Alladin, A. (2008). *Cognitive hypnotherapy: An integrated approach to the treatment of emotional disorders.* West Sussex, UK: Wiley & Sons, Publishers. Reviewed by Frank E. Gantz, PsyD, ABPP, W. G. “Bill” Hefner VA Medical Center, Salisbury NC. In the summer 2008 *Bulletin* for APA’s Society of Psychological Hypnosis, Division 30 President, Brenda King, PhD, lamented the fact that hypnosis was not mentioned as a treatment option for combat-related PTSD in an online publication of the APA Practice Organization. She noted further that meditation and relaxation were discussed and postulates that hypnosis continues to lack the empirical evidence needed to be fully accepted as a treatment alternative. The current book, *Cognitive Hypnotherapy,* is an important step toward establishing an eclectic empirical and theoretical base for clinical hypnosis.

The author, Assen Alladin, PhD, is well qualified as a scholar. He has over 25 years of experience, has numerous publications and has been a guest editor for three well-known international journals. He was Secretary for the British Society of Experimental and Clinical Hypnosis and is President of the Canadian Federation of Clinical Hypnosis. Finally, he is a Fellow of the Royal Society of Medicine and the Canadian Society of Clinical Hypnosis, as well as an Associate Fellow of the British Psychological Society.

*Cognitive Hypnotherapy* is Alladin’s third book on hypnosis and is meant to provide an integrative (or more properly, an assimilative) theoretical and empirical basis for the practice of clinical hypnosis. In chapter one, Alladin reviews the phenomenon of psychotherapy integration and argues that Cognitive Behaviorism (CB) provides the best “host theory” for the assimilation of empirically supported techniques emerging from various theoretical models. Operationally defined interventions will permit dismantling and validation of techniques to proceed in order to isolate, verify and replicate what is most effective in hypnotic practice. The assimilative model provides a useful clinical parallel to programmatic research and broadens the potential evidence base for intervention and research at a time when hypnosis is slowly emerging back into the professional mainstream.

Besides providing a template for assimilation of various hypnotic techniques, a chief strength of the book is its practical focus, thereby enhancing its utility for clinicians. In addition to a chapter devoted to case formulation, seven other chapters are included that cover emotional disorders (depression, PTSD), physical problems (migraines, somatization, and cutaneous disorders), and disorders
of arousal (primary insomnia, sexual dysfunction). Each chapter contains relevant case formulation and session by session guidance for integrating cognitive hypnosis as an intervention along with other appropriate CBT methods. Five appendices are also provided containing basic CBT forms useful for trainees. Indeed, this is a handbook of sorts and should be found useful by hypnotherapists of various disciplines and experience levels.

I am hard pressed to find anything negative about this book. While devotees of certain theoretical points of view may bemoan its integrative/assimilative premise, it seems to me such an approach is precisely what the doctor ordered – no pun intended. Cognitive Hypnotherapy provides a flexible, cogent, evidence based framework for clinical treatment and research. It merits your attention.

Banmen, J. (Ed.) (2008). In her own words: Virginia Satir: Selected papers. Phoenix AZ: Zeig, Tucker & Theisen, Publishers. Reviewed by Rick Voit, PhD, Brunswick, ME. This is a collection of formerly published and previously unpublished works by Virginia Satir. As the publisher’s promotional material describes, these short pieces are offered in chronological sequence of their origination giving readers “a strong sense of her professional evolution, as well as her lively personal voice.” Each chapter also features an introductory synopsis by a former student of Satir. These synopses are well written and succeed in emphasizing the spirit of her work; however, given the clarity and brevity of the chapters, I found them to be redundant and unnecessary. The book is edited by John Banmen, who has been a therapist and educator in the United States, Canada, China, and Europe. As far as I can determine, he has not written on the subject of hypnosis, but the contents of this volume are relevant to all who practice therapy including hypnotherapists.

