, who have studied and practiced many psychotherapeutic methods, have come to depend primarily on energy psychology and EMDR (Eye Movement Desensitization and Reprocessing) as their preferred methods of intervention. It is their contention that “… these methods excel—especially in combination—in helping clients achieve profound change and growth, usually quickly and with stable results” (p. xiii).

The authors present their thesis in an organized, thoughtful and balanced manner, offering the reader the basics of each procedure, relevant research, and generous case examples which appear throughout the entire book. They cover such topics as client self-use and phone consultations, therapist self-care, specialty applications, and training recommendations.

This book is presented in 11 chapters. The authors begin by offering the basics of energy psychology and EMDR, including their histories and theory, principles, practice and comparisons with other psychotherapies. They include the available research which is presented with a refreshing intellectual honesty, and iterate the practice of both methods separately. Hartung and Galvin then offer the nucleus of their therapeutic premise in the middle chapters, where they describe how and when to combine these methods and elaborate on the finer details of client self-use and therapist self-care.

Galvin and Hartung conclude with chapters devoted to the application of their combined methods to specialty populations and to applications such as forensic uses, as well as those with children and adolescents, dissociation problems, addictions, performance enhancement, and couples therapy.

The authors present a very balanced view of the variety of energy psychology methodologies, making it clear that their preferences are based on their extensive clinical observations. Hartung and Galvin emphasize that “there does not need to be a competition between established and alternative methods. They can be complementary.
or supplementary” (p. 12). They offer an excellent section itemizing the 10 most common questions about and objections to using energy psychology and EMDR either in combination or at all and add their personal comments. For readers trained in energy psychology methods it is important to note that Galvin and Hartung specifically focus their attention on meridian-based methods, Thought Field Therapy in particular, indicating “utility, simplicity, and face validity” (p.12) as their reason for doing so.

In addition, Galvin and Hartung offer a seven step series in the application of their energy psychology paradigm. They are: 1) Establish the therapeutic relationship; 2) Inform the client about energy psychology; 3) Take a history; 4) Ready the energy system for treatment (i.e., treat barriers to treatment through muscle testing); 5) Target specific problems for treatment; 6) Commence treatment; and 7) Close the session. They demonstrate this sequence throughout the book. On page 33, the authors present a concise table which delineates which therapy to use for which problem including variables such as preparatory considerations, presenting problem, treatment circumstances such as abreactions and resistances, and “miscellaneous” issues. They follow up each listing with a brief discussion and commentary. Chapters Three, Four, Five and Six contain excellent descriptions about how to conduct energy psychology and EMDR, and how to combine these methods. The reader will be quite satisfied with the quantity and quality of case examples, especially those relevant to therapists who struggle with one or both methods.

This reviewer strongly recommends Chapter Eight on Therapist Self-Care. Hartung and Galvin write: “If it is true that energy can be transmitted over space … then we are being subjected to these negative influences throughout the day” (p. 226). They then proceed to list the variety of techniques the therapist can utilize to practice good “energy hygiene” including, but not limited to, corrections for neurological disorganization, the three polarities unswitching procedure and the correction for massive psychological reversal.

In Chapter Nine: Specialty Applications, the reader will encounter a compassionate and hopeful assessment of the “Character Disorders.” The authors offer an exquisite application of the combined methodologies that will stir the reader’s conceptualizations of these challenging conditions.

The shortcomings of this book are few. It struck this reviewer as unfortunate that the very first figure, Figure 1.1 on page 8, depicting the Energy Psychology Heritage Tree, should appear somewhat convoluted. It would also have been enlightening had Hartung and Galvin included an explanation of the variety of other combinations of energy psychology methods. This might have served to reinforce the uniqueness of their own interweaving of energy psychology and EMDR.

Energy Psychology and EMDR: Combining Forces to Optimize Treatment is most suitable to therapists already trained in energy psychology methods and EMDR because the authors do such an excellent job of presenting the basics, theory, history, and procedures relevant to each method separately as well as in their combined form. The clinician experienced in both or either of these approaches will undoubtedly learn something new. This book is also a superb introduction for the novice to energy psychology and EMDR for the very same reasons cited above.

Those untrained in energy psychology methods may find Gallo’s (2002) Energy Psychology in Psychotherapy: A Comprehensive Sourcebook useful for obtaining a lay of the land in this area. Clinicians who have not trained in EMDR will find Shapiro’s
(2002 revised) *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* a most complete introduction to EMDR.

As noted above, this book is indeed a winner. Congratulations to John Hartung and Michael Galvin for their highly successful accomplishment!

