Book Reviews

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Bivins, R. (2007). Alternative medicine? A history. New York: Oxford University Press. Reviewed by Ines Monguio, Ph.D., Ventura CA. In one of the Star Trek movies, the crew of the Enterprise is sent to the Twentieth Century to retrieve a whale that was needed in the future to stop the destruction of Earth. The ship’s physician, Bones, looking more horrified than appalled, calls the physicians practicing medicine in that century “Barbarians!” That scene from the movie kept playing in my head as I read this informative and entertaining book. The thesis of Roberta Bivins has nothing to do with science fiction or whales; rather, her position is that various systems of medicine have influenced each other through the centuries, and the current label of “alternative medicine” given to non-orthodox, or non-western medical practices is not new.

In this readable small book, there is much information cited to illustrate her point that “alternative medicine” is not a new influence in western orthodox medicine; rather, there have been cross-cultural influences for centuries. As early as the Eighteenth Century, western-born and raised persons had opportunity to benefit from non-western medical practices, and their experiences were retold in their countries after their return from travel abroad. The impact those personal experiences had on the medical system at large was officially small to negligible, but commerce saw a chance to profit from the publicity and promoted the exotic as a better treatment for the maladies that afflicted the patients of the time. Through the recent two centuries when orthodox, science-based medicine has gained and held ascendancy, its official response to non-western systems and methods has been to prove them wrong, or at least unscientific. Nevertheless, as an example, acupuncture is now a fairly standard practice in pain management in the United States, and allopathic medicine tends to be accepted as treatment in North America and Europe.

Traditional orthodox western medicine claims superiority over all other medical systems, because it is based on science. As Bivins points out, however, orthodox medicine discarded early on, in the 20th century, the mainstay of scientific bases: empiricism. From the observation- and experience-based knowledge crucial to early medicine, western medicine became enamored of the statistical, numbers-based information derived from experiments and from book-based or scholastic method of diagnosis and treatment.
The field of psychotherapy is no stranger to the struggles between orthodoxy and experience-based treatment. We are told that cognitive-behavioral therapy should be used because that is the method that has been “proven right” by statistical analysis of therapy outcomes. Even so at the heart of all successful psychological treatment is a change in thought and behavior. Never mind that each patient who comes for treatment is an individual whose personal experiences and abilities may or may not fit a traditional cognitive-behavioral schema for successful treatment. In treating patients, psychotherapists use immediate empirical experience to direct treatment with each individual. Each of us will use as a template or background the scientific underpinnings of the theory that guides the clinical practice. But the treatment itself is optimally directed by the “zen” of the interaction. I would say that the same goes for clinical knowledge and wisdom. Orthodoxy and scholastic knowledge have their place, but not to the exclusion of personal observation and rigorous honesty. It is something to be regretted that case studies are rejected by most peer-reviewed journals as not rigorous enough.

Omitted in Bivins’ book is a description or examination of the medical systems of the Middle East and indigenous people of the Americas. Her focus in the book seemed to be quite Eurocentric that way, despite her clear desire to be multicultural. Arabian healers were in teaching and clinical positions in Europe for centuries, but we read nothing in this book about their system of treatment practices, nor of the influences they had on the countries where they practiced. It is known that Arabian doctors put a great deal of emphasis on hygiene, exercise, prayer (relaxation), and diet. To my eyes they seemed to have a good grasp on treating chronic illness.

I was disappointed that hypnosis was relegated to an alternative method of treatment that patients use to get rid of addictions to tobacco and so on. In dealing with medical patients, psychotherapists and others who use hypnosis know the wide-ranging usefulness of the method. Pain in particular is demonstrably responsive to hypnosis, and there is also documented success in cardiac patients, asthma, high blood pressure, irritable bowel syndrome, urinary problems, upper GI problems, eczema, and stuttering to name a few. As I read about Bivins’ example of how Tiger Balm, a Far East product has become accepted and standard for treatment in the United States, I again bemoaned that we cannot package and market hypnosis as a treatment substance. It is something to be wondered that if users of hypnosis for therapeutic purposes could market ourselves better, then the “alternative” label for hypnosis may change in the mind of the consumer, and eventually the system. Basically, this book is an interesting read, and it may lead the clinician who practices hypnosis to consider parallels between orthodox and alternative medicine to promote the modality to the lay and medical communities.

