

Book Reviews

Melvin A. Gravitz, Book Review Editor

Burrows, G. D., Stanley, R.O. & Bloom, P. B. (Eds.), (2001). *International Handbook of Clinical Hypnosis*. Chichester, UK: John Wiley & Sons. Pages. x + 353. Reviewed by: John F. Chaves, Ph.D., School of Dental Medicine, State University of New York at Stony Brook.

Anyone who has ever attended one of the international conferences on hypnosis has had the enriching opportunity to engage in stimulating discussions with colleagues from other parts of the world about their perspectives and experiences dealing with a wide range of theoretical, experimental, and clinical issues related to hypnosis. Exciting collaborative opportunities are often forged during these exchanges, and the *International Handbook of Clinical Hypnosis* is the fruit of one such exchange that occurred during the 13th International Congress on Hypnosis held in Melbourne, Australia, in 1994. At the time, the co-editors of this volume were all serving as officers of the International Society of Hypnosis, and had already become well-known contributors to the field.

Graham Burrows is a Professor of Psychiatry at the University of Melbourne and has published widely on hypnosis and such other topics as neuroimaging, dementia, Alzheimer's disease, panic disorder, depression, and treatment of chronic schizophrenia.

Robb O. Stanley is a clinical psychologist and Senior Lecturer in the Department of Psychiatry at the University of Melbourne. Peter B. Bloom is a Clinical Professor of Psychiatry at the University of Pennsylvania and has had a long-standing interest in training issues in hypnosis.

The intent of this volume is to expand on the topics covered in the separately published proceedings of the 13th International Congress on Hypnosis. The goal was to provide a collection of chapters written by senior clinicians and researchers representing a variety of disciplines that would contribute substantially to the field. Twelve of the 23 contributors to the volume are located in the United States, eight are in Australia, two are in The Netherlands and one is in Belgium. The contributors include well-established senior researchers and clinicians as well as newcomers who do not have international reputations, although all are said to be active members of their local hypnosis societies. The professions of medicine, dentistry, and psychology are all represented.

The editors organized the 23 chapters into four thematic areas. Part I-The Nature of Hypnosis, includes a surprisingly brief general introduction to hypnosis by Burrows and Stanley and a useful discussion of training issues by Bloom. Bloom appropriately cautions clinicians about dismissing laboratory findings pertaining to hypnosis, especially regarding

topics like recovered memory, that do not seem to support their own perceptions of their patients' problems and their response to therapy. This perspective is supported with the inclusion of two chapters on hypnosis and memory in the present volume. Some, but not all, of the historical and theoretical matter that might ordinarily be expected to be located in this section can be found scattered throughout some of the individual contributions in Part IV. Part II-General Clinical Considerations, understandably includes one chapter on patient selection, but also includes specialized and scholarly chapters on memory (Sheehan) and neurophysiology of hypnosis (Crawford) that seem misplaced in this section.

Part II-The Psychotherapies, consists of only a single chapter by Zeig, which offers yet another of the many published descriptions of Ericksonian communication. There is nothing new here; the most recent citation in this chapter is a paper published in 1988 (a self citation). While a section on psychotherapies certainly makes sense in a handbook of clinical hypnosis, the rationale for including only one chapter depicting this one approach is not obvious to this reviewer.

Approximately two-thirds of the book is devoted to Part IV-Specific Disorders and Applications, which is comprised of 17 chapters, most devoted to specific clinical problems. The chapters are independent and each is organized in a different way. The editors do not appear to have provided a template to guide the authors in structuring their topics, nor is there editorial material between chapters that might offer an overview or perspective on the clinical material presented.

The range of clinical problems addressed is appropriately comprehensive. It includes stress and anxiety disorders, depression, emotional trauma, eating disorders and obesity. Three chapters deal with chronic pain. Two of these deal with general problems in chronic pain managements, while the third, by Dabney Ewin, deals with burn pain. Two chapters are devoted to the application of hypnosis in dentistry. One of these, by Jack Gerschman, offers an excellent review of dental anxiety disorders, phobias, and hypnotizability. The other is a very dated and shallow discussion of hypnosis and dentistry, including temporomandibular disorder (TMD), which takes psychoanalytic theory as its point of departure. Most of the chapters offer fairly detailed strategic discussions that would be helpful for those who are trying to apply general techniques learned in hypnosis workshops to specific clinical problems. Such chapters can be very helpful to those new to the field and many of the chapters included here succeed in accomplishing that purpose. This section concludes with a cautionary chapter by Stanley and Burrows on possible adverse consequences of hypnotic interventions.

The contributions vary considerably in terms of scholarship, depth of coverage and quality. The best chapters in this section provide scholarly reviews of the relevant literature, are reasonably up-to-date (given the 2001 publication date), and help provide a strong empirical foundation for the clinical approaches described. Unfortunately, some of the contributions are based on outmoded theoretical models, present approaches that are rationalized by appeal only to clinical anecdotes, or the teachings of esteemed authority figures, and generally reflect impoverished scholarship. None of the chapters really breaks new ground.