**References**


In reading through his biography, we learn that the author, Dr. Robert Schwarz, has led an illustrious clinical and teaching career, organizing numerous conferences on topics of trauma, Ericksonian hypnosis and brief therapy. This book certainly reflects the depth and breadth of his knowledge and expertise through its meticulous and exhaustive coverage of these and other subjects. He methodically leads the reader from the roots and nature of trauma and the context of its victims into a sweeping, detailed review of several diverse treatment approaches. The book then sets out to integrate all of this into a practical, framework for altering the damage left by trauma.

Dr. Schwarz appropriately begins with an in-depth view of the trauma patient. He first distinguishes between “big T” and “little t” trauma. “Big T” traumas are those that meet the criteria for a DSM diagnosis of PTSD while “little t” traumas are events that are simply “beyond a person’s ability to master at the time of the event” (p. 3). He then offers a comprehensive review of the many facets of an individual’s existence that either influence or are affected by the occurrence of trauma. Dr. Schwarz touches on every conceivable angle including social context, biology, cognitive processing, spirituality and the recovery environment. The significance of social milieu in understanding the nature of trauma injury and corresponding implications for treatment is underscored. This is a crucial aspect of treatment as these patients must heal and reintegrate not only their identities but also their perceptions of the world around them. This chapter in itself would make a terrific primer for any therapist as it reminds and teaches the reader about complexities of trauma recovery that would apply to virtually any patient classification.

It is refreshing that Dr. Schwarz takes the time to stress the laying of a groundwork for treatment. So many clinicians neglect this phase in an effort to meet the time constraints imposed by managed care or to rush into a preferred intervention. In his book, he addresses factors necessary for establishing a therapeutic alliance and a foundation for safety prior to initiating treatment. To meet this goal, he addresses affect dysregulation, ego strengthening, transforming negative memories and managing the therapeutic relationship during the process of healing.

Dr. Schwartz’s approach to helping trauma victims develop methods of self-soothing (p. 69) is also an invaluable aspect of working effectively with this population. He instructs the reader in identifying the client’s present strategies, which may include self-punitive behaviors (e.g., self-mutilation) or tendencies toward suicide, while also
providing a variety of methods for creating healthy, workable alternatives. For example, in discussing breathing as a self-soothing strategy he instructs the therapist to begin with having clients exhale in order to allow for a deep inhalation. This is a simple but effective strategy which insures that the client experiences success. Many of these strategies are useful with any at-risk population.

Also applicable to other populations is the book’s focus on present and future oriented treatment. Many therapists might be either dissuaded from treating trauma victims or ineffective in their efforts due to the misconception that they must revisit memories of the traumatic events. Dr. Schwarz prefers to emphasize the rebuilding of trauma patients rather than the pain and suffering they wish to escape. One simple and useful way of stressing this point is his “numerator principle” (p. 23) as a means of describing the value of building resources versus invasive reconstructive work. In this paradigm, resources and strengths are considered to be the numerator and pathology the denominator of a fraction. By adding to a patient’s resources, the fraction ratio grows smaller, so that the power of the trauma injury is diminished.

From here, Dr. Schwarz launches into an introduction of various therapeutic approaches to address the multi-faceted trauma environment. All of these fall roughly into a Neo-Ericksonian orientation as he attempts to encapsulate the major characteristics of Ericksonian solution-oriented therapy, neurolinguistic programming, energy psychology and narrative therapy as they relate to trauma work. The book encourages its readers to adopt a “tools” approach to treating trauma. He reminds us that no one tool is always effective and that we must learn as many tools as possible in order to be flexible in our treatment approach. One might add that these tools will be easier to integrate and apply while maintaining a singular view of the nature of healing. While Dr. Schwarz appears to have mastered these many tools over his years of experience, it is likely the average reader will need additional training to approach work with such a full toolbox. In this way, the book is only practical for the master carpenter but perhaps not the apprentice.

There is comparatively little emphasis on hypnosis in this book. In his introduction, Dr. Schwarz states that, “It is not necessary for the reader to have knowledge of hypnosis in order to benefit from this text. Nevertheless, training in hypnosis will add a level of appreciation to some of the nuances described in these pages” (p. xi). It might have been useful to articulate and demonstrate how hypnosis could be utilized as an effective means of facilitating many of the treatment goals he promotes, such as self-nurturing and ego-building. Likewise, it is surprising that he refers so little to EMDR, considered now to be one of the more effective interventions for trauma recovery. I would have expected to see this topic more in his chapter on Tools for Transforming Traumatic Memory. Instead, Dr. Schwarz focuses on Trauma Re-associative Conditioning, which appears to be of his own design.

