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Book Reviews

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*Acute reactions to trauma and psychotherapy: A multidisciplinary and international perspective* (ARTP) is a book comprised of 10 papers that were among those presented in 2002 at an international consensus conference entitled “Early Trauma Responses and Psychopathology: Theoretical and Empirical Directions.” It was co-sponsored by the National Institute of Mental Health, the University of Texas-Pan American, and the National Center for Posttraumatic Stress Disorder. The editors of ARTP are Etzel Cardena, Ph.D., who is Thorsen Chair of Psychology at the University of Lund, Sweden, and past president of the Society of Clinical and Experimental Hypnosis and Division 30 of the American Psychological Association and Kristin Croyle, Ph.D. who is an Assistant Professor of Psychology at the University of Texas-Pan American in Edinburg, Texas. Of the 10 primary authors, three are affiliated with universities in countries other than the United States of America and seven are from the United States.

In their introduction the editors write, “The papers in this volume provide an excellent overview of the state of the literature on acute reactions to trauma. They provide an integrative summary of factors listed … and provide immediately useful recommendations for further research and clinical interventions among both children and adults (p. 2).” Furthermore, this is neither a book about hypnosis nor are hypnotic interventions referenced among recommended clinical interventions.

Generally speaking, the ten chapters are divided into three categories: diagnosis and evaluation, risk and process factors, and prevention and early intervention.

The following listing of the chapters provide a succinct view of its contents: Predicting Posttraumatic Stress Disorder from Acute Reactions by Richard A. Bryant, Ph.D.; Aspects of Exposure in Childhood Trauma: The Stressor Criterion by Betty Pfefferbaum, Issues in Longitudinal Disaster Mental Health Research by Carol S. North; Risk Factors for Acute Stress Disorder in Children with Burns by Glenn Saxe, MD, et al; Effects of Traumatic Stress on Brain Structure and Function: Relevance to Early Response to Trauma by J. Douglas Bremner, M.D.; A Snapshot of Terror: Acute Posttraumatic Responses to the September 11 Attack by Etzel Cardena, Ph.D. et al.; Risk Factors for Psychological Adjustment Following Residential Fire:

The reader might find the chapters on 9/11 and the Oklahoma bombing especially interesting in light of the direct and indirect impacts these events have had on the United States and international communities, and the chapters that focus on the impact of trauma on children are useful for those clinicians who specialize in treating children. I also appreciate the fact that each chapter is well written and brief.

The usefulness of this book appears to rest in its review of some of the more current and emerging data that suggest the importance of “avoidant responding” as a potentially powerful predictor of chronic dysfunction and symptomatology in the aftermath of traumatic experience. ARTP might also be a useful reference for those who are engaged in graduate programs in the medical and related health care fields. It is also a useful volume for those engaged in trauma research. This book is a relatively “dry” read and not very useful for the reader interested in learning and/or refining his/her clinical skills in the use of hypnosis.

Eimer, B.N. (2008). Hypnotize yourself out of pain now! 2nd ed. Bethel, CT: Crown House Publishing Limited. Reviewed by Daniel L. Handel, M.D., Pain Management and Palliative Care Program, National Institutes of Health, Bethesda, MD. In his second edition of Hypnotize Yourself Out of Pain Now, Bruce N. Eimer, Ph.D., enlarges on a program that includes hypnosis for the self-management of chronic pain, and this revision now includes a CD of relaxation techniques for the pain patient. He believes each person suffering with chronic pain can be both healer and hypnotic subject, once this book’s techniques and philosophies are adopted. As in his first edition, Eimer’s crisp and direct style addresses the learned helplessness, frustration, depression, and withdrawal experiences of many chronic pain patients.

Eimer’s hypnosis-based pain management program asserts that chronic pain patients have lost a sense of control over their lives, to the extent that their suffering has become life’s unwelcome focal point. He claims that one can receive relief with the understanding that necessary changes can be made through pacing, through hypnotically mediated changes in one’s personal experience, and through maintaining balance in one’s life. All of this presupposes that the person experiencing chronic pain is willing to work with a structured program to alter sensation, gain confidence, and reorganize one’s physical and psychological activities in order to provide pain relief and improve daily function.