A true international handbook on clinical hypnosis could make an important contribution if it really brought together the best work being done around the world on this topic. That would mean including contributors from Canada, France, Germany, Spain, the United Kingdom, countries of Eastern Europe and other countries and continents, beyond those represented here. Taking full advantage of such world-wide representation might provide a unique opportunity to present issues that are not commonly addressed in such volumes.

Indeed, Capafons (2004) has recently tantalized us with an especially thoughtful discussion of the implications of the complex interactions between social and cultural factors and the hypnotic experience in Spain.

The present volume is limited by a lack of both theoretical and geographic diversity. Moreover, it does not fulfill the ambitious goals of the editors implied by the outline of their book. Nevertheless, readers who have had an introductory workshop on clinical hypnosis and who wish to pursue some of the topics normally covered in somewhat greater depth might wish to consult this volume. Those hoping for a comprehensive introduction to contemporary theory and evidence-based practice and those who are interested in gaining a wide-ranging international perspective on the topic of hypnosis will need to complement this volume with other resources.

Reference

Capafons, A. (2004). Waking hypnosis for waking people: Why from Valencia? *Contemporary Hypnosis*, 21, 136-145.

Eimer, Bruce N. (2002). *Hypnotize Yourself Out of Pain Now!* Oakland, CA: New Harbinger Press. xxiv + 207 pages. \$14.96 (paper). Reviewed by: Daniel L. Handel, M.D., National Institutes of Health, Bethesda, MD

In *Hypnotize Yourself Out of Pain Now!*, Bruce N. Eimer proposes a program that includes hypnosis for the self-management of chronic pain. He believes each person suffering with chronic pain can be “your own healer and your own subject or client...by improving your relationship with yourself (p. x)”. Eimer notes that this book has not been written for professionals but rather “for any one who has chronic pain and wants to get more relief and gain more control without drugs (p. x)”. His writing is crisp and direct, providing a model that addresses the learned helplessness, frustration, depression and withdrawal experiences of many chronic pain patients.

Eimer’s pain program rests upon several basic assumptions. First, he posits that chronic pain patients have lost a sense of control over their lives and that dealing with and managing one’s pain is a full time activity. 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 suffering chronic pain is willing to work 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.

Before reaching his main focus, Eimer introduces the important concepts of pain as a useful signaling system and the concept of chronic pain simply as “persistent pain that has often outlived its usefulness” (p. 6), while providing a helpful list of chronic pain examples. Following a discussion of the puzzle of pain (which essentially discriminates “helpful” from “unhelpful” pain states based solely on whether a pain has protective properties), he outlines a model for the physiology of pain that is at once helpful and incomplete. This area of current research illuminates aspects of normal neurophysiological processing of pain, while it provides strikingly vivid images of the changes in pain processing brought through hypnotic interventions, Eimer’s presentation of the work of Melzack, Wall, and Price on “pain amplification syndrome” makes accessible to the lay public concepts that are helpful in

understanding and managing chronic pain states. This model also introduces the concept of hypnotic modification of abnormal signal processing, which causes or perpetuates chronic pain. This concept often requires intensive education, while chronic pain patients improve their ability to hypnotically modify perception and cognition enough to relieve chronic pain. His discussion of the sensory, cognitive, and emotive dimensions of pain sets the stage for introducing strategies for evaluating and intervening in chronic pain states.

Eimer's chapter on pain evaluation briefly reviews a set of descriptors commonly used to determine which of the pain dimensions a patient experiences most in perceiving pain. His list of self-evaluation questions (p.21) helps to ascertain one's motivation to change and identify issues of secondary gain. His recitation of six psychological strategies for coping with pain (deep relaxation, Decatastrophizing, direction, distraction, distortion, and dissociation) serves to introduce hypnosis as a psychological strategy for therapeutically building these strategies. He then dispels myths about hypnosis, while providing a practical description of hypnosis that includes hypnoidal experiences, such as the intensified focus of reading,

The fourth chapter's discussion of self-hypnosis introduces the reader to Eimer's primary focus of this book—that one can better manage and relieve chronic pain with a specified hypnotic technique coupled with specific personal self-suggestions. His list of eight self-hypnotic inductions includes sample scripts with a wide variety of sensory experiences. These scripts 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 in which self-suggestion is more easily realized. These scripts are not unlike the audiotapes that accompany many patients from therapy sessions and are intended to make easier one's initial forays into building the discipline of self-hypnosis. Simply reading Eimer's scripts is likely to induce trance in many highly motivated readers.

The following two chapters develop cognitive (chapter five) and imaginative/dissociative (chapter six) skills for the purposeful alteration of chronic pain experience. First, 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 cognitive methods foster the ability to "reframe," which allows for new and helpful meanings to one's experience. Simply stated, reframing permits more positive mind sets and expectations, which can be extremely useful in reversing some of the automatic negative expectancies in chronic pain. Eimer next outlines 12 behavioral coaching principles to reverse negative behaviors, such as splinting, 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. 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. These 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 next chapter attempts to integrate into a practical personal plan a combination of such strategies. 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 of chronic pain. He also briefly explores meditation methods and other self-healing rituals that are preferred by some patients. Eimer outlines a self-hypnotic approach that includes seven 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, inducing a trance through the delivery of self-suggestion, followed by further unconscious imprinting and awakening.

