Book Reviews/Charles Holton, CX.S.W.

Trance and Trauma

Using Hypnosis in Family Therapy (Jossey-Bass, 1983); *Hope Under Seige: Terror and Family Support in* 0^(Ablex, 1991)

By Michele Ritterman, Ph.D.

Dn *Using Hypnosis in Family Therapy,* Michele Ritterman accomplishes several [illegible]e tasks. She synthesizes concepts and clinical practices from the [illegible]f Ericksonian hypnotherapy and structural and strategic family [illegible]she presents a detailed theoretical vision of how she formulates her inner map of the problems clients present, as well as how she thinks about her clinical interventions; and she offers extended clinical examples that illustrate her principles dearly.

She describes symptoms as multi-lcvd metaphors referring to at least three aspects of a client's experience: familial, societal, and intrapsychic. She generally regards them as expressive of dysfunctional hierarchies (in the structural family tradition) but often maintained or triggered by "family inductions"—negative trances that limit rcsponsivcness or elicit destructive experiences of self. The list of the ways families can induce symptoms indudes cue words, interspersal technique, revivification and regression (especially common when families give history illustrating how dxe identified patient is the problem), pans-of-self inductions (promoting dissociation), and confusion techniques ("destructively dcpotentiating conscious ways of thinking").

Familiarity with the spcdfic ways a family weaves its trance informs the therapist in constructing her response: "In observing an inductive moment, the therapist notes contributing hierarchical problems and identifies rigid or trespassed individual boundaries. She then uses her observations to initiate an idiosyncratic counter-inductive process to help family members work in asymptomatic, nonintrusive concert."

Her understanding of die therapy relationship is based on the "model of gift exchange." Like the analagous process in Scnoi dreamwork, this model promotes the positive connotation of symptoms, and cooperative, collaborative interaction between therapist and dient. Consistent with this approach, Ritiermah notes that "any of these (family induction) techniques may be transformed into therapeutic coumerinductive tools." I like her combination of skillful Ericksonian metaphor with very direct psychoeducatiohal skill-building. One of the strengths of her approach is to incorporate in the interview process "didting and working with ... resistances and objections."

An example of the poetic creativity of her interventions is Ac case example of a young girl with eneuresis, successfully treated with Ritterman's focus on the rather struggling with a drinking problem as the opening for change in the family. She calls the case "family hydraulics" and describes her conversational induction, a lengthy discussion of "the control of fluids" with suggestions for confidence, action, and motivation, "while he gazed without blinking into the therapist's eyes."

Clinical examples range from vignettes co full transcripts with oommenoiy. Presenting problems indude suiddal teenagers, chronic pain, somariozauon, and claustrophobia.

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Upcoming NCSCH Training

Fall Meeting. On Friday, November 5, Dr. Joan Murray-Jobsis will present a one-day workshop on psychotherapy with survivors of trauma. Location to be announced.

Spring Workshop. Next April NCSCH will wdcome Michele Ritterman for a full weekend workshop on using hypnosis with individuals, couples, and families. Dr. Ritterman is a busy trainer, political activist, and author. She heads the American Family Therapy Assodation's cask force on social violence and the family. Her books *Using Hypnosis in Family Therapy* and *Hope Under Seige* are reviewed in this newsletter.

Spring Conference

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focused on the Mind/Body Connection. Dr. Hunter focused her entire day Saturday on the use of hypnosis in dealing with sexual issues.

Both of these veteran presenters offered intriguing, innovative and exciting techniques. Both hdd their audiences spdi-bound with anecdotes from their respective practices. Dr. Westcr is a dinical psychologist in private practice in Cincinnati, Ohio, and Dr. Hunter is a family physidan in private practice in West Vancouver, Canada. Both utilized audio-visual aids and volunteers from the audience co demonstrate various hypnotherapeutic methods. Both Dr. Wcster and Dr. Hunter exhibited excellent pedagogical skills which allowed them to rdate to the novice, or to the advanced practitioner of hypnosis in an easy and enjoyable style. These two giants in our fidd were very gracious in offering their time to interact with workshop participants both during the workshops and in their free time. Many thanks to Drs. Wcster and Hunter for bringing their expertise and charm 10 the NCSCH community.

