
Reviewed by: Melvin A. Gravitz, Ph.D., George Washington University School of Medicine and Health Sciences, Washington, DC

The author is a journalist with a special interest in crime. In this book, he has written a comprehensive account of a large number of bizarre crimes and their perpetrators. These are arranged in alphabetical order beginning with the so-called Aldermen’s Wars and concluding with Yorky Mickey the Clam Man. The former described an early Twentieth Century series of killings waged over a five year period for criminal control of a section of Chicago. The latter was a strong man who could open clams with his bare hands. When Yorky discovered that his bride had gone away with someone else on their wedding day, he strangled her and reputedly spent the rest of his life searching in vain for the man who had done him wrong. In between these cases, Sifakis described many other curious and not so curious crimes, some of which pertain to hypnosis. These included accounts of an underworld extortion racket in which restaurant owners were forced to buy parsley at outrageous prices, New York City’s “Mad Bomber,” an all-female criminal gang, a dramatic feud between two actors, and others.

For hypnosis professionals, there is the story of Katherine “Kitty” Ging, a 27-year-old resident of Minneapolis whose violent death in 1894 has been cited as an authentic instance of hypnosis used to cause a murder; even so, the facts of the case were hazy at best and subject to other interpretations. Early that year, one Harry T. Hayward, “a smooth talking local wastrel” completed a course in hypnosis which he then reputedly used to bilk Kitty out of several thousand dollars. Then, Hayward also allegedly used hypnosis to convince Kitty to make him the beneficiary of two $5,000 life insurance policies, which in those days was a considerable fortune. Although attributed at the time to hypnosis, it was by no means certain that such had been the cause of her behavior, but during that period of history hypnosis was regarded by many as a powerful means of control and manipulation. An important cultural influence at the time was the story of Svengali and the hapless Trilby, which was a best-selling novel in that same year of 1894.
Hayward also was said to have hypnotized Claus Blixt, a simple-minded handyman. “He said that unless I looked into his eyes, I couldn’t understand what he was saying.” Blixt later said that he had been hypnotically compelled to set fire to a vacant building on which Kitty held a mortgage, and as a result of which she collected $1,500 in insurance with the money eventually transferred to Harry. Harry then plotted Kitty’s murder so that he could obtain her life insurance. He first approached his own brother, Adry, who rejected the proposal, but who later reported that Harry had “kept looking at me as he talked, and sometimes I felt as if I was being hypnotized.” Adry’s allegation was ignored until Kitty was found with her head crushed and a bullet wound behind her ear. This act prompted the district attorney’s office to conduct an investigation which resulted in Blixt finally confessing that Hayward had hypnotized him a number of times and had thereby caused him to commit the murder. Harry then confessed to masterminding Kitty’s death, adding that his mistake was in not killing Blixt. Eventually, Blixt was sentenced to life imprisonment, and Harry Hayward, who by then had become known as “the hypnotic plotter,” died on the gallows.

Sifakis described another case of supposed murder by hypnosis. In 1894, Henry Meyer a resident of Chicago had studied hypnosis in Germany with Herbert Flint, a celebrated hypnotist of the time. Meyer is said to have hypnotized a naïve subject, Peter Bretz, whom he convinced by posthypnotic suggestion that he, the subject, was in love with Mrs. Meyer and should run away with her; then, Bretz was to take her to the Grand Canyon and when no one was watching he was to push her over the side. The couple reportedly did go to the Grand Canyon, but at the crucial moment, Bretz “broke out of the spell.” The matter was then reported to the authorities, but the story was so fantastic that Meyer was not indicted.

More recent cases described in the book were the notorious 1976 Chowchilla case in which hypnosis was instrumental in identifying the vehicle used by several miscreants who kidnapped an entire busload of school children. The Boston Strangler case and other instances in which hypnosis was used were also reviewed. While due caveats regarding the use of hypnosis were noted, the author could have presented more science-based findings; but the book apparently was written for a lay readership, and drama seems to have taken priority over greater objectivity.

For clinicians and researchers interested in coercive behavior, memory, and forensic hypnosis, this book contains much of value. It was informative, interesting, entertaining at times, and comprehensive.


Reviewed by: Norma Barretta, Ph.D., Rolling Hills Estates, CA

Kay Thompson was the very first person who greeted me at my very first workshop presentation for the American Society of Clinical Hypnosis in Dallas, Texas about a quarter century ago. From that moment on, we were kindred souls. I would have cherished having her as my sister, and in a sense, we were sisters; we had the same “fairy godfather” whom we both, Kay and I, loved, admired and respected. We were the hypnotic “offspring” of Milton Erickson and we shared our awesome experiences of his influence on our lives. This volume of her spoken and written work reminds me of the
times we had together and convinces me that my personal bias toward the linguistic aspects of hypnosis is the result (at least in part) of her influence on me.