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. His 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. 169). Eimer also outlines some complex hypnotic behaviors such as ideomotor signaling, which is only briefly detailed in this section; 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 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 has written a book that is more helpful for its exploration of clinical tools and development of a framework for dealing with chronic pain than for its theoretical concepts. This may be just as it should be. Patients with chronic pain commonly live with self-doubt, negative expectancy, and a dearth of hope. Eimer's structure and tabulation of hypnotic techniques present options and hopeful strategies. While it is possible that 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 valuable skills and positive attitudes promoted by this book. I can foresee my own work with patients being accelerated through homework from and reference to this book. I recommend it for anyone with painful symptoms that create feelings of helplessness and inadequacy.

Rossi, E.L. & Nimmons, D. (1991) *The 20-Minute Break: Using the New Science of Ultradian Rhythms*. Los Angeles: Jeremy P. Tarcher, Inc. Reviewed by: George Gafner, LCSW, Southern Arizona Veterans Affairs Health Care System, Tucson, AZ.

Various treatment methodologies, including strategic psychotherapy, solution-focused therapy, and the work of the Mental Research Institute, find their genesis in the seminal work of the late Milton H. Erickson. Rossi, an intimate of Erickson's for 20 years, notes that the underpinnings of his work in hypnosis and human genetics, immunology and chronobiology (the biology of time) are traced to his relationship with Erickson and what Erickson termed "common everyday trances." These patterns of behavior observable in trance include blank facial features, slow reflexes, and sleepiness or daydreaming. As Erickson typically saw patients for two hours or more, he was able to therapeutically utilize these natural periods of rest and receptivity, which typically occur in people every 90-120 minutes. These ultradian, or naturally occurring rhythms, and how to capitalize on them, are the essence of *The 20-Minute Break*.

Such periods of therapeutic receptivity were when Erickson would intersperse key suggestions. However, these same periods occurring in everyday life are to be recognized as signs of ultradian stress, evidenced by behaviors that include difficulty concentrating, careless

errors, and irritability or impatience. Rossi offers common sense tips to counteract them, such as building into one's day pacing, rest, and exploration. He addresses how these interventions can be put to use in areas such as work, sports, weight control, and sex. Rossi outlines the history of his theory, beginning with Jean Martin Charcot in the mid-1800s, and continuing through Pierre Janet, Sigmund Freud and Carl Jung.

Many of the tenets of the book are addressed, albeit more thoroughly and scientifically, in Rossi's other books, such as *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis* (1993). In addition, a number of books dealing with stress management in the past 30 years cover Rossi's principles and techniques. What is different in this work is the addition of ultradian rhythms.

The 20-Minute Break is not about hypnosis per se, nor is it directed at a professional audience. However, ASCH members, along with the general population, may benefit from the application of Rossi's techniques. The book, which is articulate and well organized, is 210 pages that can be read in one sitting. Personally, I more appreciate other works by the author, such as *Hypnotherapy: An Exploratory Casebook* (1979), which he wrote with Erickson. Rossi, a prolific author and giant in our field, can be credited, perhaps more than any other, with advancing the science of the mind-body connection and the application of hypnosis.

Sadger, Isidor. *Recollecting Freud*. (2005) [Tr. by Johanna Micaela Jacobsen and Alan Dundes of *Sigmund Freud: Persönliche Erinnerungen*.] Madison: University of Wisconsin Press. 196 pages. \$26.95. Reviewed by: E. James Lieberman, M.D., George Washington University, School of Medicine & Health Sciences: Washington, DC.

This small but important critical study of Freud is unique in several respects. First, the author was a witness, a participant observer. He first heard Freud lecture in 1895, corresponded with him before the publication of *Interpretation of Dreams* (1900) and belonged to the Vienna Psychoanalytic Society from 1906 to 1933—an unusually long association. Second, editor Alan Dundes, late professor of folklore at the University of California, Berkeley, notes that the book has only been mentioned heretofore as a lost manuscript. Third, the prospect of its publication led the English analyst Ernest Jones to suggest, in 1934, that the manuscript be suppressed and that Sadger be put in a concentration camp.¹ (Dachau, established in 1933, was initially for opponents of the Nazi regime, including communists and social democrats, then homosexuals and gypsies, and later, Jews.)

Fortunately, Dundes found one copy of the book in a Japanese library—none in Europe or the U.S. His assumption that it was actually published in 1930 is questionable. How could such a book simply disappear? Probably there was a small private printing or republication version that never was distributed. In any case the translation is a pleasure to read and a boon to Freud scholarship. It gives the view of an intelligent if quirky insider who admired Freud's genius but saw flaws as well in the founder of psychoanalysis.

In a thorough, documented 50-page introduction, Dundes describes Isidor Sadger (1867-1942) as a provocative character who in 1897 sent a paper that "annoyed Freud to the point that he had a dream about it" and initiated a correspondence (p. xv). In Society meetings, Freud criticized Sadger, who he refers to as a colleague, for proposing a hereditary

¹ Roazen, P. (1976) *Freud and his followers*. New York: Knopf, p. 351, cited by Dundes, p. xl, along with Brome, V. (1983) *Ernest Jones: Freud's alter ego*. New York: Norton, p. 186.

deficiency as a factor in neurosis and psychosis. By 1908, Sadger had published several papers on sex, including homosexuality, which he thought could be cured by analysis just as sleepwalking could be. In regard to severe anxiety, “one dares to ask whether perhaps inappropriate means were utilized to prevent conception [presumably coitus interruptus]” (p. 10). Freud wrote approvingly of Sadger’s emphasis on the idea of bisexuality.