Book Review/Woyne Townsenct C.CS.W,

Manual for Self Hypnosis

by D. Corydon Hammond, Ph.D.

Bneofthc most prolific teachers and writers on hypnosis has created a new manual chat addresses one of the most asked questions by clinicians and patients alike, "what to do once some form of trance is created?" Packed into a brief 38 pages is all you need to know about learning, using, and teaching self-hypnosis. Dr. Hammond clearly delineates that trance is an individual and creative process. No one induction or structure works for everyone or for anyone all the rime. And like one of the better books on golf instruction, he oners many helpful tips on how to deal with distractions, the most helpful forms (be *positive)* of self-suggestion, maintaining and deepening strategies, and the use of imagination and visualization.

While some teachers like Milton Erickson used and taught a more open-ended approach for auco- or self-hypnosis. Dr. Hammond encourages having a goal or direction for your trance work. He then offers several strategies for accomplishing this work. These include imagination, symbolic imagery (for example: interacting with your symptom), mental rehearsal, and one of my favorites, the inner advisor technique. For years I have used this for internal work and problem solving. I have even used and taught the use of an internal advisor as the induction itself, an "internal hypnotherapist."

Many of us have Iocs of books oh hypnosis, but few that we could actually give to patients. Dr. Hammond's style is dear, direct, and easy to understand, a some-rimes unusual characteristic of professional writing. Also, it is wise in any new endeavor to avoid dying to do too much at once, instead pick small pieces of the process to practice and gain efficiency and confidence, and then move on to die next piece. This manual ofiers lessons in hypnosis mat easily fit that style of learning and I would recommend it to anyone.

Currently, we have copies of the manual. You can obtain one by contacting me at 4000 Westchase Blvd., Suite 570, Raleigh, NC 27607 or by writing to ASCH at 2200 E. Devon Ave., Suite 291, Des Plaincs, IL 60018-4534. Our cost is $5.00 plus $1.75 for postage and handling.

Editor's Notes

•o many of my colleagues use formal ir conversational elements of hypnosis n their work. They display a unique ensirivity to imagery, nuance, riming, nd metaphor. They know the power f expectation and surprise.

always fed richer working with them r calking with them about work. I *rant* to invite my friends in NCSCH nd members I haven't met yet to share your unique skills, experiences and perspectives with your colleagues. Clinical briefs and book reviews are great opportunities to share your enthusiasms and learnings. Announcements about publications, honors, or transitions are welcome. We offer at-cosc advertising to members, with a distribution of 1500 newsletters statewide. This is your newsletter, so let us hear from you!

—Charles Hokon. C.C.S.W.

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My only discomfort with Ritierman's approach was that, in spite of ah exquisite sensitivity to cultural and family context as current symptom-maintainers, there was little discussion of traumatic history as eriologic—neither "incest" nor "sexual abuse" appear in the index.

Ritterman's consciousness of and expertise in trauma become explicit in her second book. *Hope Under Siege.* In this work she documents the atrocities committed against the civilian population of Chile by the Pinochet regime. More than an academic study, this is a personal testament other involvement with therapists who risk harrassment and even murder to provide psychological care to political prisoners, and with the prisoners themselves, notably Daniel Rodrigucz and his family. Her thesis is that prisoners endure torture because of the deep and present connections they have with. •their families, and the future that implies.

She describes her own experiences in response co harrassment, veiled and overt threats by officials, and various suggestions to be fearful and silent throughout her visits to Chile. This provides a sense of the quality of trauma-based symptoms clinical literature does not provide.

If trauma objectifies and torcure dehumanizes, then Ritcerman's approach is to challenge these processes by championing the details of Daniel's life, personality, and family. If terror breeds in silence, she exposes its intent and methods, and celebrates the international community in support of its victims and their families.

In these two books Michele Ritcennan displays a sensitivity to psychic injury from subtle family-of-origin inductions to overt physical and psychological torture. She ofiers models of healing ranging from elegant conversational inductions 10 political acrivism. These are tools and attitudes of great value: they are invitations tb empowerment.