Book Reviews

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Author Rita Baron-Faust is a medical journalist with five previous books on women’s health issues. Co-author Jill Buyon, MD, is a professor of medicine at the New York University School of Medicine. Additionally, the authors identify 50 experts who provided information, insight, and peer review.

The tone-setting Foreword by Virginia Ladd, president of the American Autoimmune and Related Diseases Association, specifies the context of this important topic. Autoimmune diseases are a contributor to more than 80 serious diseases; they affect more than 50 million Americans and are the third largest cause of chronic illness among women in the US today.

Written with an orientation to women who have been diagnosed, suspect they have, or are close to someone whom has an autoimmune disease, this book provides information about the multitudes of ways life can be impacted. There is an emphasis on the complexities of the diagnostic process, the subtle interplay of hormones and disease, and the provision of direct advice on how to navigate the health care system.

While comprehensive in offering appendices that guide the reader to support groups and additional reading, the book is remiss in that it does not so much as mention the utility of clinical hypnosis. Well documented as a powerful and useful tool in the adaptation to chronic, progressive, and potentially disabling disease, it is curious how the authors could have overlooked hypnosis. Regardless of the missed opportunity, the book provides a framework from which a seasoned practitioner of hypnosis can expand his or her reach in support of those individuals who suffer from these illnesses.

The authors have done an impressive job of presenting materials in a reader-friendly format. The 411 page volume is organized into 14 chapters and includes an extensive index. Two chapters provide general information, while the remaining 12 provide descriptions specific to a disease or cluster of diseases. This format allows the reader to gain an overview of the concepts, while focusing on specific areas of interest.

Explanations are easy to understand and are illustrated with anecdotal accounts. Clinical information is presented in details that address the mechanisms
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of healthy processes and the impact of disease on the whole body. Explanations are clear, straightforward, and supported with details of intracellular mechanisms.

While genetics account for about half of the risk of developing autoimmune disease, it is now believed that several genes collectively affect an individual’s susceptibility. Due to the wide variety of expressions of autoimmune illnesses and the characteristic elusive intermittent symptoms, diagnosis is often delayed. Seemingly small findings can be overlooked or unappreciated and can then cascade into persistent problems that unnecessarily compromise the quality of life. The typical female identified with autoimmune disease was described as having been seen by a half dozen physicians prior to the correct diagnosis.

The Autoimmune Connection provides a useful resource for the lay public, as well as health care professionals. The book is unique in that it is one of the first resources that looks into the complex constellation of autoimmune diseases and organizes them into a framework designed to assist the reader in making sense of concepts, thereby better understanding the illnesses both individually and collectively. Sufferers are encouraged to examine what it is to halt progression and relieve symptoms and most importantly to take personal responsibility in identifying factors that may provoke flare-ups.

This book addresses a rapidly evolving subject with well written and information-filled text. I found this work relevant to women and men, to clients and patients, and to health care providers. It takes an important step in the direction of improving healthcare through education.


Eric Kandel, M.D., is University Professor and Kavli Professor of Brain Science in Neuroscience at Columbia University, where he was the founding director of the Center for Neurobiology and Behavior and is currently a senior investigator with the university’s Howard Hughes Medical Institute. In 2000, Kandel shared the Nobel Prize in Physiology or Medicine for his work elucidating the neurobiology of memory.

In Search of Memory is comprised of 30 chapters that guide the reader through an immersive tale of both the personal and scientific events that led Kandel from his childhood home in pre-Nazi Vienna to his receipt of the Nobel Prize as a professor at a major American university. The first three chapters address Kandel’s early childhood and familial experiences; this is perhaps less than surprising given his psychoanalytic background. Chapters four through 10 eruditely presents a story that integrates Freudian theory, Ramon y Cajal’s early imaging of the neuron, and a basic introduction to neurobiology as a backdrop to Kandel’s own quest to explore memory via the giant marine snail, Aplysia. In chapters 11 through 19, Kandel guides the reader through an enjoyably comprehensive review of the molecular biological tools used to explicate the cellular, and then genetic, bases of short-term and long-term memory. Chapters 20 through 28 undertake to demonstrate the potential application of basic neural science toward the development of more effective mental health interventions. The final two chapters of In Search of Memory detail Kandel’s experience of winning of the Nobel Prize and delineate his recommendations for future research into the neurobiology of memory.