Much of what I read in Kane and Olness’ book, I heard directly from Kay’s lips, so my trek through this hefty volume was full of “déjà vu all over again.”

I admit it: I’m completely prejudiced and my review definitely reflects this prejudice. But let me give you some tidbits to seduce you into adding this book to your library, Ericksonian or not.

In working with someone who is going through a difficult part of their journey she says, “Sometimes a tree needs a cold often bitter winter season to be able to blossom.” I live in Southern California, near the Pacific Ocean where temperatures rarely go lower than 40 degrees Fahrenheit. I planted peony bushes about 15 years ago—despite the fact that peonies need wintering over (which never happens here) and so they didn’t blossom in the spring. Key knew a lot about plants: She and her husband grew Christmas trees. At one of our reunions at an ASCH meeting, I lamented about my peonies. Kay suggested: “Feed them ice cubes a few times during the darker days of December and January.” The next year, my peonies produced flowers! The ice cube baths continue and this spring the blooms were prolific.

On pages 148 and 149 Kay’s story about a “side tracked train” reminded me of the times I’d sidetracked myself. In the past month, I have retold versions of that story at least four times with patients who got “sidetracked.” I’ll wager each reader will find a way to use that metaphor.

For an example of her brilliant use of language, I provide the following example:

...back then when you thought you wouldn’t be able to do this, and now that you have done this and you look at it back then, you wonder how back then you ever thought you wouldn’t be able to do it now. ... in the future there will be things that you will think looking ahead now that you couldn’t be able to do then, and when you look at those with the eyes of looking back from here to the things you couldn’t do, that you have done, then you know that you will be able to do the things then that you don’t think you could do (pp. 112-113).

This further example highlights the word “back” with someone who has back pain:

I’m just talking to them. If you think back (my signal to the person to regress) to the time when that back was no longer bothering you and you found out you could be comfortable back then. You didn’t have anything you had to back down from or back away from. You could back out of things without feeling bashful about it. You weren’t backward saying you wanted to back into some other kind of situation (p. 221).

And her “Why? So that ...“ philosophy can be seen in this following excerpt.

“Your hand is getting lighter and lighter.” Why? “So that your fingertips will rise off your leg.” Why? “So that your hand can lift up in the air.” Why? “So that it can find that pillow of air.” Why? “So that it can rest on that pillow of air.” Why? “So that your unconscious can
know everything that it needs to know.” Why? “So that you can develop a hole in the pillow of air.” You see how easily that flows. You never run out of words with the “Why? So that…” philosophy (p. 228).

What a useful concept that is for the beginners striving to learn how to utilize hypnosis and ease it into their therapeutic work.

For many years when I teach I often use the phrase “that existential window of opportunity allows you to address the unconscious”. It happened into my teaching vocabulary one day and stayed. Well, there it is on page 279!

She was provocative beyond one’s wildest imagination. Every workshop on pain management began with her trade mark opener: “I cause pain. I’m a dentist.”

Chapter 17 on Pain Control offers a vast variety of possibilities for every single clinician who ever encounters that universal complaint, PAIN! Chapter 19 address her observations about “The Oral Cavity” being the emotional learning center of the body and applies to more professions than dentistry.

In Chapter 26, “How I Got to Be What I am Becoming,” Kay springs right back to life in telling us about herself. She plays with the language:

My words are the chisels, the brushes used ... to reach the inner block of material, the canvas of the individual, modifying the story as the cues demand and waiting for the message that change is ready, leaving the creation to be interpreted by the patient, the one who commissioned the vision in the beginning (p. 468). I am not what I was, nor am I what I will be, but I am becoming satisfied with the moment and the movement (p. 468).

There are several commentaries about Kay and her work from her colleagues, who all, one would presume, were also her friends. These give a variety of perspectives on her persona and her contribution to our professions. And there is a bonus CD that comes with the book —and gives us “Kay Thompson: Live!” It is well worth your time to listen to her — she speaks volumes.

The only thing I did not like when I discovered this book was the reminder of the fact that she is not here to go on a book tour to encourage each and every one of us to add this book to our collection of linguistically magical, inspirational and highly readable material. I hope everyone will make use of these verbal gifts that she has bequeathed to us.


