

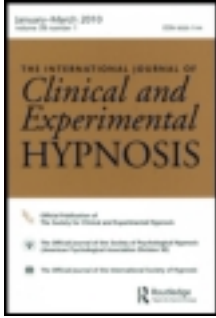
This article was downloaded by: [Macquarie University]

On: 23 August 2012, At: 23:40

Publisher: Routledge

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## International Journal of Clinical and Experimental Hypnosis

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/nhyp20>

### Book reviews

Version of record first published: 31 Jan 2008

To cite this article: (1998): Book reviews, International Journal of Clinical and Experimental Hypnosis, 46:1, 133-139

To link to this article: <http://dx.doi.org/10.1080/00207149808409993>

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## BOOK REVIEWS

SPIEGEL, HERBERT, & SPIEGEL, DAVID. *Trance and Treatment: Clinical Uses of Hypnosis* (paperback edition). Washington, DC: American Psychiatric Press, 1987. Pp. xiv + 382. \$23.50 U.S.

The latest paperback reprint of *Trance and Treatment: Clinical Uses of Hypnosis* comes 16 years after its original publication (for review of the original, see Zinn, 1983). The book is based on the authors' extensive experience of clinical hypnosis, and the authors seek to provide clinicians with "a brief, disciplined technique for mobilizing and learning from an individual's ability to concentrate" (p. xi). Furthermore, they assess the scientific evidence for the clinical uses and limitations of hypnosis.

The book is divided into four sections, and its structure is intended to parallel the sequence of treatment in an encounter with a client: Section I defines and discusses hypnosis; Section II presents the Hypnotic Induction Profile (HIP), a 10-minute clinical assessment procedure; Section III offers hypotheses and data relating performance on the HIP to personality style and psychopathology; and Section IV explores the construction of a treatment strategy employing hypnosis and discusses a series of specific treatment strategies and clinical cases. In addition, the book advises on selecting the most appropriate treatment based on an assessment of hypnotizability, and it focuses on psychotherapy with highly hypnotizable individuals.

The HIP is a frequently used assessment tool and a controversial one in terms of what it is actually measuring. It includes a measurement of "eye roll" and a suggestion for arm levitation; response to this item is assessed by a number of posthypnotic subjective measures. It can be argued that the subjective nature of scoring the eye roll sign and the low difficulty level of the arm levitation item (about 90% of individuals pass) make the HIP a poor indicator of hypnotizability. Studies have found that the eye roll sign correlates poorly, and the score based on the arm levitation measures correlates only moderately, with the Stanford scales. Given recent discussions of the possibility of dual mechanisms driving hypnotic performance (specifically, compliance or nonhypnotic suggestibility for easy items, and cognitive abilities, such as absorption and imaginative involvement, for difficult items), and given the HIP's reliance on one very easy item in comparison with the Stanford scales' broad band of items, the HIP could be said to be measuring compliance rather than hypnotizability. It is worth discriminating, as Spiegel and Spiegel

do, however, between “clinically usable hypnotizability” and hypnotizability as measured in the laboratory.

The current volume is a reprint rather than a new edition, and it does not include recent research data relevant to these issues. Thus, although the book’s ability to provide a “state of the art” review is limited, there is no doubt that the clinical insights and the enthusiasm for hypnosis and its appropriate use in the clinical setting are a testament to the importance and continuing value of this book.

### REFERENCE

Zinn, S. B. (1983). [Review of *Trance and treatment: Clinical uses of hypnosis*]. *International Journal of Clinical and Experimental Hypnosis*, 36, 107-108.

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BARBER, JOSEPH. *Hypnosis and Suggestion in the Treatment of Pain: A Clinical Guide*. New York: Norton, 1996. Pp. 381. \$45.00 U.S.

The book is divided into three major sections: I. Orientation to Basic Issues includes an introductory chapter on hypnotic analgesia, chapters devoted to the medical and psychological evaluation of the patient with pain, and chapters dealing with psychological and neural mechanisms of hypnosis and clinical considerations in hypnotic analgesia; II. Syndromes of Special Interest contains chapters on cancer, dental and burn pain, headache, and pain arising from medical procedures; and III. Populations of General Interest is devoted to considerations of pain in children and elderly persons.

Each of the sections uses contributions from leading clinicians, who include abundant case examples, and from researchers in the field. Barber provides the introductory chapter as well as the chapters on psychological evaluation, clinical considerations of hypnotic analgesia, headache, and an Afterword considering failures in the use of hypnosis to manage pain.