Sadger asserts that Freud would praise new recruits extravagantly, then turn on them sadistically a little later; that he could not tolerate real dissent; and that he got along best with “sycophantic followers” in other cities—London, Budapest, and Berlin: “they swore blindly by his every word...in their essays and reviews they would present literally everything the master desired” (p. 34). Jones, Editor of the *International Journal of Psychoanalysis* and eventual biographer of Freud, would have been furious.

Sadger cared about content and style in presenting information and found Freud a refreshing contrast to psychiatry, which he scorned for its obfuscating jargon. He praised Freud’s use of non-technical, eloquent German. (Freud won the Goethe Prize for literature in 1930, but never the coveted Nobel.) “When Breuer and Freud first considered the question of the psychological mechanism of hysteria, Breuer created the theory of ‘hypnotic states’ while Freud interpreted the mental breakdown of the hysteric as the result of a ‘defense,’ later called ‘repression’” (p. 12). Freud, who used hypnosis after working with both Charcot and Bernheim in France, abandoned it in favor of Breuer’s cathartic method or “talking cure.” Sadger describes Freud’s legendary speaking prowess in a way that suggests a hypnotic induction.

First of all, the professor knew how to make his listeners think that they already understood all the things that he had just creatively presented to them for the first time so that it felt as though he had not taught them anything new at all...

...As always it began with his familiar playing to the narcissism of his listeners. “You know,” he would begin, “we distinguish between a Conscious and an Unconscious. That you all know, of course!” The listener would feel quite pleased with himself. “And then we distinguish in the Unconscious an uppermost layer, the Preconscious, which without further treatment can become conscious, and a repressed Unconscious that we have to first, with some effort, bring to light through our psychoanalytic method. But you all know that as well!” There is absolute assent by the entire audience; their sense of well-being soars. What a truly enjoyable speaker! “And then we also have an unconscious guilt feeling which often controls our actions to a very wide extent. But you all know that too!” Two minutes earlier, certainly no one in the entire circle had known any of this (p. 16-17).

He describes a second element, Freud’s ability to anticipate objections, which are then met. This “intuitive pedagogy” came, Sadger added, from a genius who sometimes had to approximate an answer but patiently returned to the question until he hit the mark—never being satisfied with just one solution.

Subsequent chapters deal with Freud at Psychoanalytic Congresses, his wit, Judaism, lay analysis, and the devastating impact of the palatal malignancy diagnosed in 1923. The book has no index, unfortunately, but Dundes provides a 10-page bibliography. In sum, this

this is a valuable find for historians of psychoanalysis and an enjoyable introduction to the very human Freud, even if we are left wondering why it disappeared for so long.

Thomson, L. (2005.) *Harry the Hypno-potamus: Metaphorical Tales for Pediatric Problems*. Norwalk, CT: Crown House Publishing Co. Reviewed by: Julie H. Linden, Ph.D., Philadelphia, PA.

Harry the Hypno-potamus is a new age walk through the coolest zoo around. It is the Harry Potter of the hypnosis world. Pediatric nurse practitioner and ASCH member Linda Thomson has drawn from her many years of work as a child-health professional to bring us a book that has the power to change how we help young people. She has created a CAMagical animal kingdom, integrating the best of Complementary and Alternative Medicine with the wisdom of her experience and the magical thinking of children. Thomson's background in developmental and behavioral pediatrics led her to learn about hypnosis, the official name for what she was already intuitively doing with her young clients. As she gained more and more professional training in hypnotherapy, becoming an approved consultant in clinical hypnosis through the American Society of Clinical Hypnosis, she lamented how misunderstood and underutilized hypnosis is as a health resource. Thus was born the idea for her book. Drawing from the results of her doctoral dissertation, Thomson knew that teaching professionals about hypnosis could change both their work as well as their attitudes about the effectiveness of a hypnotherapeutic intervention.

The book is divided into two parts. The first is a "Clinical Section" which introduces the reader to hypnosis, to the theory behind metaphorical approaches and to how the stories may be put to use. She has a special section for parents that provides them with answers to the typical questions asked about hypnosis and hypnotherapy. This brief part is thorough, easy to understand, and one of the best synopses of metaphors and hypnosis I have read.

The second section contains the "Tales for Children." In short story format the author, through the help of Harry and Dr. Dan, provides sage suggestions for healing, comfort, safety and the myriad of common and uncommon problems children face while growing up. Thomson's selection of hypnotic inductions utilizing switches, black balloons and magic carpets are made accessible to clinicians, parents and children as she captures the child's natural fantasies and daydreams in her creative stories and expands them to empower and strengthen their developing egos. She teaches "intentional immunomodulation" (page 16) to lessen fears and extinguish old habits. She advises us that hypnosis is "daydreaming on purpose" (page 9) and as such this book will be a boon to adults who have forgotten how to daydream. Each story is full of memorable wording, "your inside brain" (page 147); "the magician of the magic of your imagination" (page 50); "the uncontrollables" (page 75); and "taking the ic out sick" (page 140), to name just a few. The stories bring mind and body together so that self-esteem, shyness and diversity weave their way through tummy aches, headaches and everyday "boo boos," making it implicit that fear and anxiety, i.e. how we feel, is both emotional and physical. By changing the former we can have an impact (the young at heart may read that as imp-act) on the latter, and vice versa.