Part One introduces the important concepts of pain as a useful signaling system and of chronic pain as “persistent pain that has often outlived its usefulness” (p. 7). Following a discussion that discriminates ‘helpful’ from ‘unhelpful’ pain states (based on pain’s protective properties), Eimer outlines a model of normal neurophysiological processing of pain and elucidates striking changes in pain processing through hypnotic interventions. Eimer’s presentation of the work of Melzack, Wall, and Price on “pain amplification syndrome” makes accessible to the reader important concepts that are helpful in understanding and managing chronic pain states. This model introduces hypnotic modification of the abnormal signal processing responsible for perpetuating chronic pain. Such a program often requires intensive education, so that patients may improve their ability to hypnotically modify perception and cognitions sufficient to relieve their chronic pain. His discussion of the sensory, cognitive, and emotional dimensions of pain sets the stage for interventional strategies.
Eimer’s chapter on evaluation briefly reviews a set of descriptors commonly used to determine which dimension is most active in a chronic pain patient’s perception. A list of self-evaluation questions (p. 30) helps to ascertain one’s motivation to change and identify issues of secondary gain. His recitation of six psychological strategies for coping with pain (i.e., deep relaxation, decatastrophizing, direction, distraction, distortion, and dissociation) serves to introduce hypnosis as a psychological strategy for therapeutically building these strategies. He then proceeds to a practical description of hypnosis that includes hypnoidal experiences, such as the intensified focus of reading.

The chapter’s fourth discussion of self-hypnosis introduces the reader to Eimer’s primary focus of this book, viz., that one can better manage and relieve chronic pain with hypnosis coupled with specific personal self-suggestions. His list of eight self-hypnotic inductions includes sample scripts with a wide variety of sensory experiences. These encourage the reader to choose and practice a technique that feels “natural,” with the intent that through intensive practice it will feel more natural and lead to deeper states where self-suggestion is more easily realized. These scripts are similar to audiotapes that accompany many patients from therapy sessions and are intended to facilitate one’s initial forays into self-hypnosis.

The next two chapters develop cognitive (chapter five) and imaginative/dissociative (chapter six) skills for the purposeful alteration of chronic pain experience. Deep relaxation, the obviation of catastrophizing, and the purposeful direction of thinking are three cognitive strategies that can be utilized in or out of trance. These methods foster the ability to reframe, which in turn allows for new and helpful meanings to one’s experience. Simply stated, reframing permits more positive mind sets and expectations, which can be useful in reversing some of the automatic negative expectancies in chronic pain.

Eimer then outlines basic behavioral coaching principles to reverse unhelpful pain behaviors, such as physical inactivity, self-deprecating thoughts, and negative expectancy. He then explores hypnotic coping strategies, including distraction, dissociation from pain, and distortion (purposeful changes in the perception) of pain, and he provides a list of 35 exercises to explore these strategies. Based on one’s personal topography and talents, certain strategies will be easier or more comfortable than others. Such exercises promote a range of learning opportunities that accommodate for a variety of problems and talents; however, the plethora of choices can be a challenge to the chronic pain patient who already feels overwhelmed.

The following chapter integrates a combination of such strategies into a practical personal plan. Here, Eimer emphasizes the proper use of suggestion (i.e., simple, terse, behavioral, and time-contingent); the importance of repetition for imprinting new thought processes, feelings, and experiences; and the role of self-suggestion in inner healing. He briefly explores meditation methods and other self-healing rituals that are preferred by some patients and outlines a self-hypnotic approach that includes several steps: cognitive reframing, recording one’s purpose and time commitment for self-hypnosis, choosing a strategy, becoming familiar with the chosen method of self-suggestion, and inducing a trance through the delivery of self-suggestion.

