Book Reviews

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Ira Brenner is a psychoanalyst and clinical professor of psychiatry at the University of Pennsylvania who is well known in the field of trauma. In this book, he presents an in-depth exploration of the dynamics, symptoms, and treatment of patients who have suffered severe psychic trauma.

Brenner draws from his experience with two seemingly different patient populations—survivors of sexual abuse and Holocaust survivors. In both cases, the emphasis is not only on immediate consequences but also on long term effects in the individual. With respect to the sexual abuse survivors, he introduces the reader to a very serious and destructive issue that is relatively unknown to most clinicians—that of mother-daughter incest that starts in childhood and continues through adulthood. Regarding the Holocaust group, he addresses its impact on adult, survivors, child survivors, and children of survivors. He includes the issue of intergenerational transmission of trauma, wherein the reverberations of the psychic trauma persist many years later in those who have never directly experienced the Holocaust.

This is not a book about clinical treatment with hypnosis, although it does reference hypnotic phenomena. For example in the chapter on “Falling Asleep as a Countertransference Enactment,” Brenner raises the question of whether the patient might be creating a hypnotic state in the analyst that creates the urge to sleep. He also draws on the phenomenon of hypnosis in defining dissociation as “an altered state of consciousness due to autohypnosis, augmenting repression or splitting (p.81)”.

Brenner is an excellent writer with a gift for making complex phenomena easy to understand. He has provided a wonderful balance between the clinical and the scholarly. His analytic explanation of dissociative identity disorder is remarkably clear and comprehensible. In the chapters, he raises an issue such as mother-daughter incest, discusses the important underlying issues and themes, presents case material that illustrates and elaborates these issues, and then offers clear
conclusions. He comes across as a caring analyst with great sensitivity to the vulnerability of his severely traumatized patients. Throughout the book, he also provides the reader with a glimpse into the analytic history and conflict between analysts, such as Ferenczi’s break with Freud regarding seduction theory versus actual sexual abuse.

I found the chapters on Intergenerational Transmission of Symptoms and Unresolved Grief to be particularly thought-provoking. Brenner describes a continuum of survivor behavior including traumatic repetition on the one end and mastery and regeneration on the other. He also presents case material illustrating how some survivors live well until their ordeals are reactivated by illness, loss, or the entry into old age.

Brenner is knowledgeable and committed to the analytic process, and is nonetheless creative and receptive to new methods. In the last section of the book, he discusses the problem of lengthy analyses and the issue that modifications in analytic technique may be warranted to help some patients. He presents case material where deviating from classical technique seemed appropriate. As he succinctly states, “Psychoanalysis is not a religion, and there is no sacred text that cannot be questioned” (p.250). In his search for a method for dealing with an immediate trauma, he decided to try Eye Movement Desensitization and Reprogramming.

Brenner begins this section with an explanation of the history and uses of EMDR. He points out that the eye movements are not essential to this treatment, but that any sensory stimulation that alternates between brain hemispheres can stimulate the phenomenon. He then provides detailed descriptions of two cases in which he used EMDR with good results.

My one major criticism was with respect to this last section of this book. While it is any author’s prerogative to choose what to include and what to omit in a book, I was troubled by his failure to make reference to the extensive literature on treatment with hypnosis. The contrast between the comprehensive, thorough, and lengthy citation of references throughout the book and the absence of any mention of hypnotherapy or hypnoanalysis was striking. It seems especially important to discuss the option of including hypnosis as a viable option, in view of the modifications of hypnosis technique that have been developed in recent years to adapt their use for patients with more serious psychopathology.

Notwithstanding this omission, this is an excellent book with much to offer the reader. It is interesting from both a theoretical and practical standpoint, it offers clinical material that is rich and fascinating, and it is very thought provoking with respect to blending the traditional with the innovative. I highly recommend this book to all readers interested in learning more about treatment of trauma.


The intention of the book is to present the authors’ model of their Rapid Reintegration Procedure (RRP) in such a way that any health care professional would be able to apply it. This model is based on a combination of theoretical concepts from John Watkins’ ego state theory and Eric Berne’s transactional analysis. Although the authors attribute ego state theory to Watkins, the ego states involved in their model are those of Parent, Child, and Adult, as derived from Berne’s theory.