Each tale is designed to address a particular problem. Anxiety and habit disorders, pain management, and a variety of illnesses are each covered with their own character in a story. The stories are educational, providing necessary information about the nature of the problem that helps children to cope with the problem. An added benefit is the detail Thomson

provides on animals habits and habitats. The characters in each story are the models for change. Many of the tales address both psychological issues and medical issues. But, of course! Mind-body practitioners, including hypnosis clinicians, know these cannot be separated.

The author has provided us with many scripts in hypnotic format. With attention to pacing, cadence and inflection, words that are to be emphasized are in bold face type. As if this were not enough, she has embedded (another good hypnotic practice) a tribute to her mentors and colleagues by honoring the animals with their names (e.g., Sugar Man Meerkat, Lonnie Llama, & Ol'Ness Bunny) and their mother organization, the American Society of Clinical Hypnosis (ASCH), by naming the zoo Ashland. Imagery, make believe and play share in common the principles of absorption, concentration, novelty and suggestibility which form the foundation of clinical hypnosis. The stroll through the ASCH and zoo educates folks about the full extent of the applicability of hypnosis.

The book has many strengths. A tale can be read by itself to match the problem the child presents. This book does not need to be read in order or all at once. That said, my one criticism is that when we come to the last tale, we are not ready to stop. We are left wanting more. Perhaps there will be a sequel, but in the meantime, like any good fairy tale, it can be read again and again. This is a must for the bookshelf of every physician, psychologist or helping professional, regardless of their theoretical orientation, and most importantly a night-stand staple for every child.

Now, when parents ask clinicians how we can help their children, Linda Thomson has provided the answer—we teach them to hypno-potamize. Linda, thank you for sharing your imagination! We are off with Davey Manatee to chase backward crayfish at the Ashland zoo (page 107).

Oxnam, R.B. (2005). *A Fractured Mind: My Life with Multiple Personality Disorder*. New York: Hyperion. 304 pages. Reviewed by: Richard P. Kluft, M.D., Ph.D. Temple University School of Medicine.

A Fractured Mind is a remarkable memoir by a remarkable man. Even today, relatively few mental health professionals and educated lay people appreciate that Dissociative Identity Disorder (DID), formerly called Multiple Personality Disorder (MPD), usually thought to be among the most flamboyant of mental disorders, is almost always a psychopathology of hiddenness (Gutheil, cited in Kluft, 1985), and its sufferers live lives of quiet desperation. Fewer still are aware that DID may be found in persons whose achievements are outstanding, and whose level of function may be stellar. In fact, I coined the term “The High-Functioning MPD Patient” in 1986.

Robert B. Oxnam, whose paternal grandfather was a Bishop, the leader of the American Methodist Church, the first President of the World Council of Churches, and whose father was a professor and university president, continues this tradition of distinction and accomplishment. A distinguished academic specialist on China and the Asian world, he served as President of the China Foundation for a decade, headed several other high profile foundations and projects, and has published widely in his fields of expertise. Adept at providing in-depth knowledge of China to prominent figures in politics and business, he has accompanied former President and Mrs. George H. W. Bush in their travels through China, and has accompanied both Bill Gates and Warren Buffett on a similar journey. In addition to these achievements, he has hosted specials on Asia for the MacNeil/Lehrer News Hour, and

excelled in the sports of archery (in which he became a junior national champion) and sailing. In one of his personalities, he is the celebrated Central Park skater known as “Bottle Man,” notorious for rollerblading while balancing bottles on his head.

Oxnam’s book, subtitled *My Life with Multiple Personality Disorder*, brings us into the world of high-functioning multiple personality disorder, illustrating what it is like for a profoundly gifted and accomplished person to struggle through the world while bearing the burden of DID. It succeeds more thoroughly and lucidly than any previous depiction. Unlike many first person accounts of DID, *A Fractured Mind* remains focused on Oxnam’s driving efforts to live his life and rarely dwells on the traumatic antecedents of his condition. Although Oxnam clearly conveys his beliefs that developing DID saved his life and gave him certain advantages in understanding others and in certain areas of function, he nonetheless delivers an unflinching account of how his alters’ conflicts and different agendas have sabotaged and undermined his safety, his function, and, most poignantly, done serious harm in his most important relationships.

Although *A Fractured Mind* deals with Oxnam’s entire life, the vast majority of the text addresses the 15 years between 1989-2004: From the inception of his treatment for alcoholism, through his diagnosis of DID in 1990, culminating with the integration of the majority of his personality system and his current fairly stable, but vulnerable, adjustment. As of the writing of this book, Oxnam is trying to function with his remaining personalities, those that refuse to work toward integration. With painful candor he notes the problems inherent in this partial solution, and observes that at times he feels a pull toward integration in spite of his alters’ misgivings.

