
If you are one of our readers who never had a chance to meet and experience Milton Erickson in person, Ronald Havens gives you an opportunity to get to know this phenomenal physician/psychiatrist/philosopher — at least in a literary sense — in this collection of quotes directly from the lectures, articles and books of Erickson’s work.

Obviously, Havens accomplished a monumental task: this book offers a veritable treasure box of wisdom. Havens writes: “He (Erickson) devoted his life to careful observation of himself and others … as a consequence he learned how to enable others to utilize potentials they did not know they had and he helped them to resolve personal and interpersonal problems that no other professional has been able to touch” (p. xii).

Anyone with an interest in doing hypnotic work, theoretically, clinically or in research will find this book useful to help in their own exploration of human behaviors, some of which they may have never even thought about until now. It’s possible that looking at these bits and pieces of Erickson’s verbalizations would be like working on a very intricate crossword puzzle maybe with printing on both sides of some pieces making it very difficult to work this puzzle. Havens helps us (a little), in that he has sorted the content into categories. However, because there is that precious hypnotic gift of ambiguity in many of these utterances, they could be lifted and placed in other categories, and they would still fit! That tells us that much of what Milton Erickson had to say has the lasting quality of wisdom for the ages.

If Erickson had a secret it was his ability to observe people with astute open minded naiveté which allowed him to really see and hear them with accuracy. This ability enabled him to respond to them using their framework and then helping them to change what needed changing. Havens gives us numerous examples of this concept. The first section “Relevant Quotations” covers observation. In 1977, Erickson stated: “When I wanted to know something, I wanted it undistorted by somebody else’s imperfect knowledge” (p. 15).

Perhaps, this is a key to what Erickson offered us: observation of what is gives us the information we must have in order to proceed. Further, he tells us: Unfortunately lack of critical observation or inexperience sometimes leads to the inference that the subjects are unresponsive rather than the realization that they are most responsive in a more complex fashion than was intended (Erickson, 1980, p. 188).

Just reading through the contents (p. i-iv) gives the reader a carefully structured reference to all the subject matter covered. Part One on Human Behavior, Part Two on Psychotherapy and Part Three on Hypnosis and Hypnotherapy allow the reader to select
specific topics, and to mix and match Erickson’s thoughts about each.

In Chapter Nine, Havens states “Anyone Can Be Hypnotized” — and what a comforting thought that is to those of us who work hypnotically: “Trance is a common experience” (p. 205); “Hypnosis is a normal phenomenon of the human mind” (p. 206); and, “any normal person can be hypnotized provided there is adequate motivation” (p. 206). This is a helpful set of notions to embed as a fine reason to incorporate hypnosis into therapeutic work. Just imagine what an inspiring message this delivers to the beginning students of hypnosis.

Some quotes demonstrate Erickson’s fabulous use of language: “... there is something that you know but you don’t know you know it. As soon as you find out what it is that you already know, but you don’t know, you know then you can begin” (p. 278). There is a certain enticing quality in “not knowing what you know.” In a related manner, John Grinder with his excellent linguistic background was able to decipher and label many of Erickson’s linguistic patterns, thereby making them accessible in a way that Erickson himself could not (Grinder & Bandler, 1981). Havens has given us a volume that is nicely sorted and categorized to allow us to absorb some of what Erickson offered. Much of this has served to change the way by which many view the mystique of hypnosis: there is an amazing amount of common sense in Erickson’s statements.

This book is an excellent “desk volume.” It can also serve as an inspiration to us when we encounter some difficult challenge. On those “tougher than ordinary days” turn to p. 232 and read Erickson’s thoughts about the use of psychopharmacological drugs. “In all the experimental work that I’ve done my feeling is that drugs of any sort are a handicap, because then you have to deal with the patient and the drug effects, and you’re handicapping yourself. The only drug I favor is an ounce of whiskey half an hour before the patient arrives — you take it.” Obviously, the man also had a great sense of humor!