The book’s final chapters deal with the fertile territory of how to address pain-maintaining thoughts and behaviors and present exploratory techniques to hypnotically resolve inner conflicts. His philosophy to “start where you are” can minimize self-deprecatory thoughts and negative expectancies. Eimer’s outline of Cheek and LeCron’s emotional keys to persistent pain fosters an understanding of the main types of “unconscious negative ideas and meanings and emotional factors that…give rise to or maintain persistent pain states” (p. 177). He also briefly outlines some complex hypnotic behaviors, especially ideomotor signaling; however, his presentation of sample text and suggestions is helpful in
understanding these complex techniques. Still, it may be challenging for most readers to explore and develop such self-taught techniques to cope with the pain that is being fed by conflicting deeper thoughts or feelings. That said, the techniques are presented in such a way as to minimize any potential problems or frustrations by fostering an attitude of self-exploration and learning, rather than employing a task-oriented approach. The final chapters are rounded out with a description of a maintenance program to develop and sustain inner balance and a discussion of how to choose a qualified hypnosis practitioner.

Eimer’s second edition is more helpful for its exploration of clinical tools and development of a framework for dealing with chronic pain, than for its theoretical concepts. The included CD may also be helpful to the motivated chronic pain patient who is lacking skills. Since many chronic pain patients live with self-doubt and a lack of hope, Eimer’s structure and tabulation of hypnotic techniques present options and hopeful strategies. While a significant number of Eimer’s readers with persistent pain may still need professional help at some point, it is equally possible that these persons will enter therapy with the valuable skills and positive attitudes promoted by this book. I can recommend this book to anyone with chronically painful symptoms who wishes a self-help approach that is rich in techniques and constant in approach.

Finger, S. (2006). Doctor Franklin’s medicine. Philadelphia: University of Pennsylvania Press. Reviewed by Melvin A. Gravitz, Ph.D., ABPP, Clinical Professor of Psychiatry and Behavioral Sciences, George Washington University, School of Medicine and Health Sciences, Washington, DC. Distinguished early American patriot, philosopher, scientist, statesman, diplomat, inventor, publisher, empiricist, and rationalist: Benjamin Franklin (1706-1790) was all of these and more. This well written and extensively documented biographical account by a noted professor of psychology and medical historian focuses on the impressive contributions of this genius to the healing arts. Franklin’s heritage as a prominent founder of American natural sciences has been amply documented and deservedly recognized (e.g., Chaplin, 2006); but while his contributions to science and medicine are broadly discussed in this book, his role in the early history of mesmerism receives disappointingly little attention, even though he chaired the first scientific investigation of animal magnetism, later to become known as hypnosis.

Although Franklin had no formal medical education and, indeed, none was required to practice in those days, he was instrumental in founding the first major hospital and medical school in Philadelphia. It was as a statesman, however, that he became better known, and as recognition of his significant political contributions to the founding of the American republic, in 1776 he was designated Minister to France, then a principal ally of the newly established United States. While residing in Paris in that important diplomatic post, he became familiar with Franz Anton Mesmer and his theory of animal magnetism.

Mesmer, a Viennese physician, had been compelled to move to Paris in 1778 following a series of convoluted circumstances at home. He had developed a controversial theory and method of treatment based on his belief that all living things, including people and plants, contained a vital bio-physical fluid (termed by him animal magnetism), the imbalance of which would result in illness and the restoration of which would lead to health. As a result, he encountered antagonism from the traditional medical establishment and its political allies at the Austrian royal court. Mesmer met Franklin in 1779, one reason being the former’s belief that his animal magnetism and Franklin’s previous groundbreaking scientific discoveries about electricity shared certain common features and could be different products of a single universal substance. Franklin, for his part, always remained skeptical of Mesmer’s claims.
As had occurred previously in Vienna, Mesmer quickly became a focus of controversy after he arrived in France. As a consequence, Louis XVI was prevailed upon to convene two royal commissions to investigate animal magnetism and its founder. Franklin, by then a scientific celebrity and *bon vivant*, as well as an accomplished diplomat, was designated to lead one of these bodies (the so-called Franklin Commission) composed of distinguished members of the French Royal Academy of Sciences. In that capacity, he became the first American scholar to develop and utilize the now-classic double-blind protocol in scientific behavioral research (Schwartz, 2005).