In deciding to omit the details of his abuse and the identity of his abusers, in choosing to “forgive but not forget,” and in taking a strong stance against expressing anger at or about his abuser(s), Oxnam’s account of his condition, circumstances, and certain persistent problems in his life will remain incomplete to the clinician. However, it may appeal to the values and sensitivities of many lay readers. One cannot require of a book written for a general readership the data prerequisite for a clinical study. In fact, Oxnam’s choices about omissions and his expositions of his attitudes and their consequences, however they restrict revelations, are an essential aspect of his process of emerging identity, and of his becoming the man he is today.

Oxnam’s skillful narrative voice expresses with equal facility his penetrating intellect, his whimsy, his empathic identification with all of his alters, and his often grim appreciation of their capacity for mischief and for sabotaging the life of the overall person who is Robert Oxnam. His thoughtful account will be of interest to any clinician or researcher who treats or studies the dissociative disorders and/or the adult sequelae of childhood mistreatment.

The final chapter of *A Fractured Mind* is written by Jeffrey Smith, M.D. It offers a commentary on his treatment of Mr. Oxnam and explains his philosophy about the treatment of DID. Dr. Smith’s approach to treatment appears to be relational and permissive, eschewing more structured approaches to the treatment of trauma. He also is blatantly dismissive of hypnosis, attributing to hypnosis a number of qualities (such as being “pushy” and authoritarian) of which he does not approve.

While *A Fractured Mind* is an impressive achievement as a memoir and is an excellent illustration of the problems of the high-functioning DTD patient, a few caveats are in order. The first is that Mr. Oxnam’s personal path toward healing and his take on DID and its treatment are very much tied to some of his unique qualities and attitudes as an individual,

and to his sympathy for Eastern philosophies and religions. He uncritically pursues many ancillary avenues of healing that feel right to him, but are without proven therapeutic merit. It is by no means clear whether they have been of substantial help to him, or simply have proven congenial to him and his beliefs. I would be concerned that if another patient with DID took Oxnam's personal journey as a model for his or her own, the outcome might be problematic. For example, he had a tendency to pursue other therapeutic endeavors in parallel with his psychiatric treatment, often without informing his therapist for months on end. He also became fascinated with the healing power of certain New Age paradigms. Oxnam is so bright, gifted, and tenacious that he may have experienced healing in spite of pursuing some methods of unproven worth rather than because of them. Some DID patients are so strong that they can tolerate a considerable amount of work that may not be directed toward their healing, but I have seen many DID patients "get lost" in their pursuit of various alternative approaches, much to their detriment.

In addition, both Dr. Smith's remarks on treatment and his techniques and interventions as described both in his own words and in Oxnam's memoir, as interesting as they are in the context of *A Fractured Mind*, do not constitute a mainstream summary or text for the treatment of DID. It is not fair to offer a critique of a therapeutic approach that is put forth in a manner that serves a memoir well, but is neither fully articulated nor comprehensively developed for the professional reader. Furthermore, it is apparent that at times Oxnam's preferences as to what course the treatment might take were honored, and that what transpired in this context may more reflect Dr. Smith's philosophy of respect for his patient's autonomy, than his notion of what would constitute optimal treatment. However, reading this book will raise many issues, questions, and concerns in the minds of clinicians familiar with the treatment of DID, hypnosis, and the science of memory.

Any significant book about DID, lay or professional, is of interest to the field of hypnosis because DID is a psychopathology that develops in patients with a high degree of hypnotizability, and because the relationship of DID and hypnosis has been an ongoing and often contentious area of study in research, forensics, and in clinical practice. Dr. Smith dismisses hypnosis on the basis of an outmoded series of considerations over a century old, emanating from the early days of psychoanalysis and endorsing a view of hypnosis as an authoritarian and controlling modality. He does not appear to appreciate that hypnotizability is a quality of the subject, and generally not dependent upon the operator. He seems unaware that hypnosis is a facilitator of treatment rather than a free-standing modality, and that hypnosis can be used to facilitate a gentle permissive treatment as easily as a commanding and directive treatment. Ironically, the most interesting aspect of *A Fractured Mind* for the student of hypnosis is the appreciation that in the absence of any deliberate use of hypnosis by Dr. Smith, hypnosis nonetheless permeates the book.

Following Spiegel and Spiegel (1978), hypnosis comes in three forms: 1) heterohypnosis, in which an operator attempts to induce hypnosis in a subject; 2) autohypnosis, in which a subject induces hypnosis in himself or herself, and 3) spontaneous trance, in which the subject enters trance due to the influence of some external or internal factors that do not include a deliberate attempt to induce trance.

Therefore, in the treatment of a highly hypnotizable patient, hypnosis is present whether or not a particular clinician chooses to acknowledge this or not, and it is best to approach such a patient with an awareness of the characteristics of the highly hypnotizable patient. It is axiomatic in the treatment of DID that if the therapist does not bring hypnosis into play, the patient will. Oxnam repeatedly describes both slipping into altered states, and

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his own narrative reports that some of his alters have the capacity to suggest and make major changes in his internal structure and architecture. A powerful argument could be made that the alter “Bobby” makes use of an internal heterohypnosis paradigm in the inner world of Oxnam’s alters, and that “Bobby” has employed a wealth of autohypnotic methods to effect changes in Oxnam by modifying the landscape of his inner world.