In his closing, Havens reminds us (in true Ericksonian style): “Becoming an effective hypnotherapist means adopting a hypnotherapeutic style of life. The words and concepts uttered by Erickson can serve as a source of motivation and as a guide, but they cannot serve as the answer. The answer lies within each one of us, in our total commitments to learning by objective observation and experiences how to use our full range of conscious and unconscious capacities and how to help others learn how to do the same. We no longer have Milton H. Erickson to redirect our attention, to correct our erroneous interpretations, or to chide us for our naïve acceptance of whatever “truth” comes our way. Maybe, just maybe, therapists will fill that void with their own objectively based wisdom and experientially derived skills instead of a new theoretical school or a new personality to emulate. If so, then Erickson’s message and example will have gotten through. We have to grow up, accept the wisdom given to us, and admit that this is a difficult business, a complex craft. We owe it to our patients to use Erickson’s wisdom wisely. More importantly, we owe it to ourselves.”

We recommend you read this book and heed the messages.

References


The subtitle of this book is “What Works in Therapy?” The historical antecedents of this question go back to early psychoanalytic theory in which most major discussions as to what constitutes the change process in psychotherapy were rooted in clinical experience and conviction. As theories of treatment and psychotherapy evolved, so did notions about change. At first they were global assertions, such as Freud’s dictum to make the unconscious conscious. This was followed by various related theories about causation of pathology and hence the development of techniques from these theories to address the problems of the patient. Much of what was known and written about change evolved from clinical experience and wisdom dictated by theoretical constructions with little if any research to support these claims. The second half of the 19th century saw the beginnings of research efforts to address these important questions and move beyond theory and conviction (“It works because I say it works given my theoretical orientation and conceptual framework of therapy”). Early research compared various therapies and is summarized by Luborsky (1975) with his famous “dodo bird verdict” from Alice in Wonderland: “Everyone has won and all must have prizes.” His conclusion was that all of the studied therapies appeared to be of equal effectiveness. Many researchers redirected their efforts to understand what other variables might account for the change process when psychotherapy was successful. *The Heart and Soul of Change* is a welcome addition to that effort.

In 1999, Hubble, Duncan, and Miller published this, their fourth book, as an edited volume in an effort to address the important question of what evidence exists that leads the clinician to better understand what actually works in therapy. Reading their biographies, they appear eminently qualified as important voices in the field of psychotherapy research. They are founders of the Institute for the Study of Therapeutic Change; in addition, they have assembled 24 contributors each with their own impressive credentials to write 12 chapters in addition to two written by the editors. The book is organized around the core ingredients or common factors that are shared within different therapeutic models. They also agree there are certain unique and specific factors that can be attributed to various therapies. In their preface, the editors state that one of the principal objectives of their book is to specify how psychotherapy, informed by common factors, can be operationalized in practice.

The four factors around which the book is organized are from Lambert (1992) and his work at Brigham Young University. The “big four” are: client/extra-therapeutic factors; relationship factors; placebo, hope, and expectancy; and model/technique factors. Client/extra-therapeutic factors include the client’s life circumstances and what the client brings to therapy that influences their experience. Lambert has estimated that this factor accounts for 40% of outcome variance, and he has proposed that relationship factors account for 30% of the outcome variance. The third factor of placebo, hope, and expectancy according to Lambert accounts for 15% of the outcome variance. The final factor, model/technique variables, accounts for the remaining 15% of the outcome variance, according to Lambert’s findings. The book is organized in a clear and logical sequence, with the two chapters following the introduction outlining the empirical evidence for the common factors in therapy from both the quantitative and qualitative point of view. Four chapters each are then devoted to what constitutes one of the common factors and includes in-depth discussion of how each relates broadly to psychotherapy.
The next section of the book discusses special applications of the four factors in medicine, psychiatric drug therapy, marriage and family therapy, and the common factors in school-based change. The last two chapters bring together the implications of the common factors for reimbursement policy and practice. As a clinician and faculty instructor in the graduate psychology programs of two universities, I especially liked the way each chapter was organized. The end of each chapter contains a discussion of the important points followed by a summary. The last section of each chapter has questions posed by the editors for the authors. The most frequent questions relate to the implications for graduate training programs of psychologists and other mental health professionals. The usual response of each author emphasized the importance of teaching the common factors with an appreciation for the research behind each factor that supports its efficacy, whether in medicine, psychopharmacology, psychotherapy, or in education. I especially appreciated the last chapter written by the editors in which they focus on the material of the previous chapters and integrate this with their own views.