Overall, this book’s thoroughness is both a strength and a weakness. Because the book attempts to cover so much ground, much of its usefulness will depend upon the sophistication of the reader. Therapists who have little or no prior exposure to these treatments may find the book daunting in its complexity and density. At the same time, it could at the very least provide an impetus to direct them towards further education in those areas.
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further. As a result, this book would likely be of greatest use to clinicians who are already familiar with these therapies and with treating trauma.

In particular, one unfortunate aspect of this book is its over-dependence on acronyms. His frequent references to SoC (state of consciousness; Lankton, 1985), TOTE (test, operate, test, exit; Premack, 1976), TRC (trauma re-associative conditioning), and others require the reader to stop and translate, thus obfuscating the points being made. Although each of these terms in and of themselves are useful and critical in the book’s integrative framework, the way in which their acronyms pepper the text is distracting. Furthermore, there are countless headings, subheadings and charts that would leave the novice or the expert in trauma fatigued and possibly confused.

Given the scholarly nature of this book, it is difficult not to recommend it. The reviewer would want this book on his bookshelf as a reference on any number of topics. However, it might be limited in its usefulness and/or audience. It is almost too thorough for the newcomer to trauma treatment, as there are so many ideas that need further explanation, training and discussion. Yet, for the expert in trauma, it could be unnecessarily thorough, thus crowding the value of its messages. In reviewing this book, I was reminded of Finding the Energy to Heal (2000) by Dr. Maggie Phillips, which offers an integrative treatment strategy involving five modalities (EMDR, Hypnosis, Imagery, Thought Field Therapy, and Body-Focused Therapy). Her explanation of each and their integration into a unified approach is more accessible overall. Dr Schwarz is at times down-to-earth, sometimes eloquent and often reveals his genuine compassion for his patients. Other times these messages became laden and muddled in excess.

References


Emmerson’s Ego State Therapy is the first book devoted to basic applications of Ego State Therapy to appear since the publication of John and Helen Watkins’ Ego States: Theory and Therapy in 1997. As noted by John Watkins in the Foreword of this more recent book, Emmerson’s experience has been drawn from his applications of this method with non-hospitalized private patients.

In Chapter One the author describes and defines the personality energy manifestations that are known as ego states, identifies their qualities, and deals with the question of their origins. He recounts some of the history of the creation of Ego State Therapy and differentiates it from other polypsychic systems such as Gestalt Therapy and Transactional Analysis. Unlike the Watkins and many other ego state...
therapists, he clearly defines introjects as being distinctly different from ego states. He also delineates “Inner Strength” as being different from other ego states and describes some of these differences.

In Chapter Two Emmerson introduces both non-hypnotic and hypnotic methods for accessing ego states and supplies the reader with a rich roadmap for therapist interaction with ego states once they have been accessed. In so doing he enlivens the fundamentals of Ego State Therapy and maintains excellent focus on work with the internal family as a group from the inception of therapy. He places emphasis on the utilization of resistances and attempts to explain why some aspects of personality may be silent or choose not to speak. In this chapter he reviews his “Resistance Deepening” technique (Emmerson, 2000) and introduces his “Resistance Bridge” technique.

The third chapter takes the reader into Emmerson’s view of how to work therapeutically with ego-states. He emphasizes trauma as causative of ego-state pathology. He clearly expects to find and work with trauma in all of his clinical work with ego state pathologies, and he directs his readers to his methods for doing this. According to Emmerson, abreactions are relatively common when doing ego state work. Like the Watkins, he believes that sufficient abreaction will extinguish post-traumatic symptoms. This chapter is enriched by explanation, direction, and dialogue devoted to helping the therapist increase understanding and communication with and among ego-states. Emmerson is a strong advocate of the individual (the greater personality) developing an ongoing awareness of his/her ego-states, and proposes a growing awareness as a path to personal development.

Chapter Four proposes to describe the domain of clinical applications of Ego State Therapy. In this chapter Emmerson describes ego state work in pain control, couples counseling, with depression and anger, panic attacks, and addictions. He gives detailed instructions for dealing with patients whose addictions and need for smoking cessation and diet control are ego-state driven. The population with which Emmerson is working is much like that described in Edelstein’s (1981) portrayal in *Trauma, Trance, and Transformation*. Only three pages of this chapter are devoted to Dissociative Identity Disorder (DID) and Posttraumatic Stress Disorder (PTSD). Thus, he defines the scope of his book as one of working with less disturbed patients and with relationship problems. The author’s work with couples is detailed and should be very helpful to ego state therapists who are interested in extending their work into this field.