In the first section on principles, the authors explain their belief that all emotional
and behavioral symptoms are the result of personally traumatic experiences or parent/child conflicts that have been repressed. The feelings associated with the symptoms are held by dissociated ego states or parts of the personality to insure the survival and well being of the main personality. Resolution of this parent/child conflict removes the need for repression and the symptom is relinquished. The authors Rapid Reintegration Procedure without hypnosis is promoted as the most economical and effective treatment model.

The second section describes the RRP model in practice, demonstrates RRP through case examples, and discusses specific issues including therapeutic failures, the birth experience, prenatal trauma, and sexual abuse.

In part three, a programmed text is presented that describes in detail how RRP is to be done; essentially, the patient is to describe a symptom and identify the feelings associated with it. Starting with that predominate feeling, the affect bridge, as originally described by Watkins, is employed, and the patient is instructed simply to close his or her eyes and follow the feeling back to the first time the patient experienced it. A few brief questions are asked to establish the age at the time the feeling occurred, identifying the Child ego state. The patient is to respond with head nods, finger signals, or brief verbalizations. This Child ego state is then encouraged to leave the past and join the present Adult ego state and tell the Adult what happened. The Adult ego state can bring its resources to bear on the situation and provide the Child ego state with comfort and reassurance. The Child ego state is then persuaded to let go of the old uncomfortable feeling (resolution) and join the Adult ego state in the present (reintegration). Past and future testing then follow to make sure the uncomfortable feeling is gone. In addition, ego strengthening and assertiveness training are employed to complete the procedure.

Both authors are physicians trained in medical hypnosis. The senior author is one of the pioneers of clinical hypnosis who has published two previous books, and the co-author was trained by the first author in the RRP procedure. Both authors stated that they had no training in psychology or psychiatry. The strengths of the book are the clear and succinct descriptions of theoretical concepts and practical applications of the RRP model. The programmed text is especially helpful in delineating each step in the process. At the end of each chapter are questions and answers that facilitate learning the concepts and procedures. I believe any clinician could utilize RRP after reading this book. The chapters on therapeutic failures and sexual abuse were especially informative and reflected the conclusions drawn from years of clinical experience. The clinical material presented demonstrated the warmth and sensitivity of the authors in treating their patients.

However, I felt the book was uneven and lacked cohesion. Some of the chapters seemed very dated and appeared to have been lifted from previous books by the first author. For example, in the chapter on prenatal trauma, all the references cited were from the 1950’s. In general, then, this book could not be considered as reflective of contemporary thinking. Most of the references were from the 1960s, 1970s and early 1980s. No literature citations were more recent than 1990. In this respect, the theoretical foundation of the book is interesting more from a historical than a contemporary viewpoint. The authors tended to make absolute statements and broad generalizations that could be challenged and debated depending on one’s area of focus and theoretical orientation. Certainly not all modern psychotherapists would agree that all symptoms derive from repressed parent/child conflicts. Likewise, not all hypnosis has to do with communication with the unconscious mind. As a reviewer, I noticed that I kept wincing as I read numerous statements couched in language that implied absolute facts, rather than merely the opinions or experiences of the authors.
Furthermore, the effect of the therapeutic relationship (transference) is not addressed at all, except to note the importance of rapport. The authors believe that trust in the therapist is unnecessary, because the therapist does not ask the patient to reveal any personal, private, or embarrassing material. Dialogue is only between the internal Child and Adult ego states of the patient, and not shared with the therapist. Therapeutic failures are seen as due to resistance caused by a hidden or hostile Parent ego state. While this may indeed occur, it is hardly the only cause of therapeutic failures.

In doing therapy with ego states, the authors’ approach differs from that of John and Helen Watkins. The authors do not directly address ego states other than the Adult state. The only exception is when the procedure is not working and the therapist concludes there must be a hidden Parent ego state. The therapist does speak directly to that ego state and could also address the observing ego, or a “wise part”. It is assumed that the Adult state has all the necessary resources to provide comfort and safety. In my experience, the Adult ego states of the patient may not always have helpful resources at their disposal and may sometimes need to have individual therapy and ego strengthening before they can be helpful to other ego states.

I was mystified by the choice of some of the case studies. Three cases of overeating treated by RRP were described. In each case some insights occurred, but none of the three were able to curb their overeating or to lose weight. The authors state at another place in the book that sometimes overeating will require more than one session to resolve and that problems such as stage fright and test anxiety respond most quickly with RRP.