Reviewed by: Jeffrey B. Feldman, Ph.D., Wake Forest University School of Medicine, Winston-Salem, NC

This book is a scholarly description by faculty members of the University of Memphis (first four authors) and the University of Tennessee of a study that collected 2 weeks of sleep diaries and daytime functioning questionnaires from 772 randomly selected residents of Memphis, Tennessee and adjoining communities. The sample
ranged in age from 20 to 98 years old and was equally divided between men and women. “Ethnic diversity” was achieved in the context of the studied community with about 30% African American representation. The major purpose of the study was to “set a new standard for the epidemiological study of sleep” by generating an archive of normal sleep distributed by age, gender and ethnicity. The authors explained their motivation for the project, stating that while there are numerous studies that examined polysomnography data for normal sleepers and individuals with insomnia, and a large amount of self-report data from people with insomnia, there is little self-reported sleep data for normal sleepers. Furthermore, in contrast to prior studies that employed single-point, retrospective survey methods, the authors used 2 weeks of data points per participant, assessing multiple dimensions of sleep and daytime functioning. They also adopted what they viewed as “empirically justifiable, conservative, quantitative criteria for insomnia resulting in reliable prevalence data.” Specifically, they defined insomnia as someone complaining of insomnia involving sleep onset latency or wake time after sleep onset of greater than 31 minutes, occurring greater than or equal to 3 nights a week, for 6 months or longer. They further required that an individual’s score exceed the lower boundary of impairment on at least one of the following 5 measures of daytime functioning: Epworth Sleepiness Scale, Fatigue Severity Scale, Insomnia Impact Scale, Beck Depression Inventory, or State-Trait Anxiety Inventory. Using this criterion they calculated the overall prevalence of insomnia in their respondents to be 15.9%, which by extrapolating from the U.S. census would give an estimate of 31.4 million people with insomnia in this country.

There were a number of other findings that are both of interest and may be confusing. In reviewing their results the authors separately discussed findings in terms of people with and without insomnia. Among individuals without insomnia, the data from the study refutes the notion that sleep, or at least the subjective experience of sleep, universally declines with advancing age. The authors’ findings are consistent with other reports that poor sleep in old age is largely a function of poor health, with the sleep of physically healthy older adults similar to that of younger adults. Among normal sleepers, on three measures there was a statistically significant but small magnitude finding of women sleeping worse than men. However, there were no significant differences overall between the sexes on the majority of measures. In contrast to the above two statements the authors found that insomnia is more common in women and older adults. In other words, while the frequency of insomnia is somewhat greater in women and increases in frequency and severity with advancing age for both sexes, there was not self-report of poorer sleep among those older adults who do not report insomnia. Furthermore, the increasing rate of insomnia did not result in a decrement on any of the six measures of mood and performance used in the study. Counter to expectation there was little relationship between sleep and the studies’ measures of daytime functioning for people with or without insomnia. Finally, the prevalence of insomnia was virtually the same for African Americans and Caucasians, with the severity of insomnia somewhat worse for African Americans.

This reviewer has reported the major findings of the book with the assumption that the majority of readers of this journal would have an interest in these findings, but would prefer not to have to read through the 238 pages of the book (including indices, references, and well over 100 tables and figures) to obtain this information. Probably the most positive thing about this book is that one can approach it in as much detail as
one chooses. All relevant data is provided for sleep researchers and those interested in the methodological issues in this type of research. Findings include measures of sleep quality, insomnia, and daytime functioning by age, gender and race. Additionally, the authors thoughtfully explain their choice of measures, methods, and the rationale for data analyses. The book is logically well organized by chapters as follows: 1. Goals and distinctive characteristics of this survey, 2. A review of epidemiological studies of insomnia and sleep, 3. Methods of this survey, 4. An archive of normal sleep, 5. An archive of insomnia, 6. An archive of the sleep of African Americans, and 7. Summary of main findings. This enables one to readily focus upon the main findings or a specific area of interest. For instance, if, like this reviewer, you are curious personally and professionally about the frequency of night awakenings by age ranges this is available. Specifically, in the age range of 50-59 the mean number of night awakenings for the “broad normal” sample is 1.3 with a standard deviation of 1.0. It takes a brief amount of reading to understand that this group includes good and poor (subclinical) sleepers, but not individuals who meet criterion for insomnia. Results are also available for a “narrow normal” sample (i.e., individuals with no sleep complaints and who exhibited none of the quantitative aspects of insomnia), and alternately, for those who have insomnia.