This is an important book for the clinician, those interested in research, or teaching in graduate programs. I have been in practice over 30 years and am appreciative of what these authors have assembled in their 14 chapters and what I learned from each. The ideas from this book will alter and hopefully enhance how I practice psychotherapy and what I teach: I have learned a lot.

While the book has no specific reference to hypnosis, the reader can easily translate the presentations of each relevant chapter and the findings from the research to the hypnotic experience. The common factors apply directly to the use of hypnosis. From the point of view of the client/extra-therapeutic factor the astute clinician is focused on what beliefs the client has about hypnosis and the client variable of hypnotizability and its assessment for instance. The relational factors that are significant in the establishment of the therapeutic alliance are a robust predictor of therapeutic outcome. The third factor of hope and expectancy is a cornerstone of the hypnotic experience and is utilized within the construction of suggestions as a facilitator. The last factor of mode/technique may be more important in hypnosis and its applications in medicine and psychotherapy, in that technique may be the area of a unique and specific factor that is attributable more specifically to hypnosis.

As I read each chapter, I found myself reflecting on the applicability of the four factors to my own clinical work, teaching, and how each might inform my use of hypnosis to facilitate the change process. This book will inform both the novice and seasoned clinician/teacher about the clinical experience with a focus on what constitutes the change process from known and researched factors. How this is done with the common factors in mind is the art of the therapeutic encounter with each client and their respective problems that impede their own change ability. The editors and their selected authors have written and impressive compendium of what works in therapy that truly is at “the heart and soul of change”.

References


Luborsky, L., Singer, B., & Luborsky, L. (1975) Comparative studies of psychotherapies: Is it true that “everyone has one and all must have prizes?”, Archives of General Psychiatry, 32, 995-1008

In this volume, Singer sets an interesting goal: He would show clinicians how several schools of psychotherapy are using the common human ability to think in images as a basis for therapy, but using it differently and justifying doing so with very different theories.

The idea is intriguing. As we all know, most patients come to therapy from lives in which their basic motivations and ways of viewing the world are seldom explored, never mind understood. For Singer, the way into the patient’s inner world is through imagery. Imagery in general, rather than just imagery that emerges during dreaming sleep, is his royal road to inner, personal reality. Imagery allows patients to reveal their underlying schemas, scripts and beliefs about self and the world. This information can then be used by the therapist-patient dyad to explore those cognitive structures, and, ultimately to both understand and correct the biases, inhibitions and overt symptomatology they have engendered. Like hypnosis, a good deal of good science has been done on imagery and we know something about how it works. Thus, it holds the promise of treatments in which the evidence is based on mechanisms about which we know something as a science as well as on manualized, randomized efficacy studies.

There are other mechanisms that are already known to be effective. For example, we know a good deal about the effects of unreinforced exposure to feared situations/activities. It is exposure that underlies the success of many behavioral treatments, and we have outcome research, deconstructing studies, and basic science to assure us that exposure-based procedures are evidence-based. In our own field, similar statements can be made in regard to the ability of highly hypnotizable patients and research participants to hallucinate the absence of acutely painful stimulation. We have research on attentional and brain function differences between those who can or can not hallucinate as well as clinical outcome studies that all provide supportive evidence for such treatments (cf., Amir, 2004; Karlin, in press, Karlin & E. Orne, 2001).