In the preface, Kandel states that “the attempt to understand mind in cellular and molecular biological terms” (p. xv) stands as one of the greatest of current scientific endeavors. I found this comment intriguing given that Kandel was initially trained not as a research scientist, but as a psychoanalytic psychiatrist. Indeed, there is much in the text of relevance
to clinical hypnosis. Perhaps the most notable aspect of *In Search of Memory* relative to hypnotic endeavors is Kandel’s ongoing focus, albeit at increasingly molecular levels as the chapters progress, on the central importance of the subconscious mind for the acquisition of novel behaviors. He makes very clear that changes to observable behavior must be commensurate with functional and even structural changes in the brain. Ultimately, is this not the goal of clinical hypnosis, to assist the patient to quite literally internalize a new set of habits?

Kandel uses *In Search of Memory* to expertly weave together myriad interrelated concepts that transcend the borders of traditionally insular sciences. With nearly every chapter, I enjoyed the opportunity to learn something new of psychoanalysis, neurobiology, molecular genetics, or the history of psychology. I was especially impressed with the number of little known facts Kandel noted of such foundational figures as those ranging from Freud to Skinner.

*In Search of Memory* is a text that requires attention and consideration: It cannot be skimmed. It will challenge those readers who perceive neural correlates of consciousness to be irrelevant to meaningful clinical hypnosis. Yet, it may often impress regarding Kandel’s sense of humanity, as there are several seemingly self-effacing moments in his personal recollections that suggest a certain humility. For these reasons and more, I strongly recommend this engaging book.


Psychologists Michael Nash and Amanda Barnier are respected and well known by any serious reader in the field of hypnosis. Nash, a professor at the University of Tennessee, has been a prolific educator and researcher with numerous hypnosis-related publications, including the predecessor to this book, which he co-edited with the late Erica Fromm. That volume, *Contemporary Perspectives in Hypnosis Research* (1992), was in turn published after earlier works by Fromm and Ronald Shor in 1972 and 1979. He is joined in this current effort by Amanda Barnier, a “rising star” in the world of hypnosis research and Associate Professor of Psychology and Research Fellow at the Macquarie Centre for Cognitive Science in Australia.

In addition to the experience and expertise provided by the editors, this book brings together over 40 luminaries in the world of hypnosis, providing a broad range of theoretical perspectives and clinical expertise.

This volume provides nearly 800 pages of scholarly hypnosis literature divided into 31 chapters which, in turn, are divided into four sections. As part of the Oxford Handbook Series, the book aims to offer “an authoritative and state-of-the-art survey of current thinking and research” in hypnosis. There is no question that the book achieves this goal.

Following an introduction and working definition of hypnosis by the editors in Chapter 1, Section I reviews the Domain of Hypnosis with chapters written by John Kihlstrom and Kevin McConkey. Section II addresses Theoretical Perspectives and includes five chapters discussing a range of perspectives from psychoanalytic to social cognitive views. Of special note is a chapter on “New cognitive theories” by Barnier, Dienes, and Mitchell, and “Hypnosis as neurobiological adaptation” by David Spiegel.

Moving from theory to contemporary research, Section III includes seven chapters that address research concerns ranging from the measurement of hypnotic ability to advice on research design; included is an exceptional chapter by Arreed and Marianne Barabasz which summarizes the past decade of brain imaging and neurophysiological data as it relates
to hypnosis. This is followed by a chapter specific to neuroimaging research findings written by David Oakley of the University College of London and Cardiff University.