A Fractured Mind is of minimal interest as a contribution to the study of hypnosis, and offers little new to the study of the dissociative disorders. However, I would recommend it without hesitation to therapists new to work with dissociative disorders. Oxnam offers wonderful illustrations of myriad concepts and observations about the inner life of the DID patient. These illustrations may make it possible for neophytes to the treatment of DID to more rapidly understand and empathize with what their DID patients are going through. It may also be very helpful in explaining this condition to the concerned others of DID patients, for similar reasons.

I am mixed in my thoughts about whether this book will be helpful to DID patients. Oxnam is not a typical DID patient, and generalizations should not be drawn from his way of pursuing his treatment or his therapist’s approach to treating him. For sophisticated DID patients, it might offer new insights into why what they do with the conscious intention of protecting, and defending themselves may, in fact, undermine their treatment and their safety. It may help them to imagine the more likely negative outcomes of courses of action that may seem, in the moment, highly desirable. For unsophisticated DID patients, it may offer an opportunity to identify with a model for behavior and interaction in treatment that in some of its positive aspects may be beyond their attainment, and in some of its negative aspects may promote self-sabotage as much, if not more, than it promotes healing. For lay readers, *A Fractured Mind* is a great read about a fascinating man who has lived a fascinating life among fascinating people, and offers a riveting exploration of DID. This is the readership that will most enjoy and treasure Oxnam’s opus.

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Cushman, P. (1996) *Constructing the Selves: Constructing America: A Cultural History of Psychotherapy*. Cambridge, MA: DaCapo Press. 428 pages. \$19.95. Reviewed by: E. James Lieberman, M.D., George Washington University, School of Medicine & Health Sciences: Washington, DC.

Psychotherapist and historian Philip Cushman views person and culture abiding within one another in gradual constant flux. In this “strange, unorthodox” and remarkable book he relates the evolution of psychotherapy from Freud to the present in the context of social change from Victorian to post-modern culture. By the same token he portrays psychotherapy as simultaneously determined by, and influential in, the cultural milieu. This

will annoy therapists who see themselves as occupying a scientific perch nicely insulated from social pressure, governed by universal, immutable truths about human nature. It will also challenge historians who sniff at psychological theory without knowing how deeply it has affected their terrain.

Cushman writes about the “empty self”: the self as a commodity created and fulfilled by what he sees as a social milieu emphasizing individualism, consumption, political ignorance, advertising, and marketing. Psychotherapy—and its relationship to the United States — is anything but simple; it is one of the most complex, colorful, and strange artifacts of the modern era. It is a social institution with many theoretical frameworks, ideologies, and guilds. The field of psychology features some of the most varied and creative ideas of the last 150 years. Its practitioners have developed some of the most unusual social practices of our time, yet they often hold their theories with a certainty and belief that rivals religious conviction. Cushman maintains that while psychotherapy is often regarded as a scientific practice, it is not standardized, or empirically derived, and no discipline-wide consensus has been established about the correct way to conceptualize patient concerns or how to treat them.

Cushman does not insinuate that psychotherapy is necessarily counterproductive, dangerous, or bad. Nor does he say that creativity, conviction, moral values, or political influence are wrong. Not, at all. He asserts that psychotherapy is such an integral part of our everyday world that we do not usually reflect on its function, the reason for its existence, or its impact in American society. We accept psychotherapy’s underlying ideologies such as self-contained individualism, valuing of “inner” feelings, and the assumption that health is produced by experiencing and expressing those feelings (p. 2).

What concerns Cushman is the drift away from societal and political factors in our professional thinking and practice. As examples he compares the theories of Harry Stack Sullivan, who embraced historical, global and political issues, and Melanie Klein, whose theory situated “the social” within the individual. Klein’s influence prevailed while Sullivan’s theory declined in popularity. This, the author asserts, exemplifies the narrowness of the concept of a self that has everything inside, but has no political drive or obligation. In the consumption-driven economy of our times this has led to the development of an empty self fixated on filling up with food, gadgets, and formulaic spirituality, while remaining depleted, debt-ridden, politically anomic, and powerless.

Further, he analyzes theories of D.W. Winnicott (object relations) and Heinz Kohut (self psychology) cogently and succinctly, and then argues that, quite unintentionally, these clinicians lent support to the mentality of consumerism, with the self as an entity located in the body - masterful, and bounded, but empty. Their preoccupation with personal liberation, one-to-one relationships, psychological inferiority, and the building of a “cohesive core self,” all reinforced by the language and methods of science, put Winnicott and Kohut, like many others before them, in the service of the consumer-driven, debt-justifying, huckster-dominated society.

In the penultimate chapter, “Psychotherapy as Moral Discourse,” Cushman discusses mesmerism as part of psychotherapy:

By inventing a spiritual substance that connected each individual soul with every other and with the divine, mesmerism took a moral stand and committed a political act. The moral stand was to value the importance of community and human involvement. The political act was to keep that

value implicit, by creating opportunities for community involvement without placing responsibility for its absence on the rapid industrialization and urbanization caused in large part by the requirements of nineteenth-century capitalism. Mesmerism claimed it was healing a universal, ahistorical, internal illness through the practice of a universal healing technology (pp. 285-6).