Just as Virginia Satir reflected on how Freud and others have forever influenced our views of psychopathology and treatment, the reader soon realizes that Satir was also a true visionary who has made her own profound impact on the treatment process. In addition to creating a model for family treatment, she also impacted our understanding of change, the use of language in therapy, and the role of the therapist. In a time when solution-oriented treatment has become commonplace, her words almost seem dated. Yet, this speaks to the degree to which her concepts have entered our clinical knowledge and current emphasis on “positive psychology.” As Satir notes, at the time of her work and writing there was little prior literature on family therapy, other than the Interpersonal Theory of Harry Stack Sullivan. Nearly “everyone was seeing individuals” at the time and so her observations and insights laid the groundwork for a new emphasis on the dynamic interactions and revelations provided by psychotherapy involving entire families.

The book begins with an introduction by Banmen that provides a brief yet thorough overview of Satir’s theories and viewpoints. These include her model for Transformation System Therapy, metagoals for treatment that stress responsibility, better choice makers, self-esteem and congruence, and the Satir Growth Model. The latter refers to the reframing of perception to generate permanent solutions and to convert “the positive message of universal yearnings” into “positive life energy.”

Subsequent chapters cover such topics as family treatment for the schizophrenic patient, the premises underlying family therapy, one-parent family therapy, conjoint family therapy, and perhaps most importantly the personal and professional development of the family therapist.

While the book does not directly discuss hypnosis, Satir frequently addressed issues that are applicable to processes involved in hypnosis. She was finely tuned to language
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and internal processes of both therapist and client, emphasizing that the behavior and affect of the therapist must communicate caring, knowledge, and empathy.

Satir also indirectly identified the influence of the unconscious in both symptom maintenance and healing. In chapter nine, “When I Meet a Person,” she refers to an individual’s “pot,” an underlying “piece of the self” that is her self-worth or self-esteem. She suggests that the pot is “searching for some way of manifesting itself” and is accessed through development of a client’s “positive resources.” Satir referred to “old learnings,” meaning one’s perceptions from early life that create a context around which a person measures the world and others. She also speaks of psychotherapy as a “parts party” that must advance internal integration and wholeness. “I believe that our whole physical system is made up of so many parts with which we are not in connection.” She stated that therapy must work at the level of Self to bring about healing and transformation.

This book serves as a most effective primer for the Satir model of family therapy, illustrating concepts with interesting and detailed case material. Yet, the content is not as powerful as is the style in which it is expressed. While others, such as Grinder and Bandler, have viewed her work as merely a set of techniques that resemble “magic,” Satir’s reflections on and interactions with clients indicate that she was a very human and compassionate clinician. Her words often read like a diary with refreshing humility, curiosity, humor, and simple and confident insights.

Danieli, Y., Brom, D., & Sills, J. (Eds.) (2005). The trauma of terrorism: Sharing knowledge and shared care. An international handbook. New York: Haworth Press. Reviewed by Marian Kaplun Shapiro, EdD, Lexington, MA. This 858-page paperback tome is heavy reading by any definition; but more important, it is worth its weight in gold, and in every form of money on our troubled planet. The editors have chosen 86 papers (some of which they authored and co-authored) by 139 contributors. It is conveniently organized into the following sections: The Origins Of Terrorism In Modern Society; The Psychological Consequences Of Terrorism; Findings From Around The World; Children; The Impact Of Terrorism On Individuals, Groups and Society; Psychological First Aid, Acute And Long-Term Treatment Following Terrorist Attacks; School And Community-Based Interventions In The Face Of Terrorist Attacks; A Multicomponent Model Of Preparing Providers In Communities Affected By Terrorism; and Individual And Community Preparedness: New Methods Of Mental Health Services For The 21st Century.

In other words, the authors examine the trauma of terrorism from almost every angle, concluding with the design of programs for resilience development in individuals and communities, programs in which “bouncing back” is replaced by “bouncing forward,” “since people are inevitably and profoundly changed by trauma” (in Baum, p. 490).

As the title’s inclusion of the word ‘international’ suggests, locations for study range from A (Afghanistan/Algeria) to W (World Trade Center), and include Northern Ireland, France, Spain, Bali, Kenya, Tokyo, Baghdad, Oklahoma City, Washington (the Pentagon), Shanksville, Scotland (the Pan Am bombing), Sri Lanka, Ethiopia, Munich, Mid-East, and Pol Pot’s Cambodia. In every case cultural and political differences are respectfully investigated, and understandably, the great majority of articles focus on the United States and Israel. Parenthetically, I recall that it was, in fact, from Israeli experts that so many American therapists received freely offered and invaluable help, via the Internet, during the immediate aftermath of September 11. It is therefore not surprising that two of the highly regarded and prominently recognized editors are themselves Israeli, although all three editors are associated with and
invested in the United Nations. It is from within that organization that they see the power and agency to spread the work needed around the world for shared “knowledge and care” about terrorism, its prevention, and its psychological and physical impact.