The final Section, “Clinical hypnosis: Treatment and consultation,” is comprised of 16 chapters which are divided into three groups. The first group offers “Models of clinical intervention” ranging from Ericksonian approaches presented by Stephen Lankton to “Psychoanalytic approaches” offered by Elgan Baker and Michael Nash. The second group then focuses on methods of clinical intervention and includes 10 chapters on specific clinical conditions such as depression, pain, anxiety, trauma and even sports-related issues.

Concluding the book are three chapters detailing empirical evidence related to clinical hypnosis, the use of hypnosis in the courts, and a call for increased clinical research. This final concern is not just the traditional tag line to a research paper, but rather a specific suggestion promoting the use of single-subject, time-series research designs. This chapter by Jeffrey Borckardt and Michael Nash is a clear “how-to” manual for research that can be conducted by the working clinician in a manner that will contribute to establishing hypnosis as an “efficacious” treatment.

Taken as a whole, the *Oxford Handbook of Hypnosis* is a skillfully edited, comprehensive work representing the best of our current understanding of hypnosis, while at the same time providing guidance for future investigation. The authoritative contributing authors represent an international and theoretical diversity that allows the book to move beyond the basic definition controversies of the past and celebrate the progress that the field of hypnosis has achieved, while at the same time keeping a focus on the possibilities of the future. Put simply, this book belongs in the library of any educator, researcher or clinician interested in hypnosis.

**References**


**Rassin, E. (2005).** *Thought Suppression*. Amsterdam: Elsevier. Reviewed by Melvin A. Gravitz, PhD, George Washington University, School of Medicine and Health Sciences, Washington, DC. The author is a professor of psychology at Erasmus University in the Netherlands. In this scholarly monograph, he has published a research-informed overview of the scientific literature dealing with thought suppression. Most of the references cited are fairly recent. Any scientist or practitioner interested in cognitive processes will find this slim volume of 196 pages relevant and valuable.

The first two chapters address the definition of thought suppression, with a focus on the differences between suppression (conscious and willful) and dissociation and repression (unconscious and at times conflict driven). The next three sections discuss issues in research methodology, including measurements and individual differences. Then, several chapters consider the practical applications of the thought suppression literature, especially in the management of disruptive obsessions and obsessive disorders, and there may be other possible clinical uses for the interested reader to consider. There are also implications for non-therapeutic thought control that have political ramifications. Throughout the book, suggestions for future research are offered.
While there is no discussion of hypnosis in this book, the research data reported are relevant to those who believe – mistakenly – that the modality can be used to “erase” memories of, for example, emotional trauma. Instead, hypnosis practitioners who wish to aid patients and clients with such presenting issues should consider instead the deliberate restructuring of traumatic memories. The latter modification methodology as a beneficial therapeutic technique, including the role of hypnosis, has been described elsewhere in the literature.

As a summary conclusion concerning the question of unwanted thoughts being programmatically kept out of consciousness, the author in this survey of the scientific literature concludes in the negative.

Sykes, K. & Bunker, J. (2008). Anesthesia and the Practice of Medicine: Historical Perspectives. London: The Royal Society Medicine Press. Reviewed by Michael R. Eslinger, CRNA, MA, Oak Ridge TN. Keith Sykes, a British graduate of Cambridge University, and John Bunker, an American graduate of Harvard University, were in the forefront of the development of modern anesthesia. Even though they were both in the mainstream of anesthesia development they did not meet until 2000 in the Library of the Royal Society of Medicine. After discussing their individual contributions to the development of modern anesthesia, they decided to set the record straight about the struggles and complexities of promoting modern anesthesia and its place as a medical specialty. This book was conceived and written showing how instrumental their joint experiences were in the development of anesthesia as it is practiced today.

This book will educate and intrigue anesthetists, medical professionals, and those interested in its history; however, if you are looking for the important role that hypnosis played in the development of anesthesia, you will not find it in this book. There is no reference to hypnosis per se and only one to mesmerism which states, “In 1846 John Elliotson had been exploring ‘mesmerism’ and had suggested that it might be used to abolish the pain of surgery. Unfortunately, he was regarded as a quack and had been forced to resign his position at University College Hospital, London.” Such is the extent of hypnosis in anesthesia in this history.