Curiously, while Franklin himself was antagonistic to mesmerism, his grandson and secretary, William Temple Franklin, was an active and devoted member of an influential French lodge of Free-Masons whose rituals were at that time derived in part from mesmerism; indeed, French Free-Masonry in general during that time had been greatly influenced by mesmeric philosophy and ritual (Gravitz, 1997).

For those interested in colonial American medicine and in one of the most important figures in early American history, this book will be an informative read; however, while the author briefly notes Franklin’s contributions to the history of hypnosis, the serious scholar of the latter field will be disappointed because of the paucity and lack of depth of such information.

One final point: In addition to being well bound and printed on quality paper, bibliophiles will be pleased to note that the publishers of this book have included a modern printed version of bookedge painting.

References

Kottler, J. & Carlson, J. (2008). *Their finest hour: Master therapists share their greatest success stories*. UK: Crown House Publishing Ltd. Reviewed by Sharon Spiegel, Ph.D., ABPP, Bethesda, MD. Jeffrey Kottler is Professor and Chair of the Counseling Department at California State University, Fullerton. He is the author of more than 50 books in the field of counseling and psychotherapy. Jon Carlson is Distinguished Professor of Psychology and Counseling at Governors State University, University Park, as well as a psychologist at the Wellness Clinic in Lake Geneva, Wisconsin. He has written more than 30 books.

In previous books, Kottler & Carlson have explored therapists’ views of their failures and their unusual cases. The topic of this book, as the title states, is a compendium of stories of the most successful interventions from the vantage point of the therapist. The authors interviewed 24 therapists representing a wide range of clinical orientations and asked each one to discuss a case they felt qualifies as their best work. Kottler & Carlson chose the sample of therapists based on the criteria of prominence in the field and talent as storytellers. I was pleased to see that two well-known therapists in the field of hypnosis, Steven Lankton and Michael Yapko, were among the contributors. The therapists were asked to select a case that reflects their best clinical work, and then to tell the story of what happened and why. The interviews were transcribed and then rewritten into narrative form. In the last section of the book, the authors analyzed the case reports and identified general themes.
The result of Kottler & Carlson’s efforts is a lively book that will undoubtedly be of interest to practitioners at all levels of experience. The book is not a how-to manual that provides instruction on how to excel as a therapist, nor do I believe that it informs the reader as to what constitutes outstanding therapy. What it does accomplish effectively is to provide a window of understanding on how master therapists think about their work and their relationship with patients.

The task presented to contributing therapists was quite formidable. After an extensive career, how does one select the best or most memorable story? This is a particularly difficult question in light of the volume of patients seen by some of these therapists. For example, Jon Carlson sees over 50 clients per week as well as having numerous other professional commitments. Similarly, Nick Cummings carries a caseload of 40-55 patients per week for over 55 years in addition to his full-time jobs. Furthermore, all the therapists have had long and distinguished careers, with the late Albert Ellis as the most senior contributor at the age of 90! With that volume of clinical hours, how can they possibly remember the individuals they have worked with? What makes one story rise to the level of memorable against the backdrop of all those clinical hours?

Many of the stories that were selected often were of difficult cases of troubled individuals in dysfunctional families. I found this to be an interesting contrast to the commonly held view that it is the attractive, verbal, intelligent, successful patients we most enjoy working with. Judging from the cases selected in this collection, the highest functioning patients may not be the ones we remember the best or feel we helped the most.

The authors also observed that therapists were more likely to rate most highly the cases for which they knew that patients did well long after treatment ended. This knowledge might have been the result of intermittent intervals of therapy over time, or of having been contacted by their former patients years after termination to let them know that they were doing well. Knowing that the patient continued to do well may reinforce the therapist’s belief of having made a difference in the individual’s life. More frequently, we are left wondering how our patients fare after therapy.