The introduction co-authored by the three editors reminds the reader of Danieli’s well-known earlier (1982, 1998) attention to what she has called “the conspiracy of silence.” The initial societal “emotional outburst” is soon replaced by that silence, with “its demand for rapid return to apparent normality” (p. 6). Survivors are left with a “profound sense of isolation and mistrust of society,” which delays their ability to heal, and increases their “vulnerability to further trauma” (p. 7). In a brilliant example of parallel process, the book is then structured to include chapters – and even poems – by survivors of terrorist violence. Those “voices” of children, civilian adults, bystanders, and reporters create a poignant and tragic surrounding to the theoretical and practical articles preceding and following them. The reader can never forget that this book is about the feelings of the sufferers, and cannot remove him/herself through numbing and distancing from that horror.

This book is highly practical, with a firm underpinning of theory and research. Even its index is admirably detailed (for example, the entry of September 11 includes 1 ½ pages of sub-headings) and cross-referenced (WTC sends the searcher to World Trade Center, September 11, WTC bombing, and WTC syndrome). Specific recommendations for setting up emergency services in hospitals, schools, and so forth are clearly presented, often in outline format, and immediately accessible: In an emergency, I imagine both inexperienced and experienced administrators gratefully following the directions, as pilots would consult their checklists before takeoff. Individual and group interventions are likewise pragmatic and/or cognitive.

Surprisingly, there is but one reference to the use of hypnosis, and that is where the modality is considered helpful as an addition to CBT. Specialists in hypnosis will quickly notice many other areas in which their expertise can be significant in lessening or preventing long-term PTSD: to facilitate the return of calm to an agitated and panicky population during emergencies; to ameliorate physical pain when medication is not available or appropriate; and to add to and/or increase the individual’s previously learned coping skills to deal with the aftermath of “psychological warfare.”

This excellent handbook should be on every practitioner’s reading stand – and on each of our desks as we work to improve the level of care available to survivors of this new, and, unfortunately, increasingly likely source of misery in our world. In addition, who knows if and when any of the readers of this Journal – as behavioral professionals - may be called upon to aid victims of the events discussed in this volume?


Lankton, S.R., & Lankton, C.H. (2008). The answer within: A clinical framework of Ericksonian hypnotherapy (Rev. ed.). Carmarthen, UK: Crown House Publishing. Reviewed by Jason A. Kaufman, PhD, Inver Hills Community College. The authors of this book are both well known professionals within the clinical hypnosis community. Stephen Lankton, MSW, has been a faculty associate at Arizona State University, past-president of the American Hypnosis Board for Clinical Social Work, and former editor of The Ericksonian Monographs. He is executive director of the Phoenix Institute of Ericksonian Therapy, the current editor-in-chief of the American Journal of Clinical Hypnosis, and secretary/treasurer of the Arizona
The Answer Within is comprised of nine chapters that guide readers toward an understanding of how to approach patients from an Ericksonian stance. Indeed, the authors’ respect and appreciation for Erickson are quite clear throughout the text. The initial four chapters provide a brief history of hypnosis, introduce a series of basic principles, consider the process of diagnosis, and explore the importance of metaphor in Ericksonian hypnotherapy. The fifth and sixth chapters, respectively, address the use of induction and trance to facilitate healing in the patient. Much of the material in these two chapters will resonate with anyone who has received training at an ASCH workshop. The final three chapters of the text elaborate upon the use of multiple embedded metaphors (a term they coined) to facilitate growth, if not outright change, in the patient’s self-image, experience, and behavior. I was pleased that an entire chapter, albeit a brief one, addresses the importance of termination. This is a topic all too often neglected in the clinical literature.