The authors’ view of hypnosis is somewhat confusing. The title indicates that RRP is done without hypnosis. However, one of the authors stated that RRP could be viewed as employing a rapid hypnotic induction. At other times in the book, the authors describe their procedure as being like “waking hypnosis.” They describe what they utilize as the “process” of hypnosis rather than the “state” of hypnosis. For them, the process of hypnosis involves communication with the unconscious mind.

The authors believe that RRP is better than hypnosis and is the only therapy model that allows for direct access to the unconscious mind. The latter view is controversial to say the least. Traditional psychotherapy is viewed as addressing the unconscious mind indirectly with the patient as a passive recipient. To the contrary, I believe that there are many alternative models of psychotherapy, or clinical hypnosis, that deal with accessing the unconscious mind, merely using different methods, e.g. free association, active imagination, hypoanalysis, etc., often with the patient as a very active participant.

In general, I would say that this book provides a clear manual for anyone wishing to learn and practice RRP. Any health care practitioner would be well advised to explore whether their training and licensure would allow for practicing psychotherapy as it is described in this book. I do not think this book would be useful for psychotherapists with considerable clinical training and experience.


begin a career as a life coach. Acknowledging that there is little agreement as to what life coaching really is, Ellis’ book is a platform for presenting his model “as a possibility for how we can help others to discover their passions and unlock their brilliance” (p. vi), rather than for the purpose of reviewing others’ ideas to reach consensus about the nature of coaching.

Ellis’ model is based on his 25 years of work with college students, college faculty and administrators, and professionals in the non-profit world. He views coaching as a form of relationship, that is both confidential and life changing. While noting that some models of coaching include consultation, teaching and advice-giving, his focus is on “assisting people to create their own solutions, arrive at their own answers and discover options for themselves” (p. vi). Coaching then is about promoting the client’s creativity and personal transformation.

While Life Coaching is not about the field of hypnosis, practitioners of hypnosis might find relevance in Ellis’ book from several perspectives. First is Ellis’ attention to the power of language — that “our words create our lives” (p. 40). Second, his model of coaching is geared toward assisting clients to create a larger vision for their lives, draw forth the client’s creativity, and bring forth possibilities that are not immediately obvious — similar to the way hypnosis assists in tapping inner resources and circumventing the constraints of conscious judgments that limit innovative thinking. Third, Ellis uses coaching to facilitate similar processes for which we use hypnotic interventions, such as promoting commitment, facilitating emotional release, enhancing critical thinking, creating multiple pathways or solutions to achieve goals and utilizing both/and, rather than either/or thinking. Fourth, Ellis’ intention is to support client self-empowerment by increasing the client’s self-awareness and abilities to self-manage and generate their own solutions, similar to therapeutic goals for which we teach clients to use self-hypnosis.

The book is divided into eight chapters. In Chapter 1, Ellis discusses the power and possibility of life coaching from his perspective, including the potential benefits of coaching and key qualities of life coaches. Chapter 2 covers the mechanics of coaching, such as choosing times and ways to meet, creating a life coaching agreement, ideas for getting started with clients and how to prepare for and stay focused through coaching sessions. He presents a continuum of coaching, from the least to the most directive techniques in Chapter 3. Ellis then shares his ideas in Chapter 4 for enhancing a variety of coaching skills, such as assisting clients to discover their passions, using six types of coaching conversations, asking questions, creating ceremonies and rituals, and responding when the client is defensive, to name a few.

Ellis views teaching and coaching as different types of conversation. He posits that there are times when it makes sense to teach clients certain skills and distinctions that will then enable them to create a more wonderful life. However, he views coaching as nondirective in nature. In Chapter 5, he elaborates on possible topics to teach, such as getting the most from coaching, solving problems, changing habits, handling emotions, speaking with self-responsibility, and improving relationships.

Ellis then touches on a number of professional issues in Chapter 6. Topics include appropriate intimacy in the coaching relationship; dual relationships; making referrals for mental health, physical health, legal and other concerns; responding to illegal or unethical activity; and ongoing professional development. There is a short chapter (Chapter 7) on marketing one’s services as a life coach. And finally, Chapter 8 is a series of questions and answers, covering Ellis’ thoughts on a variety of coaching-related issues.