Emmerson uses the fifth chapter to delineate the components of an Ego State Therapy session. He shows how the purpose of a session determines how it will proceed. He offers specific, detailed protocols for how to conduct sessions for trauma resolution, sessions to enhance internal communication among ego states, and sessions for the promotion of self-awareness and knowledge of strengths.

In Chapter Six, “Final Thoughts,” the author addresses the roles of Cognitive Behavioral Therapy (CBT) and Ego State Therapy in the psychotherapeutic armamentarium and concludes that Ego State Therapy focuses on causes of problems while at the same time, like CBT, it is brief. He also deals (albeit briefly) with the problem of memory and its validity or lack thereof and offers some thoughts about “nature versus nurture” in the formation of ego states. He concludes this book with his observation that Ego State Therapy has wide clinical applicability, that it has grown and evolved since its inception in the mid-1970s, and that it seems to be poised for
development in several areas.

_Ego State Therapy_ is a book that will prove useful, especially to those who are starting in the field. It takes a clear and strong position that hypnosis training is essential for those who seek to do this work, and it offers much to any who wish to pursue an expansion of knowledge into Ego State Therapy. However, it does disappoint in the paucity of references offered (only 3 pages) and its failure to connect with and identify the abundant and creative ego state work that has taken place since the early 1980s by second and third generation ego state therapists.

The only members of this group mentioned are Beahrs (1982), Gainer (1993), Frederick and McNeal (1993) whose article on Inner Strength with ego states was improperly referenced as having been published in 1999, and Newey (1986). There is a dearth of recent references. For example, although couples therapy is presented (and quite well), the seminal article by Phillips and Toothman (1998) was not cited. Absent also are references to the works of Frederick on trauma and dissociation (working with malevolent and silent ego states, terminal illness and transpersonal issues); Hartman (children and Ericksonian approaches, gender issues); McNeal (trauma and dissociation, dreams, and EMDR); Morton (conscious-unconscious complementarity and ideodynamic healing); and Phillips (ego-strengthening, dissociation, PTSD and body-based approaches, mind-body healing). Also absent are any references to books dealing with Ego State Therapy (other than the Watkins’) published within the past ten years. The major problem with these deficiencies is that it deprives the reader of available and useful pathways to expand further their understanding of what is a rich and complex form of hypnotically facilitated psychotherapy to which many have contributed over the past twenty-five years. In a certain sense this book can be regarded as being like an ego state that has not been integrated within the greater family.

Make no mistake about it, however. This is a good book. As a practical and helpful presentation of Ego State Therapy, Dr. Emmerson’s book has much to offer. I have already recommended it, and will continue to do so. _Ego State Therapy_ is quite readable, very sound, and eminently practical.

References


_Adventures in Human Understanding_ is a collection of vignettes, short stories, poems, and essays with the common thread of advancing the understanding of human nature. Jack Watkins explains that these “events” are true, partially true, and fictional. The stories were based on events from his own experiences or were observed or told to him by high school, college and graduate students, friends, colleagues, and patients. He stated that his aim was, “…to stress a sense of values, one that upholds the essential dignity of mankind” (p. viii). Each entry is followed by a section entitled “Thoughts of
The book is divided into three sections representing adolescence, adulthood, and old age, aptly entitled the springtime, summer, and autumn of life. As such, the book focuses on the developmental tasks of each of these transitional areas of maturation describing the kinds of problems encountered and solutions attempted. Not all of the stories have happy endings. The reader can be moved to tears by a tragic episode that feels familiar and is often encountered during our own journeys through life. The reader senses the author’s values and respect for all human experiences as individuals strive to develop their identities and potentials while struggling with their relationships and inescapable environmental constraints. The author sees life as continual exploration and adventure from “Startin Time” to “Quitten Time” (sic).

The characters in the stories and ballads tend to be ordinary people, many in small towns, who especially in adolescence and adulthood are yearning for love and acceptance. For most of these “heroes” and “heroines”, life spans the earlier years of the twentieth century so that the stories evoke nostalgia for a bygone era when life was simpler and more innocent.

For this reviewer, the most compelling chapters were those in Part III, the Autumn of Life. “Andrew and his Old Sheep Dog” was touching and memorable. “Buddies” was heartwarming with an interesting twist. “Dao-Tsai and the White Marble Image” was suspenseful, charming and well-written.