In this respect mesmerism was, to Cushman, no different from the major healing technologies of today which insist they are universal, scientific, apolitical, voluntary, morally noncoercive, and immune to socioeconomic influence. To Cushman, the 12-step programs of today are most comparable with mesmerism. The influential academic and professional ideas and practices of these programs inadvertently — thus insidiously — enhance and legitimize the social status quo, including those aspects which cause and exacerbate the illnesses that psychotherapists are supposed to treat.

Cushman begins this book with an explication of social constructionism and hermeneutics, an interpretive approach in social science that recognizes no single, or simple, truth. It ends with his proposal for a three person psychotherapy that is the dialogic partners and their culture. This is a major work of contemporary philosophy applied to history, politics and psychotherapy. Cushman acknowledges that he, too, is shaped by the context in which he evolved, which he can neither evade nor objectively master. Yet he shows eloquently how one gains perspective, learning from introspection, research, and interaction. He offers four excellent case examples toward the end of this exceptional study, and concludes with a sweeping overview of the self in Western society.

The author views psychotherapy as inevitably a moral practice in a political context. Readers may disagree with some of his views on history, but all will be impressed by his immense scholarship and thoughtful, humane integration. I do not begrudge the absence of a reference to Otto Rank, who wrote of the ethical relationship in therapy, but wonder what Cushman would make of it.

Because it is a pleasure to read, this book carries its considerable weight surprisingly lightly. It is accessible to therapists at all career stages and with any degree of historical awareness. Cushman's extensive knowledge in history, philosophy and psychology is matched by a great ability to synthesize a caring, idealistic, but unromanticized approach to patients, history, and politics. I recommend this book enthusiastically; it is an essential text for the literate psychotherapist.

Hunter, R. (2005). *Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy*. Norwalk, CT: Crown House Publishing Company. Reviewed by: Marty Sapp, Ed.D., University of Wisconsin-Milwaukee.

The author is a self-described hypnotherapist and previous author of *The Art of Hypnosis* and *the Art of Hypnotherapy*. He studied with Charles Tebbetts, who pioneered the client-centered approach to “parts therapy” and who taught Hunter the art of therapeutic hypnosis.

Practitioners of parts therapy theorize that inner conflicts result when opposing parts within a client pull in opposite directions. The notion of parts within clients is similar to Watkins and Watkins's (1997) ego state therapy. Moreover, this concept is similar to Eric Berne's Transactional Analysis theory that states a client has Parent, Adult, and Child ego

states (Sapp, 2004). Similarly, practitioners of parts therapy theorize that conflict among ego states or parts often occur at an unconscious level. When a clinician assumes that he or she is working with parts within a client, this suggests dissociation. Accordingly, Hilgard's neodissociation theory (1991) and Woody and Bowers' (1994) dissociated control theory of hypnosis are pertinent for understanding parts therapy. Hunter makes the point that the mental states of Freud — id, ego, and superego — are similar to dissociated identity disorder in that either can take control during hypnosis: when various parts simultaneously endeavor to take control, conflict results.

Hunter provides the guidelines for doing parts therapy from the beginning, middle, and ending phases of therapy. For example, he explains to clients that we are all made up of various parts, and after a client is prepared for parts therapy, Hunter asks to speak with the different parts or ego states during hypnosis. He then follows a method that was outlined by Kluff (1991) that moves toward the integration or the association of the conflicting parts.

From a clinical standpoint, Hunter draws applications of hypnosis from two large domains — dissociation and regression. Cardeña (1994) described dissociation as a person's ability to disrupt aspects of consciousness, memory, sense of self, and the perceptions of one's environment. The phenomena of dissociation range from normal to pathological, and psychological to neurological. In his method, Hunter facilitates the client's ability to dissociate normally and psychologically.

Even though he does not use the term, Hunter capitalizes on clients' abilities to regress adaptively; Nash (1987) and Edwards and Sapp (2002) have described hypnosis as a form of adaptive regression, a concept that stems from psychoanalytic theory. When treating internal conflicts, Hunter explains to clients that there are two aspects to mentation during hypnosis: primary process mentation and secondary process mentation. The essence of clients' conflicts exists mainly at the primary process level, but Hunter encourages clients to relax ego control and to shift into unconscious mentation through deep levels of hypnosis. Overall, he presents a wealth of clinical information and detailed steps on how to use hypnosis as a healing process for inner conflict.

Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy is useful for clinicians with intermediate skills in hypnosis. For a clinician just beginning to learn hypnosis, Sapp (2000) and Barabasz and Watkins (2005) provide the foundations for employing parts therapy. A caution, however, is that it requires a skilled and experienced clinician to undertake the complexities of this form of treatment.

Hunter provides information on how to employ ideomotor techniques to explore parts and how to use Gestalt techniques for integration. In addition, Hunter describes several transcripts for smoking cessation, weight control, ego-strengthening, and so on. From a clinical point of view, this book is a nicely done presentation, and even readers who do not practice parts therapy could benefit from reading it.

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