Overall, the book is a significant contribution to the field of sleep research and a useful reference for clinicians. It is not directly relevant to the field of hypnosis, yet the average clinician might want it available to consult to provide a context for judging the severity of a patient’s sleep complaints, and what might be reasonable goals for treatment. Most will not want to read it cover to cover.


Reviewed by: George Gafner, LCSW, Southern Arizona Veterans Affairs Health Care System, Tucson, AZ.

Rossi describes awakening one morning in 2002:

> I was brutishly clubbed on the head in my sleep. I felt heavy and unable to move out of a cramped fetal position in the nightmarish darkness. I wanted to groan but could not. I did not know whether I was asleep or awake. . . a check of my face in the mirror revealed. . the right side of my face pulled down completely out of its normal symmetry (p. 19).

Rossi had suffered a stroke and a great voice had nearly been silenced. This book is about Rossi’s recovery from the stroke. It is woven within the context of what the author calls the deep psychobiology of psychotherapy, a topic to which Rossi has been dedicated for the past two decades.

Rossi has previously explicated his theory in two *AJCH* volumes: “Expectancy and surprise: A conceptual review of stress and psychosocial genomics in therapeutic hypnosis” (vol. 45, no. 2, 2002), and “In search of a deep psychobiology of hypnosis: Visionary hypotheses for a new millennium” (vol. 42, nos. 3/4, Jan./Apr. 2000).
In the former, Rossi elucidates how the psychological experiences of expectancy and surprise may function as complementary mechanisms on the level of synaptic neurotransmission and gene expression. In the latter, Rossi gives us a more thorough review of the dynamics of hypnotic communication and healing from the cognitive-behavioral level to the cellular-genetic level in four stages: 1) information transduction between the experiences of consciousness and the limbic-hypothalamic-pituitary system; 2) the psychosomatic network of messenger molecules and their receptors; 3) the immediate early gene protein cascade; and 4) state dependent memory, learning and behavior.

In the 2002 article, Rossi draws on hypnosis transcripts of Milton Erickson to speculate how Erickson’s neuro-psycho-physiological approaches may engage the dynamics of expectancy and surprise to facilitate rehabilitation and healing on many levels of human experience from mind to gene expression. In this article, which appeared the same year as his stroke, Rossi speculates that the therapeutic application of hypnosis may include the facilitation of neurogenesis in the human brain, as well as mind-body healing at the cellular-genetic-protein level.

I cite these articles because they essentially cover what is contained in *A Discourse with Our Genes*. In the book Rossi provides essential historical data along with two of the author’s favorite topics, ultradian rhythms and the four-stage creative cycle of healing and problem resolution. Those fortunate enough to have witnessed Rossi’s demonstration of the four-stage cycle at a workshop will appreciate discussion of it in the book. The book provides detailed and well referenced discussion of neurogenesis in animal and human studies, certainly a controversial and exciting topic. With this and related discussion, the book goes beyond his other books, such as *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis (1993)*.

In some ways, Rossi’s *The 20-Minute Break: Using the New Science of Ultradian Rhythms* (reviewed previously) is a laymen’s version of *A Discourse with Our Genes*. This book, printed in Italy, has several misspellings and typographical errors, which is a minor distraction. Those interested in psychobiology will especially appreciate this book. Hypnosis practitioners interested in science’s informing of art will deepen their knowledge of mind-body interactions.

Milton Erickson was a dedicated researcher long before he described those things for which he is remembered today. Samuel Johnson’s close confidant was Boswell. Rossi was Erickson’s Boswell (Jeff Zeig, personal communication, 2000), and were the old man alive today, he would be proud.


Reviewed by: Daniel L. Handel, M.D., National Institutes of Health, Bethesda, MD

In *Medical Hypnosis: An Introduction and Clinical Guide*, Roberta Temes has edited a medical hypnosis text that is one in a series of medical guides on complementary and alternative medicine. Temes has assembled a list of well-recognized contributors from both clinical and academic backgrounds to introduce hypnosis as an adjunct to clinical health practices. Chapters tend to be crisply written and practically oriented.
The book is broadly divided into three sections; the first contains four chapters addressing the mind-body connection, the second section consists of seven chapters that individually address medical applications or research areas of hypnosis, and a final section of three chapters explores hypnotic applications for dental, nursing, and psychotherapy fields. Following a brief introductory chapter by Temes, Sunnen addresses the nature of hypnosis by describing its effect on physio-motor, physiological, and psychological processes. This chapter also briefly discusses the state-nonstate debate about the nature of hypnosis and meanders through psychoanalytic, dissociative, and ego state theories of hypnosis.