Sykes and Bunker lead us through the development of anesthesia beginning with the first uses of ether as a general anesthetic in 1840 and cocaine as a local anesthetic in 1884. The fact that physicians were very resistant to the use of ether and cocaine can be attributed to the fact that both were considered the recreational drugs of the time. Therefore, physicians and others claimed their benefits had little or no credibility in medical circles but their concerns landed on deaf ears.

There are five parts to Anesthesia and the Practice of Medicine: Historical Perspectives: Part 1) A detailed review of the past 100 years with a brief history of the first 300 years of anesthesia; Part 2) Professionalism in anesthesia and the reluctance of medical schools to accept anesthesia as a specialty for physicians. It also includes the milestones in anesthesia of drugs, muscle relaxation, and the role of treating tetanus; Part 3) New horizons which describes the role of polio in the development of intensive care, tracheal intubation, and mechanical ventilation; Part 4) Relief of pain, childbirth and care of the new born; Part 5) Anesthesia yesterday, today and tomorrow.

Sykes and Bunker did a wonderful job in developing a profile of those behind the creation of anesthesia into what it is today. Their struggle to develop a medical specialty and the American Society of Anesthesiologists was long and hard. This is partly due to well respected physicians like the Mayo brothers recognizing the value of nurses specialized in
giving anesthesia. Nurses giving anesthesia full time were safer and more experienced than physicians giving anesthesia part time. Even so, nurse anesthetists skilled in suggestion made great inroads into the safety of anesthesia as depicted in an excerpt from the 1906 journal, *Surgery, Gynecology, and Obstetrics*. At the time of that article, one person in every one hundred died from anesthesia complications.

Alice Magaw, who gave anesthesia at St. Mary’s Hospital, in Rochester, Minnesota, was one of the exceptions. She wrote in 1906 that, “In 14,380 anesthetics given by me, I have yet to see a death directly from the anesthetic. Suggestion is a great aid in producing a comfortable narcosis. The anesthetist must be able to inspire confidence in the patient and a great deal depends on the manner of approach. One must be quick to notice the temperament, and decide which mode of suggestion will be the most effective in the particular case: the abrupt, crude, and very firm, or the reasonable, sensible, and natural. The latter mode is far best in the majority of cases. The subconscious or secondary self is particularly susceptible to suggestive influence; therefore, during the administration, the anesthetist should make those suggestions that will be most pleasing to this particular subject. Patients should be prepared for each stage of the anesthesia with an explanation of just how the anesthetic is expected to affect him; ‘talk him to sleep’ with the addition of as little ether as possible. We have one rule: patients are not allowed to talk, as by talking or counting patients are more apt to become noisy and boisterous. Never bid a patient to ‘breathe deep’ for in so doing a feeling of suffocation is sure to follow, and the patient is also apt to struggle” (pp. 276-277). Those words have great relevance for hypnosis professionals.

I expected to read about James Esdaile, M.D., and his use of mesmerism as his anesthetic in over 3000 operations, of which 300 were major procedures, without deaths due to septic or hypovolemic shock. Complete details are recorded in his book *Mesmerism in India*. However, the development of anesthesia as a scientific discipline precluded any modality outside of Newtonian science.

Historians and even those with a mild interest in history, especially medical history, will enjoy the travel through time as anesthesia found its way into medicine. The controversies and conflicts between the American Society of Anesthesiologists (ASA) and the American Association of Nurse Anesthetists (AANA) over the practice of anesthesia are briefly discussed; however, there is no denying that anesthesia providers are responsible for major changes in the practice of medicine. Today, according to the AANA, 65% of all anesthetics are given by nurses. Unfortunately, the number of physician anesthesia providers and Certified Registered Nurse Anesthetists (CRNAs) are today at a staffing crisis. Studies are now looking outside the medical community for resources to fulfill the needed requirements for anesthesia providers and that is creating more controversy and legal considerations.

**References**