The title *Hypnosis and Suggestion in the Treatment of Pain: A Clinical Guide*, aptly describes this most welcome addition to the hypnosis literature devoted to the management of pain. One of the central themes of Barber’s approach, stated early in the text, is to emphasize the distinction between *hypnosis* as a unique experiential state—an altered state of

consciousness that can be scientifically studied—and *suggestion*, referring to the use of language in ordinary contexts to communicate meaning and/or intention. The distinction is useful because although the text makes evident that suggestion can be a potent therapeutic analgesic, it is important to be explicit regarding what hypnosis is not, so that scientific hypotheses can be more precisely formulated and their experimental tests interpreted more clearly. Barber is definitely committed to placing hypnosis on a secure scientific foundation (as the excellent chapter by Price on mechanisms demonstrates).

Our current understanding of both acute and chronic pain has been revolutionized in the past three decades by new findings in neurophysiology and behavioral science regarding the diverse and highly interactive factors that contribute to a patient's report of pain. Barber indicates his long-standing awareness of the multidimensional aspects of pain by embedding his approach to hypnotic analgesia in the context of contemporary thinking about the nature of pain, types of pain, and the dimensions (e.g., sensory and affective) of human pain experience.

The two chapters on medical and psychological evaluation of the pain patient also reflect this integrated and interactive viewpoint. The excellent chapter on medical evaluation of the pain patient, coauthored by Bonica and Loeser, is probably the first of its type to appear in a clinical text on hypnotic analgesia. It serves as a reminder that the human pain experience, although ultimately personal and entirely subjective, nevertheless reflects important neurophysiologic and/or pathologic processes of which clinicians attempting hypnotic analgesia should be aware.

The parallel chapter on psychological evaluation is also highly worthwhile. In this chapter, Barber highlights the complex cognitive, emotional, and behavioral factors that influence pain report, considered separately (and highly appropriately so) from psychological evaluation of potential hypnotic efficacy. The attempt to provide a very practical framework for integrating the evaluation of pain with the evaluation of suitability for analgesia in specific cases is largely well done (even litigation as a risk factor is discussed). The discussion, however, is definitely aimed at the non-psychologically trained clinician because it falls short of providing clear paths to take when psychological distress or mental disorders are encountered; that is, it is not apparent if Barber feels such patients are good candidates for hypnotic analgesia and if they are, how they should be handled differently.

The clinically focused chapters comprising Sections II and III of the text are, with one exception (the chapter on dental pain), extremely well done. They are current and highly informative for nonspecialists in the respective areas. These sections also provide a suitable scientific rationale, clear guidelines for evaluation of specific medical factors attendant

on the respective clinical conditions (i.e., pain associated with cancer, burn, medical procedures), useful outlines of specific hypnotic methodologies suitable to each application, and an adequate proportion of clinical case material. The authors are all to be commended for their conscientious and highly useful efforts, and Barber is to be specifically commended for his thoughtfulness in including a section devoted to the early and later phases of the life development cycle. The chapters on pain and hypnosis oriented toward children and elderly persons are especially welcome.

The only less than adequate of these clinical chapters, this reviewer personally regrets to report, is the chapter on dental pain. The latter chapter is relatively unfocused. Clinical examples are not clearly related by the author either to pain or to hypnosis phenomenology. Examples cited, as confirmed by dental colleagues whom I asked for a "second opinion," are even embarrassing in their depiction of how this dentist responded to the clinical problems. Neither the discussion of anxiety and acute dental pain nor the discussion of chronic orofacial pain is current or even clinically helpful. Furthermore, the chapter does not contain to nearly the same degree of usefulness the desirable organization found in the other clinical chapters described above, which would have provided dentists with both explicit clinical guidelines for decision making and with specific clinical methods listed and explained in a useful fashion.

For this reviewer, the one overall shortcoming of the book is the amount of space devoted to clinical case histories and case examples. This criticism probably reflects an individual bias that the single most glaring weakness of the hypnosis clinical literature has been its too heavy reliance on anecdotal accounts. This concern, however, should not be interpreted as detracting from the book's overall worthiness. After all, readers can judge for themselves which clinical case histories are illustrative of concepts and methods and which smack too much of the traditional use of case histories in much of the hypnosis literature—that is, as opportunities to demonstrate the prowess of the clinician as hypnotist working in strange and wonderful ways with powerful psychological phenomena.

This text by Barber and his prominent collaborators is highly recommended for its excellent presentation of critical issues relating to pain and hypnotic phenomenology and as an eminently sensible, scientifically plausible, and contemporary clinical guide to the use of hypnosis and suggestion in the treatment of pain.

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LANGONE, MICHAEL D. (Ed.). *Recovery From Cults: Help for Victims of Psychological and Spiritual Abuse*. New York: Norton, 1993. Pp. xix + 410. \$37.00 U.S.

Nothing creates more heat and anger than the debate about mind control or brainwashing. In the world of the anticult movement, it is the issue that defines orthodoxy. The use of hypnosis and hypnoticlike techniques almost always comes up in this debate. The anticult movement takes the view that an understanding of mind control is the most important insight and the most useful tool in treating victims of cult coercion. Other contentious issues include the definition and use of the word *cult*, the extent to which exit counseling must be intrusive or interventionist, and the vexed question of recovered or false memories.