It’s possible that this book could be used in college classes in developmental psychology as well as in graduate school in clinical psychology classes. The “Thoughts of a Therapist” at the end of each story, poem, or essay could be valuable in helping students and beginning therapists learn to evaluate and analyze individuals and their psychodynamics. For more experienced clinicians, the book is a nostalgic read and provides a good review of the developmental tasks of maturation.


In Candor, Connection, and Enterprise in Adolescent Therapy, Janet Sasson Edgette describes and recommends good, practical processes for engaging and maintaining the therapeutic relationship with adolescents. She does not attempt to offer a new model for treatment nor offer a new twist on an existing method of psychotherapy but gives the reader pragmatic ideas of the process of good therapy with teenagers.

There are a few fundamental assumptions of the candor approach. These include developing a sound therapeutic relationship, understanding the unique developmental needs of the adolescent, having the therapist develop good awareness of their own experience in therapy, and using the family to solidify and expand on developmental and therapeutic gains.

First, all therapy with adolescents, regardless of the model of intervention,
must rest on a solid foundation of relationship. In this regard, the therapist and the adolescent must develop a relationship where they matter to each other. While you might easily dismiss this as simplistic and obvious, it becomes much less simple and obvious when sitting in front of a reluctant and recalcitrant teenager. A good portion of the book is dedicated to helping the reader understand why teenagers do what they do in therapy. A number of beliefs held by teenagers that interfere with the development of a therapeutic relationship are described in an understandable and clear manner. An example used involves the adolescent who needs to own the more ‘helpful’ idea rather than submit to the advice of the therapist.

Not only does the book outline the number of pitfalls for early relationship building, but it describes the behavior of therapists that is destructive to the therapeutic relationship. Included are trying too hard to get the teenager’s approval or trying to fake feeling stumped. In this context, the author recommends that being “real” with teens produces honesty and integrity in the relationship to which the adolescent can relate and value. Specific and clear recommendations are made for being open and genuine with teens that can be adopted rapidly by a reader of any experience level.

A fundamental concept to the approach involves the therapist using candor with the teenager. She advises that candor means being straightforward and honest, “balancing discretion with candor, respect for the person’s social space with a forwardness and timing with deliberately addressing the issue at hand” (p. 90). It is not about being harsh or being the adolescent’s friend but being thoughtfully frank. While this approach is appealing the book also describes a number of cautions in using the approach such as the therapist using candor to express personal frustration. The book offers tips on typical challenges therapists experience with teenagers. Specific interactions are described and recommended approaches are offered by using modeled transcripts.

Finally, the latter part of the book dedicates itself to helping parents manage both themselves and their teens more effectively. The approach is best understood within a family model. This not to say that the book promotes a particular therapeutic model but recognizes and values the natural context of a teenager’s life. In this sense, the natural tensions and struggles that exist between adolescents and their parents is acknowledged and utilized in the approach. It is in this context that Dr. Sasson Edgette’s work comes full circle. In this sense, the entire “treatment team” (the adolescent client, the parents, and the therapist) has been included in discussing the parameters and methods for better therapy. As is true for the entire book, the approach in this context is to set a framework for the best approach and then to discuss barriers to optimum interaction and recommendations for most effective interventions.

The real strength of this book is in helping therapists understand the process of therapy with a teenager. In this context, I refer to the how of doing the work, not the content of what is being done. However, the approach is valuable across a wide range of psychopathology and treatment techniques. If a therapist is offering cognitive-behavioural interventions for anxiety or parent-focused interventions for oppositional behaviour, Dr. Sasson Edgette’s approach will be of value.

The major asset of the book is that it is straightforward, easy to read, and practical. Therapists of all levels of experience will benefit, but I suspect that the experienced therapist would appreciate the book the most as they can recall their own
real experiences when reading the case examples in the book. This sets the material in a personal and real context for the reader.

Although obviously strong on practicality, I yearned for the information to be set within a theoretical context. One heading in the book contains the phrase “developmental imperative” and I felt the book could have contained more references to a specific model of development. In fairness, this may have made the content dry and taken away from the clarity of the descriptions.

It would be valuable to have Dr. Sasson Edgette follow up this title with another where she integrates her process approach with evidence-supported treatments. It will be of less interest to a hypnosis-oriented readership than child and adolescent therapists, although good process is necessary regardless of the intervention technique. Dr. Sasson Edgette is a skilled clinician, and those interested in the treatment of adolescents will find the book a valuable addition to their library.