Given that there are numerous books on the topic of coaching, what are some of
the unique or valuable features of this book? In this reviewer’s opinion, Ellis speaks to the “spirit of coaching” — the “being” of the coach, rather than just the “doing” of coaching. He discusses development of the coach as learning to be fully present and accepting; to see the potential in each individual; and to encourage clients to identify their passions, access their brilliance, and live their full potential. He reminds us that each human being has tremendous potential to be tapped, and that powerful transformation is truly possible.

Ellis also addresses his topics in a personal way. These are his views, and as he stated, his intent is not to review or find consensus regarding the nature of coaching. He “walks his talk” in that he charts his own model of coaching just as he coaches others to chart their own life course. In addition, he writes as if he were speaking to you, or as if you were listening to an enthusiastic mentor sharing his experiences and passion for human development.

There are a few considerations if you are deciding on Ellis’ book over other coaching texts. One needs to remember that this is one author’s view of coaching. Ellis’ exuberance for human potential (i.e., “unlocking brilliance,” “uncovering their genius,” “achieving the life of your dreams”) may seem a bit much for some readers. This may be a matter of personal taste.

Second, his text is intended for readers with a foundation in the helping professions, although it is likely to be read by many who do not have this background. Some of his recommended strategies, such as those to assist clients to discharge their emotions, may raise concerns among practitioners since Ellis does not address issues of assessing the client’s emotional capacities or the coach’s capabilities to deal with what may be evoked during “emotion discharge.” In fact, he asserts that one’s commitment to the client is more important to being an effective coach than techniques and years of experience.

To be fair, Ellis does address the distinction between coaching and therapy, although rather judgmentally from this reviewer’s perspective. He includes a section on making referrals to other professionals. However, his handling of the topic left something to be desired in terms of thoughtful distinctions. Third, this book is written about life coaching. It may not be as directly useful to coaches working in business settings where the focus is on realistic rather than idealistic goals, and on achieving measurable results.

In closing, this book may inspire practitioners to focus on human potential and to work more transformationally with clients. It affirms the spirit of coaching, and the power of relationship. Ellis’ model encourages us to expand beyond the traditional definitions of time (the one-hour session), space (meeting in the practitioner’s office), and money (creative and flexible fees structures) to help people to create their fullest life.

References


The authors, Dabney M. Ewin, MD, FACS, ABMH and Bruce M. Eimer, PhD, ABPP, are each well known and well published. Ewin is a well known author, past President of the American Society of Clinical Hypnosis, and a senior faculty member of the Schools of Medicine of both Tulane University and Louisiana State University. Eimer is the author or co-author of several publications in the uses of cognitive behavioral and hypnotic treatment approaches to psychotherapy.

This book presents a method for providing brief therapy using hypnosis (p. xix). The authors describe techniques, in this how-to manual, for treating psychosomatic disorders using ideomotor signals to facilitate communication between the patient’s subconscious mind and the therapist. They reference other sources, primarily among them are Cheek & LeCron (1968) and Cheek (1994).

The book is organized in three parts:

Part I: Basic concepts consists of five chapters discussing the value of ideomotor signals and fundamentals in hypnotherapy; a protocol for clinical intake; treatment planning; and procedures for setting up ideomotor signaling with the patient.

Part II: Basic applications, consists of six chapters. These explain the use of ideomotor signals to facilitate age regression and the use of direct suggestion in hypnosis; the recall of sounds heard under general anesthesia; hypnotic preparation for surgery; the treatment of persistent pain; self-hypnosis; and seven common causes of psychosomatic disorder.

Part III: Annotated clinical session transcripts, consists of five chapters that provide details of clinical applications for a variety of complaints.

This is truly a how-to manual in which the authors take us, step-by-step from intake procedures through the treatment process. The case material clearly illustrates a variety of approaches for treatment using ideomotor hypnoanalysis. In chapter seven, for example, there is a good discussion of the seven common causes of psychosomatic disorders, including review of the mnemonic C. O. M. P. I. S. S., which refers to Conflict, Organ language, Motivation, Past experience, Identification, Self-punishment and Suggestion. The authors assert that these represent underlying issues that are at the root of psychosomatic disorder, and they provide cases examples illustrating a treatment strategy for each category.

Practitioners in the initial phases of utilizing hypnosis in their practice will find this book to be very useful as a guide to their approach with difficult cases, while those with greater experience are provided with a helpful perspective on the treatment of psychosomatic disorders. Clinicians in both groups may find it useful to have such a framework for practice from which to build their own idiosyncratic approaches.