Ewin, D. (2009). *101 things I wish I’d known when I started using hypnosis*. Carmarthen, Wales, UK: Crown House Publishing, Ltd. Reviewed by Sharon Spiegel, Ph.D., ABPP, Bethesda, MD. Dabney Ewin is a Clinical Professor of Surgery and Psychiatry at Tulane University Medical School in New Orleans, Louisiana and Clinical Professor of Psychiatry at Louisiana State University Medical School. He is a board certified surgeon who is known for his vast experience utilizing hypnosis in the treatment of burn patients. He has served as past President of the American Society of Clinical Hypnosis, past Secretary of the Society for Clinical and Experimental Hypnosis and past President of the America Board of Medical Hypnosis.
Have you ever wanted to sit down for a long pleasant chat with a prominent member of the hypnosis community in hopes of learning and absorbing some tidbits of wisdom and experience? Reading *101 things I wish I’d known when I started using hypnosis* is probably the closest thing you can get to having that kind of a personal conversation with Dr. Ewin (who is affectionately called Dabney by his colleagues). Whether you have been fortunate enough to know him as a professional colleague, as a student in one of his workshops, or have simply heard of his reputation, Dabney is likely to be on your list of people whose wealth of knowledge you would wish to tap. His stature in the field is acknowledged by his colleagues, his list of accomplishments is long, and his list of admirers is extensive. He is truly a beloved elder in the hypnosis community.

Dabney’s voice comes through clearly in this delightful little volume. I found it easy to imagine his gentlemanly presence, hear his Southern accent, and enjoy his personalized style of expression. In the preface, Dabney begins with a quote from his medical school professor, Charles Dunlap, M.D.: “Always read the little book.” Dabney chose to follow that advice and make the book as “little” as possible. He was successful—the book is small, short, light, and uncomplicated. Furthermore, it is organized in chapters according to five easy to follow themes: words, smoking cessation, pain, techniques, and miscellaneous pearls of wisdom.

The book is written in a very straightforward style, without lengthy references, footnotes, amplification, or justification: It is neither intended to be a scholarly treatise, nor a textbook for practitioners. In fact, it is exactly what the title promises—a collection of one hundred and one bits of wisdom of varying length and focus gleaned from his years of experience. It is a mix of truisms, warnings, reminiscences, clinical vignettes, and rules all presented in conversational style. The reader has the opportunity to review some well-known principles such as Coue’s Laws (#62) and also learn some new ones such as Ewins’s Law (#65). The shortest “thing” is three sentences long, and the longest more than a page long.

The book is unique in style as well as content. It is impossible to determine the relative importance of any one principle from the amount of text used to explain it. This is because the shortest ideas are printed in larger typeface so as to take up a greater amount of space on the page. I found myself wondering whether this was intended to serve as a covert message that the importance of any given principle is unrelated to the length of its explication. Or perhaps it was just Dabney way of being playful in his choice of presentation. Not only are the ideas presented in variable font sizes, the text of each of these clinical tidbits is centered on the page rather than using the conventional left-justified style. As I read the book, I found myself trying to decipher the unconscious suggestion in this visual display. It clearly has meaning since they are in contrast to the introductory paragraphs that are written in traditional size and style.

You can expect to have a variety of different reactions to these 101 bits of wisdom. To begin with, there are some basic principles that are most likely to elicit consensual agreement, such as: “Try - the word implies failure” (#5), “We experience emotions in our bodies” (91), and “Best suggestions are 10 words or less” (#85). I found myself wholeheartedly agreeing with some of the points, e.g. “Get treated yourself” (#78), and feeling surprised at some others, e.g. “No need for rapport in emergencies” (#83) and shingles can be treated with hypnosis combined with high doses of Vitamin B (#76). Furthermore, there are some principles that are thought provoking even if you are not likely to add them to your treatment repertoire. That was certainly my reaction to his technique of mutual prayer: “You pray for me, and I’ll pray for you” (#50). Some are likely to make you smile, such as “Never start an induction if the patient or therapist needs to urinate” (#34). Probably the most memorable principle for me...
is his “piloerection test” (# 41). This is the name that Dr. Ewin has given to the sensation of the little hairs on the back of your neck standing up; it is a clinical indicator signaling that this is a patient you are not comfortable with and should refer to someone else.

The bottom line is that it doesn’t matter which principles you agree with, what comes across is the wisdom, experience, and signature style of Dabney Ewin. It is an opportunity to read in one sitting a book that summarizes his more than 40 years of experience with medical hypnosis. This is a charming little book that will educate, inspire, and certainly delight you, whether you are new to the field or a seasoned therapist. It is definitely a worthwhile addition to your hypnosis bookshelf.

Forgash, C. & Copeley, M. (Eds.) (2008). Healing the heart of trauma and dissociation with EMDR and ego state therapy. New York: Springer Publishing. Reviewed by Cynthia Horacek, M.S., California Lutheran University, Thousand Oaks, CA. Carol Forgash, LCSW, BCD, is a psychotherapist in private practice in New York and is well regarded as an EMDR facilitator. She is an EMDRIA Approved Consultant, and she presents at workshops in the U.S. and internationally on the integration of EMDR with ego state therapy (EST) and psychodynamic treatment, complex PTSD and dissociative disorders. Forgash is a specialist in treating the complex health issues of sexual abuse survivors.