In the preface of the text, the authors state, “Our special emphasis in this volume is the use of the multiple embedded metaphor as a modality to deliver unique interventions designed on the basis of the diagnostic assessment” (p. xviii). True to their goal the authors weave a set of common threads throughout the chapters of text. There exists much continuity from page to page, as ideas and techniques are introduced, explored, and eventually woven together. Lankton and Lankton also make extensive use of clinical transcripts to aid in the application of the discussed techniques. These transcripts lend practical depth to ideas that at times risk becoming too abstract. They also make special demonstration of the paramount importance of ideomotor behavior in psychotherapy.

Although Lankton and Lankton go to some length in the first chapter to divest Ericksonian hypnotherapy from Freudian psychodynamics they seemingly invalidate this assertion throughout the rest of the book as they consider the “unconscious mind” in ways that would appear quite familiar to anyone from the latter perspective. Nonetheless, the authors do draw very interesting comparisons to Rogerian psychotherapy, as well as to family therapy models. I was most impressed with their comment regarding the presence of factors common to healing: “We speculate that all effective therapies, hypnotic or otherwise, involve the same elements of indirect suggestion and hypnotic trance phenomena” (p. 241). This is a potentially fecund statement, indeed.

The Answer Within is not necessarily for the novitiate, as it presumes a general familiarity with hypnotic theory and techniques. Indeed, the book is less a “how-to” manual and more a guide through the approach Erickson pioneered during the early modern history of hypnosis. I think it is worth the read for anyone interested in studying Ericksonian hypnotherapy.
Don Paulson’s background as an enlisted volunteer in Vietnam who personally experienced significant difficulties when returning to civilian life after war gives him unique insights and perspective in describing the veteran experience. Paulson’s personal challenges faced in the aftermath of war provide a major thrust for much of the material in this volume. Together, Paulson and Krippner provide a unique perspective on this topic which makes this timely book differ from other attempts to examine post-traumatic stress related difficulties in combat veterans.

The authors provide an adequate review of the literature on point, and integrate a wide variety of theoretical perspectives in their survey of published studies related to the presentation and treatment of post-traumatic symptoms among war veterans, however, this is not the real strength of this work. Rather, the prime value of this volume lies in its conceptualization of the unique conflicts faced by returning veterans of this particular war, relative to Vietnam vets or World War II vets. Paulson and Krippner describe how the Iraqi vets are returning to a society that is more often than not, disinterested in what they have done and experienced. The authors draw a strong contrast between the Iraqi vet’s return home, and the Vietnam veteran’s return to an often angry society filled with resentment over their part in the war, or the celebrated WWII warriors who returned to parades and glory. Paulson and Krippner also explore the unique problems faced by adult reservists in this conflict who were ordered to leave their jobs and families to fight a war in which many did not believe.

Some of the authors’ most useful therapeutic insights surround their description of the discontinuities between the beliefs and values of the veterans and their families, and the pervasive views of our culture at this point in time. Any therapist interested in working with Iraqi veterans would likely benefit from reading this book, as they help their clients negotiate the complex issues related to maintaining their own belief that their personal role in the violence, killing and loss that is invariably associated with war was important, just and righteous, when it is not valued by the society for which they are fighting. Paulson and Krippner describe some interesting and useful methods to help returning vets objectify their experiences, in order to gain perspective in reconciling their own personal myths of valor and honor in fighting the enemy that often clash with, and contradict, pervasive cultural mythology at home.

The real treasures in this book come from the insights contained in the selected narratives provided by Iraq war veterans who describe their own return home to a society that is minimally concerned with them. The authors weave these narratives throughout the volume to illustrate challenges faced by vets who often experience difficulties communicating with civilian friends and loved ones who they see as either uninterested or unable to understand their thoughts, feelings, and conflicts related to the veterans’ service experience. Paulson also provides many of his own narrative accounts mostly re-printed from his 1994 work recalling his Vietnam experience and return to civilian life.

In summary, this book is not recommended as a review of the literature on post-traumatic stress related pathology. In the opinion of this reviewer, the most useful and important insights in this book are provided by the authors’ clear articulation of the challenges faced by Iraq war veterans returning home. This book provides insights that should be extremely useful in informing therapists who are working with returning veterans or family members of soldiers. The book is most timely, since post-trauma disorders are prevalent, and many of the readers of this journal are likely to be working with such patients.