Thus, along with encouraging practical applications of imagery, Singer wants it to be part of one of the key ongoing arguments in the political world of psychotherapy outcome research. Should we have ambitious researchers product testing their latest ideas and declaring them beneficial (as we do in standard efficacy studies), or should we focus on the underlying processes that make the claims of success understandable? I, among others, have taken the view that only when a new form of psychotherapy relies on well documented mechanisms of behavior change (e.g., exposure) can we both take its claims seriously and put them in perspective (Karlin, in press). Singer shares this view, claiming that an understanding of the basic processes of imagery will allow clinicians to utilize it in creative and important ways.

Even more encouraging, Singer wants to break down the barriers that have grown up between “doctors” and “patients.” Training in psychotherapy until the last 25 years or so routinely included experiential learning about one’s own idiosyncrasies and even one’s psychopathology. One didn’t need a diagnosable Axis I disorder to undertake such training. This is the second recent book by prominent researchers to ask the readers to try the techniques on themselves if they really want to use them creatively. As I also agree with this view, I came to this book with high hopes for greater knowledge about the science of imagery and the richer use of imagery in my practice.

Perhaps too of high hopes, I found this volume surprisingly disappointing. A good deal of that disappointment comes from the fact that the “how to” of using imagery is left out. Instead of telling us how to use imagery in specific ways, Singer refers to a good many uses
of imagery and the development of types of psychotherapy utilizing it. We are largely left on our own to find out the practical details from other sources. Second, the rapprochement among schools (based on the notion that imagery integrates various forms of psychotherapy) flounders on Singer’s view of behavioral approaches. The imagery techniques of early behavior therapy, such as systematic desensitization (Wolpe, 1958) and covert sensitization (Cautela, 1966) are no longer seen as important parts of behavioral treatment. Generally, more recent outcome studies analyzing components of successful treatment have found the imagery component unnecessary for efficacy. In this regard, Singer seems to have little notion of the advances in behavioral treatment since the early 1980’s.3

Finally, Singer literally ignores hypnosis, both in terms of research and practice. We use metaphor and imagery every day. Even if that is ignored, Erica Fromm and her colleagues use of self-hypnosis to evoke primary process thinking and free-floating imagery should be worth mentioning in this volume (cf., Fromm & Kahn, 1990). Moreover, there is all the research on imagery and hypnotizability from Tellegen’s absorption scale to Barber & Wilson’s (1978) Creative Imagination Scale. Singer mentions hypnosis only twice, once as a precursor to psychoanalysis and secondly as somehow linked to Gestalt therapy.

In sum, as I have been writing this review, I have realized anew how disappointing I found this volume. While there are occasional gems (mostly from Singer’s own work on representations of the actual, ideal, and “ought” selves), but I found little here to interest most hypnosis practitioners.

References


As I have said elsewhere, given the almost total victory of the medical model and the protections that model affords, calling patients “clients” seems unsupportable. Anyone doubting that victory might examine the role of the categorical diagnostic system of DSM-III, IV and IV (TR) in modern psychotherapy and its third-party payments.

The first was Segal, Williams, & Teasdale (2002) on mindfulness mediation.

Of about 100 separate references in the behavior therapy chapter, almost 80% are from 1982 or earlier, with the date of his modal reference about a decade earlier than that.


The author is a psychologist, now at the University of Cincinnati, whose background includes an impressive array of clinical, administrative, and teaching experience in chemical dependency, forensics, and sex offences. He has written this compact but meaty book of 118 pages to provide an approach to chemical dependency with what he terms the DECLARE model of evaluation and treatment. This is a conceptual framework developed by him in which each letter represents one of seven psychosocial modalities, or points of entry, for viewing the problems of a chemically-dependent client. Such persons typically engage in Denial of their use of drugs or alcohol, have a diminished sense of self-Esteem, are Confused, have Lost physical, psychological, and social resources, Accept the reality of dependence on drugs or alcohol, Resolve to seek therapeutic assistance, and later re-Enter traditional society as a chemically-free individual ready to begin the lifelong process of recovery. The DECLARE acronym is also used to organize each chapter.