Margaret Copeley, M.Ed., is a freelance editor specializing in the mental health fields. This book consists of ten chapters, all of which have something to offer the therapist who is just beginning to explore trauma and all of its effects on the lives of those who have suffered trauma, from a single incident to repeated, ongoing trauma since early childhood. There is also something for therapists who are well experienced in treating trauma and dissociation. All of the contributors are specialists in the field of trauma, and perhaps one of the best contributions is the forward by John G. Watkins, one of the founders of ego state therapy, as he gives a brief but thorough explanation of ego state therapy.

From the title of the book one might wonder why it is being included in the AJCH. Where is the link to hypnosis? Maggie Phillips writes a chapter on Combining Hypnosis with EMDR and Ego State Therapy for Ego Strengthening in which she not only emphasizes the importance of ego state strengthening, but takes the reader through a step by step process for doing so, from introducing hypnosis to the EMDR patient to integration and closure, and she includes a brief case study for illustration.

A chapter by Michael C. Patterson explores the use of EMDR by presenting a case study of a police woman in Northern Ireland which provides another perspective on the use of EMDR from a Schema-Focused Cognitive Therapy approach – another way to look at Ego State Therapy. Jim Knipe presents a chapter on preserving emotional safety while using procedures to process dissociative processes, and Barry Litt presents EMDR as an ego state approach in working with couples.

Several chapters discuss the use of EMDR and EST in treating dissociation and dissociative disorders. There is a chapter by Joanne Twombly and Richard
Schwartz that explains the use of the Internal Family Systems (IFS) model to strengthen the effectiveness of EMDR when it does not seem to be working. Although this reviewer’s experience with EMDR has been that EMDR is usually successful, it is also true that it does not always work for every patient. The authors of this chapter explain how, in those cases, IFS can help to enhance or enable EMDR processing.

I have saved my favorite chapter for last. Uri Bergmann gives us a beautifully readable look at the neurobiology of dissociation and dissociative disorders. We are presently learning so much about the brain and how it works that our model is constantly changing. Bergmann manages to include brain anatomy and physiology, and he links this to the importance of early attachment in a very readable way, making the point that it is the physiological systems that will prove dissociative processes exist, given the nay-sayers and those who would discredit therapists as planting “false memories.”

This is not a “how to” book for those who have not had training in EMDR and/or Ego State Therapy. Forgash stresses the importance of being appropriately trained by the EMDR Institute and EMDRIA approved consultants. EMDR is also not something one can learn from a book, although there are those who have tried, and will continue to try to bypass professional workshops. This book does help to explain why professional training is important for the well-being of our patients, and also for us — professional psychotherapists. This read truly does have something for everyone who works with trauma and dissociative processes.

O’Hanlon, B. (2010). A guide to trance land: A practical handbook of Ericksonian and solution-focused hypnosis. New York: Norton Publishers. Reviewed by Hillil Zeitlin, M.S.W., Director, The Maryland Institute for Ericksonian Hypnosis & Psychotherapy, Baltimore, MD. Bill O’Hanlon likes to tell the story of how he tended Milton Erickson’s garden as a graduate student. One might say that in the 30 + years since then that he has continued to tend that garden by cultivating a unique voice and presence as a writer, teacher, trainer and developer of Ericksonian and solution-focused therapies.

One of O’Hanlon’s particular gifts is the ability to render complex material into learnable methods and accessible language. This is particularly evident in this most recent book, which is like a distillation of his wit and wisdom about the unique therapeutic language that is hypnosis. In keeping with his Ericksonian roots, O’Hanlon understands hypnosis to be a language of evocation, i.e., a means for bringing forth inner resources and abilities that facilitate the resolution of human problems.

He begins by outlining his perception of the distinctions between traditional and solution-focused hypnosis. For O’Hanlon this is not a technical distinction, for it represents a different topography of the landscape of trance. From there O’Hanlon outlines his approach, giving sample dialogues to illustrate the principles of his way. While those seasoned in Ericksonian or other hypnotic approaches will not find much new material here, both clinicians and trainers will appreciate the elegant simplicity of O’Hanlon’s methodology.
New students can also find an approach to the elusive territory of communication and change that Erickson pioneered. One of the challenges of translating Erickson’s approach to learnable bits is to reduce it down to scripts and formats. O’Hanlon’s commitment to the underlying principles from which technique emerges can provide a new generation of therapists the crucial insight that while the Ericksonian craft of hypnotherapy has both structure and methodology, it also can be a fount of creativity and continuous development.

In Jay Haley’s famous work, *Uncommon Therapy*, he describes Erickson in his later years as achieving a Picasso-like simplicity and effectiveness. When I compare this book to O’Hanlon’s earlier book on hypnosis, I am struck by how he has found simpler and more concise ways of rendering the complex patterns of Ericksonian hypnosis into learnable patterns.

I do wonder, however, whether new students will be able to navigate this *Guide to Trance Land*. Will they be able to apply these patterns, learn and eventually master them? Are they rendered too simply, too elegantly, for their depth to be appreciated? I hope not, and I also hope that this friendly guide finds a place in the enduring growth of the literature of clinical hypnosis.