Additional discussion of the treatment of patients who are more or less accessible via this approach, by virtue of their degree of susceptibility, would have been a very helpful inclusion. In summary, the authors have developed a practical and informative manual that presents the essentials of ideomotor signaling and enables the practitioner to utilize an exciting procedure. I have found, since reading this book, that my own approach to clients with psychosomatic complaints has been energized.

References


Conventional wisdom with respect to clients who are depressed used to be that hypnosis was not recommended, and even contra-indicated. It is fair to state that this has changed beginning with Yapko’s first book on the subject in 1992. Since that time he has lectured, written several additional books, and many articles on the subject. Now he has edited this volume which has thirteen chapters written by experts who use hypnosis with depressed clients. This book makes a strong case for the use of hypnosis in treating depression. In his introduction Yapko states (pp. xxxiii-xxxiv), “Depression is the most common mood disorder in the United States and, indeed, the world. It is a problem growing in scope and severity, and according to the World Health Organization as well as cross-national epidemiological surveys, the rise in the rate of depression around the world is a leading cause of human suffering and disability. He further states about the authors (p. xxxi), “All of the experts are concerned, to one degree or another, with how people generate depression rather than in explaining why. All are deeply convinced that hypnosis is best aimed at phenomenological processes that culminate in depression, and all choose to employ hypnosis as a way of joining and then redirecting peoples’ subjective realities.”

Yapko leads off with a chapter on hypnosis in treating symptoms and risk factors in major depression. He emphasizes that depression has many contributing factors, not a single cause, and that the three domains of these contributing factors are biological, psychological, and social. There are many underlying risk factors and, importantly, there are a variety of comorbid conditions associated with depression. Yapko also points out that depression can be managed in the majority of sufferers with medication and/or psychotherapy.

Without covering all of the excellent contributions to this book, a few of the chapters will be highlighted. S.R. Lankton presents four thoughtful and carefully worked out hypnotic interventions. The transcripts provide excellent examples of language usage. G.W. Burns discusses the use of metaphors to build coping skills. This is important since most clients with depression have poor coping skills and, unless they are helped in this area, an important factor is overlooked. M. S. Torem is concerned with the most common manifestations of clinical depression, those being feelings of helplessness, hopelessness, and futurelessness; accordingly, his chapter is concerned with orienting his clients to the future in various ways.

J. I. Zarren then deals with using hypnosis to address anger issues in treating depression, since this is a common characteristic in such behaviors. In Chapter 7, Yapko himself specifically discusses the utilization of hypnosis in addressing ruminative depression-related insomnia, both rumination and insomnia being specific components of depression.

There are four chapters concerned with treating depression in special populations. They provide much useful information for working with these specific groups. One is on comorbid depression and eating disorders. Another is on depression in children and youth, and although this may be surprising to some, depression in this population appears to be growing, and the authors (D.P. Kohen & K. Murray) provide much that is useful. M. Phillips has written a chapter on using hypnosis with depression, posttraumatic stress disorder, and chronic pain. Of course, these three conditions are related and comorbid. The treating of depression in individuals with autistic spectrum disorders is taken up by D. Yapko.

The final two chapters refer to special considerations regarding hypnotic treatment. Of particular interest is the one by I. Kirsch in which he discusses research on the use of medication and suggestion in the treatment of depression. One surprising result of his
studies is that the placebo effect was almost identical with the efficaciousness of the various anti-depressive drugs!

Two of his conclusions (p. 279) are, “the data indicate that psychotherapy is as effective as medication, and its effects may be longer lasting.” and “... at the very least, hypnosis can be considered a nondeceptive means of eliciting the placebo effect.” A. Alladin takes up the important issue of relapse prevention in depression, since the literature shows a high rate of relapse. He discusses the use of experiential cognitive therapy as a strategy for preventing relapse or, at the least, minimizing its occurrence.

The editor of the volume provides useful and thoughtful summaries for each chapter. The book is well-referenced and indexed. All in all, this book is highly recommended to any therapist who uses hypnosis and works with depression. Hypnosis can be and is effective in treating depression (it also has no side effects!).
The Amazon Book Review Author interviews, book reviews, editors' picks, and more. Read it now. click to open popover.Â (Melvin A. Gravitz, Ph.D., Certified, American Board of Forensic Psychology). "We are stunned when an accomplished, talented, seemingly responsible person commits a horrific crime. It seems out of character!"