The book is designed as a supplement for advanced students and professional clinicians taking courses in chemical dependency treatment in departments of psychology, social work, or counseling. The sole reference to hypnosis is a section on self-hypnosis, and relatedly there is also a half-page on guided imagery listed in an inventory of techniques in Chapter 2 and again in the final chapter. The contents are organized into an introduction, five chapters, a useful bibliography, and an index. The first chapter describes a biopsychosocial paradigm used to conceptualize substance abuse and in addition offers the construct of declatypes, or patterns of behavior. The next chapter provides a catalog of basic methods, while the third offers guidelines for the conduct of the initial interview with such clients. The latter usefully includes two case studies illustrated with interview dialogue. Chapter 4 outlines diagnosis and treatment, while the final chapter is a summary that examines the challenges of recovery.

In reviewing the very complex subject of substance abuse disorders, the author covers much ground ranging from his ideas about diagnosis to a broad review of treatment options. He also notes that there are other assessment instruments, but these were not made available for consideration. This book is unlikely to be useful to experienced clinicians, but it does present a collation of materials around an acronym that serves as a mnemonic for those in training and in early career settings, while there is not much to be learned for most hypnosis practitioners.

As any beginning or seasoned psychotherapist and hypnosis clinician knows, words are our main tools of the trade. Our patients communicate their complaints to us in words. We communicate our questions, our suggestions, and solutions to them in words. In turn, words paint pictures. They can sharpen them, and also muddy them up.

The Spoken Word

The spoken word is the hypnotist’s main medium of expression with which he can weave a tale that heals. The experienced clinician understands that the ability to employ the spoken word skillfully and therapeutically comes from learning from the lessons of life and from clinical experience. This is the basis of concept formation and core beliefs.

The skillful use of words for healing purposes requires an optimal combination of brevity and complexity. One can use a lot of words to say little, or repeat the same idea, and one can use a few words to convey a lot.

As a seasoned workshop presenter and teacher, one learns that students want an optimal combination of didactic and experiential learning. The best workshops explain a concept, then give case examples of its application, then demonstrate it, then have the students practice applying it, and then discuss the experience and address questions. Workshops that are overly didactic, abstract, and pedantic, routinely get poor evaluations unless the workshop presenter is at the level of a Nobel Laureate.

The authors of this text are both seasoned clinicians. I picked up their book eagerly expecting to learn some new ideas that could help me become a better hypnotherapist and clinical supervisor. As I practice hypnotherapy day in and day out, like many clinicians in solo practice, I am hungry for ideas that can empower my practice and help me better manage difficult cases. I look for good metaphors—seedlings for clinical creativity, step-by-step techniques—nuts and bolts of efficacious practice, and inspiration. It is a truism that success in life’s endeavors is one part inspiration and three parts perspiration. The same idea applies to success in clinical practice—for the both the clinician and the patient.

Unfortunately, this text did not provide me with (or help me construct) what I was hoping for. Many important clinical ideas were touched on, but few were adequately developed in a way that weaves a web of novelty, curiosity and optimal stimulation. Unfortunately, most of the useful ideas outlined in the book’s excellent table of contents were lost in a loosely organized, overly didactic presentation of abstract concepts, personal anecdotes, and sermonizing.

Fundamental Truths about Clinical Hypnosis

To be fair, there are some fundamental truths about clinical hypnosis and psychotherapy and the authors of this text exhaustively lay these self-evident truths out.

1. Hypnosis is a clinical tool to be used skillfully by licensed health professionals to enhance their treatment of the types of symptoms and problems that they are qualified to treat within their field of specialization with or without hypnosis.