In terms of mind control, there are those who see it as the defining characteristic of cults and their peculiar danger. This has been the model used by the media and the anticult movement, who see mind control—through the use of a variety of techniques—as a sufficient explanation to account for cult membership. This view has, in turn, influenced the character of exit counseling. Times, however, are changing. The major advocates of this position, particularly the Cult Awareness Network (CAN), have fallen on hard times: Adverse publicity and a recent legal judgment against CAN have sent them into voluntary bankruptcy; also, there is a growing body of academic writing that has turned decisively away from the mind control model.

*Recovery From Cults* is a collection of writings from psychologists and therapists associated with the American Family Foundation (AFF). As the title suggests, this book focuses on the particular needs of individuals recovering from cult membership and includes discussions of brainwashing, exit counseling, postcult recovery, and ritualistic abuse. It is not a book of exposés or a survey of the current cult scene. It is the product of an extended series of AFF study groups and includes the input of many of the 100 professionals associated with AFF who collectively have worked with “at least 9000 cultists and their families” (p. 2).

Although this book does not directly address aspects of hypnosis that may be used in cult coercion, it draws a parallel between the state of consciousness in hypnosis and cult experiences. Galanti (Chapter 3) argues that many cults use disguised techniques of hypnosis to create a state of consciousness that is very effective in influencing behavior and allowing for indoctrination to take place. Similarly, Landau Tobias (Chapter 16) alerts ex-members to the possibility that posthypnotic suggestion may provide an explanation for some postcult symptoms or problems that the postcultist may view as consequences of leaving the cult. This book also draws attention to the controversial use of hypnosis in recovering memories of ritualistic abuse in childhood.

The position of *Recovery From Cults* on the matter of brainwashing is unequivocal. The preface is written by the individual described as "the world's leading expert on cults and thought reform" (p. xiii), Margaret Singer, who has been one of the strongest advocates of the mind control model. The editor and chief contributor, Michael Langone, believes that the rise of cults is a by-product of certain destructive processes occurring throughout the world. The main culprit, he argues, is secularism and the resulting loss of authority and respect for traditional and acceptable religious practices. This, along with "internationalism, autonomous and situational ethics and the capacity of reason and science to solve mankind's problems" (p. 26), has led to a confusing "religious market place."

Seeing cults as universally dangerous can cause some exit counseling to take on the character of rescue or salvation and can lead to some aggressive forms of exit counseling such as deprogramming. There is no question that deprogramming is a dying art: Cults have effectively used the police and the courts to defend themselves. But its shadow hangs over *Recovery From Cults* for the reason that the authors are not prepared to unequivocally reject it. It is referred to as a thing of the past and rejected as ethically problematic and a legal nightmare; yet I suspect there is a certain wistfulness for the days when seizing cult members was tolerated.

Nevertheless, this is a moderate book when compared to offerings with more lurid titles from CAN and others, such as Steven Hassan's best-selling book *Combating Cult Mind Control* (1988). Hassan was associated with the advocates of deprogramming in the past, but he has since moved toward the middle ground; he is a supporter of the mind control model and one of the important influences on anticult groups.

It is therefore interesting to see him taken to task in the present volume in a chapter titled "Exit Counseling: A Practical Overview." The authors of this chapter draw a distinction between therapists who seek to effect change through their counseling and those who invite change; this is a nice distinction and one they pursue closely. Although they agree with Hassan (1988) on the matter of mind control, they struggle to find a clear statement of the difference between his approach and their own. They quote him as saying: "My approach depends on having faith that deep down even the most committed member of a mind control group wants out" (Hassan, 1988, p. 122). Their divergence with Hassan's view can be found here; they see a therapist as knowing what is best for the client, and they are unhappy about the suggestion that certain strategies or techniques are available to the therapist to effect the rescue of the cult member: "We could not in good conscience invite cultists to return to a free society while violating one of the central tenets, that the end does not justify the means" (p. 175).

This issue is one of the central dilemmas in counseling those caught in the world of groups such as these. *Recovery From Cults* tells us that the

debate is under way within the anticult movement. Despite this, the book does not give a satisfying discussion of the major arguments, and it fails to provide a full picture concerning therapy and assistance to individuals who are stepping away from cults. I suspect we will need to wait another couple of years before such books emerge. However, *Recovery From Cults* is a useful guide to the thinking of a moderate group of anticultists.

Overall, *Recovery From Cults* suffers because it does not examine its own presuppositions. In fact, it does not see the need to argue the validity of the mind control model with any great vigor. Finally, there are some larger questions that are not touched on; for example, there is the cultural issue of the role of cults in the progress of religious thought. In one sense, what we say about cults, we say about all religions and groups formed around strongly held beliefs.

#### REFERENCE

Hassan, S. (1988). *Combating cult mind control*. New York: Park Street.

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