Another compelling theme emerging from the authors’ analysis was that of reciprocal influence. Therapists were more likely to select as their most successful cases those in which the therapeutic encounter created meaningful change in themselves as well as the patient. Therapist change may have been personal, such as in the case of Albert Ellis, whose experience helped him with his issue of unrealistic expectations, or professional such as William Glasser’s transition to adopting a more active and directive model of treatment. This phenomenon of mutual influence has been well documented in the informative casebook edited by Steve Kahn & Erika Fromm, Changes in the Therapist (2000). These changes will be memorable for the therapist and serve to keep the patient in our awareness and to feel that the treatment was successful.

What may surprise the reader is the number of selected cases that included very unconventional interventions. For example, Arnold Lazarus describes using “nagging” as a method, and William Glasser tells of suggesting that his angry, out of control patient bring in his collection of high-powered rifles for safekeeping by the therapist. These certainly would not be the kind of cases one would find in a book on risk management. Perhaps what we see here is that taking risks and doing something unconventional or something where the therapist has the opportunity to change and grow, is what makes the case stand out from the crowd.

In summary, this is an entertaining and thought-provoking book. Although it may not teach the reader how to do therapy, it will certainly inspire a greater understanding of the complex issues around how therapists think about the therapeutic encounter.

Reference
Turner, J. & Gelles, M. (2003). Threat assessment: A risk management approach. New York: Haworth Press. Reviewed by Marian Kaplun Shapiro, Ed.D., Lexington, MA. Just this week I received a nationally-distributed flyer offering training in risk assessment, and just a few days later I was told about a situation requiring threat assessment at an educational institution. Perhaps these events are no more frequent than when most of us were trained as mental health professionals; but it is clear that the level of awareness has risen, and with that awareness, the call for and development of expertise in assessment of situations that could lead to prevention of tragic outcomes.

Threat Assessment: A Risk Management Approach addresses the threat of violence in the workplace. Although the title does not make its focus clear, this book does not address the assessment of the individual patient and her/his behavior in the therapy office, in the family, or in the community in general. As such, this book, while a useful reference for managerial staff in organizations, may not be of interest to therapists in private practice, unless they want to develop a specialty as consultants to such organizations. There is no particular relevance to specialists in hypnosis, although there may be times when hypnotic techniques could be useful in moderating risky situations. These could include attention focusing, distraction, and subtle embedded instructions for behavior modification.

In summary, the authors, who are nationally known experienced specialists in risk assessment, stress the occurrence of workplace violence as almost always “a process that unfolds across time,” rather than as a random act which cannot be foretold or prevented. Their approach is “multidisciplinary,” involving many levels of staff both within the organization and outside (e.g., mental health professionals, and threat assessment specialists). Their case studies of workplace violence include the obvious physical acts of assault, but also include intimidation, threats, stalking, and cyberthreats, all of which leave the victims living in fear, often for years. The authors give homage to J. Chris Hatcher (died 1999), their “friend, mentor, and...co-author in spirit,” the founder of National Assessment Services. It is his “five category system” of assessment of danger from which they continue to develop their lengthy checklists offered to the reader. The detail seems meticulously complete. For example, in Appendix B, the text of a “stay away” letter is offered: it is designed to be given by the receptionist to a disgruntled employee who returns to the company. But that is not all the reader is instructed to do. The letter must be placed in “a standard size A4 envelope and double-taped closed. The A-4 envelope should then be placed in a large manila envelope and double-taped closed....The time involved in opening the multiple envelopes and reading the somewhat lengthy letter serves to interrupt the forward motion and goal-directed behavior of the individual, allowing the receptionist time to summon assistance if the individual will not comply with the ‘leave now’ requests of the letter.” I still wouldn’t want to be that receptionist – but at least I’d feel that my life had been valued and taken into account.

This is a clear reference book. It is not a book one would read for casual information about an area on the periphery of one’s knowledge. As one can see from the above quotation, the style is appropriately pedestrian – it gets you where you are going. And if you are going in the direction of understanding threat assessment, it will be a useful book to consult.