Next, Gravitz presents an historic review from medical hypnosis’ ancient classical and Chinese roots through France’s eighteenth century Mesmerism. He then demonstrates how Braid’s hypnotic applications for surgical problems in the mid nineteenth century (cut short by the advent of chemical anesthesia) eventually spawned a generation of rich medical exploration of hypnotic techniques in French medicine. The chapter then ends with the reminder of Freud’s use and later abandonment of hypnosis and the development of modern medical hypnosis by Clark Hull and Milton Erickson.

In the final chapter of the first section, Olness presents an overview of the research on the mind-body interaction, spanning from Ader’s 1981 psychoneuroimmunology to key findings by Kiecolt-Glaser on the effects of stress on the immune system, and to the development of psychoneuroimmunology. Olness and colleagues contributed significantly to this area of study, demonstrating significant changes in salivary Ig A levels (1989) and neutrophil adhesiveness (1992) through self-hypnosis. A rich discussion of the intricacies of this series of studies demonstrates the challenges and rewards of carefully designed studies for mind-body strategies. This chapter concludes with a review of the scientific study of hypnotic interventions for warts and juvenile migraine, and the growing literature defining the intrinsic differences in biological reactivity to stress.

Kessler and Whalen’s exhaustive review of the impact of hypnotic intervention on surgical outcomes opens the section reviewing specific medical applications. These authors present evidence supporting the view that surgery is a physiological stressor. They also describe the physiological results of the stress response on healing and on pain. They demonstrate the variable effects of hypnosis on the stress response and on pain perception and processing. The remainder of the chapter discusses the complex area of presurgical, surgical, and post-surgical intervention and study. The reader is left with the feeling that there is much to be learned in this evolving field of study, but also that there is clearly much to be gained by careful use of language with surgical patients.

Ewin’s brief chapter on the use of hypnosis in the emergency room reinforces the need for the purposeful use of hypnotic language in such settings. He proposes that many emergency room patients present in spontaneously generated altered states of consciousness. His script accompanying a discussion of burn treatment demonstrates how the careful use of language can dramatically enhance outcomes. Goldman’s chapter reminds us of the value of obstetrics throughout the course of pregnancy, including hypnotic management of hyperemesis gravidarum, premature labor, and the pain and nausea of labor. This chapter demonstrates the tremendous potential for the use of hypnosis in obstetrics and the need for more high quality obstetric hypnosis studies.
The current discussion of adjunctive hypnotic techniques for gynecological issues, including premenstrual syndrome, dysmenorrhea, sexual dysfunction, and obstetric surgery combines anecdotal reports, scientific reports, and specific suggestions.

Hall describes the range of childhood hypnotic interventions, including case studies and a careful literature review. Lang and Laser share the improved outcomes and cost savings from the incorporation of hypnosis during invasive medical procedures. Levitan’s chapter on oncological hypnotic interventions begins with a discussion of verbal and nonverbal cues and settings which can be utilized to enhance outcomes and diminish adverse events in cancer management. His subsequent discussions of needle phobia, nausea control, and anticipatory nausea offer specific strategies to the reader. Wagaman deals with hypnotic management of respiratory problems, while primarily focusing on reactive airway disease. Her careful review of the literature reinforces the notion that respiratory muscle spasm can be hypnotically relaxed and challenges the notion that hypnotizability can predict clinical success.

Perlman’s description of hypnotic opportunities in the dental setting and the use of rapid hypnotic inductions reminds us of the powerful synergy between the use of hypnosis and procedural medicine. Larkin’s powerful weaving of conversational hypnosis into routine nursing cares reminds us of the subtle powerfulness of purposeful but covert suggestion. Her discussion of ego strengthening suggestions for the anxious patient, dissociative suggestions for the patient with chemotherapy induced nausea, and educational hypnotic suggestions for preparation of the surgical patient reinforce the myriad methods of therapeutic suggestion. Damsbo’s description of hypnotic utilization in psychotherapy includes brief mentions of weight loss, habit disorders, sleep disorders, paraphilias, performance enhancement, and eating disorders. She concludes with the inspiring story of her own use of self-hypnosis in maintaining her quality of life and physical function during decades with her multiple sclerosis disease.

Temes’ medical guide is generally well written and will benefit any interested health clinician who is professionally curious about the use of hypnosis in medical settings. It benefits from the varied perspectives of its knowledgeable chapter authors, but suffers at times from inharmonious writing styles. It will best serve the experienced clinician who wishes to better understand medical hypnosis, although even the experienced hypnotist will benefit from the chapters that are well grounded in the scientific literature.