2. Don’t practice in areas in which you aren’t qualified.

3. Build rapport with your patient.
4. Listen carefully to your patient and speak your patient’s language.
5. Hypnotic phenomena are both the language of symptoms and a means for their cure or management.
6. Assess your patient’s hypnotic talents and utilize them in the service of the treatment.
7. Assess and utilize your own hypnotic talents.
8. Employ lots of ego strengthening in your work.
9. Recognize that the work of the clinician/therapist is to integrate both conscious and unconscious understandings. So, find your own inner voice.
10. Trust yourself and practice becoming conscious of your reactions and responses to your patient.
11. Facilitate both trance depth and breath.
12. Incorporate both direct and indirect suggestions.
15. Develop a treatment plan as a road map for treatment.

However, in this writer’s view, the authors go too far in opining that their conceptualization of hypnosis and behavior is the exclusive domain of psychotherapy. It is not. All of the above points apply to any of the health and spiritual professions in which clinical hypnosis is employed as a tool (e.g., medicine, surgery, dentistry, physical therapy and rehabilitation, clinical social work, clinical psychology, pastoral care) (Zarren & Eimer, 2001).

Much of the book involves the authors preaching about the ethics of clinical practice in general and of hypnosis practice in particular. The reader gets the distinct feeling that he is being lectured to as a first year graduate student.

A Hypnotherapy Workshop Outline

The book’s table of contents is well organized. However, as one reads through the book, one gets the distinct impression that he is hearing the same points (proscriptions and permissions) over and over again.

This book’s table of contents can serve as an outline for a workshop on hypnosis and psychotherapy: Chapter 1 covers conceptualizing hypnosis, defining trance, unconscious processes, ethical practice, and informed consent and memory. Chapter 2 covers the hypnotic relationship and the therapist’s conscious use of self. Chapter 3 covers assessing the patient’s strengths and viewing symptoms as solutions. Chapter 4 covers hypnotic phenomena and facilitating trance depth and breath.

Chapters 5 through 7 cover treatment planning. Chapter 5 covers the language of hypnosis induction, and the direct and indirect use of the language of suggestion. Chapter 6 covers managing and utilizing patient resistance, and Chapter 7 covers ego strengthening, the use of imagery, and posthypnotic suggestions.

The book also has an Appendix section that lists professional organizations, and that presents a “Hypnotic Treatment Planning Worksheet”, an “Informed Consent Form”, and a reprint of American Society of Clinical Hypnosis’ Ethical Code of Conduct (2003).

While the potential was there to create a how-to book, this book is not such a book. There are no trance scripts or specific treatment plans. The book is written on a highly abstract level. It reads more like an expanded and exhaustive Guide to Professional Ethics than a clinical text.
Good Therapy

It is a fundamental truth that good psychotherapy is good therapy no matter what one’s practice orientation (e.g., psychodynamic, psychoanalytic, cognitive, behavioral, gestalt, experiential, existential). Good clinical rapport and honorable intentions are the mortar that holds the bricks (read “technique”) together in any clinical health field. As the late dentist, psychologist, good friend, and past ASCH President, Louis Dubin used to say, “a good clinician must know psychology and physiology and have a bag of techniques. He also added, “feeling” and “heart” go hand in hand.”

A good book gives you heart—is heartening. Good therapy gives heart—is heartening (Ewin & Eimer, 2006). All good (read “effective”) psychotherapy clinicians, regardless of their theoretical orientation are heartening. There is no good therapy without deep rapport.

Somehow or another I got the impression after reading their book twice that these two seasoned clinicians and clinical hypnosis teachers tried really hard to create a roadmap to help the reader/clinician get further along in his journey to develop his own personal clinical style and find his own therapeutic voice. This is a good thing. We don’t need a hundred more Milton Ericksons. Unfortunately, they got sidetracked in their efforts to perhaps incorporate too many considerations into one tightly packed little volume. But, their valiant efforts were not in vain. The book can serve as a useful outline and fertile source of ideas for clinical hypnosis teachers, workshop presenters and clinical supervisors.

If one can persevere, one can still stimulate the production of a lot of useful ideas with this book as a guide.

References
