Contemporary Hypnosis (1999)
Vol. 16, No. 3, pp. 209–213

BOOK REVIEW

CLINICAL HYPNOSIS AND SELF-REGULATION: COGNITIVE-BEHAVIORAL PERSPECTIVES

Edited by Irving Kirsch, Antonio Capafons, Etzel Cardeña-Buelna and Salvador Amigó

American Psychological Association, Washington, DC. 1999. Pp ix + 370, £31.95 ISBN 1–55798–535–9

Reviewed by Val Walters

In their introduction, Kirsch et al. address the apparent reluctance of clinicians to use hypnosis, in spite of evidence regarding its efficacy as an adjunct to therapy. The editors hope that this book may help overcome barriers that 'have inhibited clinicians from using a powerful, empirically validated clinical tool' (p.14). The editors also hope that references made throughout the book to 'the cutting edge of hypnosis theory' (p.14), will stimulate further research into the therapeutic use of suggestion. In the final section of the book an alternative to hypnosis is introduced, referred to as 'self-regulation therapy', a therapy that utilizes suggestion but in a non-hypnotic context.

Kirsch et al.'s introduction encapsulates the essence of opinions about hypnosis, from arguments that hypnosis is really only relaxation with a different label, to a consideration of the 'dangers' of trance. This will engage practitioners who use hypnosis and who will therefore be familiar with misconceptions expressed by clients and frustrated by the devaluing of hypnosis by those who fail to recognize that it is more than 'quackery, charlatanism, and faith healing' (p.5). The similarities between the disciplines of cognitive-behavioural therapy and hypnosis are highlighted, in that they both place emphasis on empirical validation, thus putting paid to the myth that hypnosis is rather mystical and not validated scientifically.

The book has four sections: Part 1: Hypnosis: Cognitive-behavioral Perspectives; Part II: Measurement and Modification of Hypnotic Responsiveness; Part III: Applications of Hypnosis: Techniques and Procedures; and Part IV: Self Regulation Therapy.

Part I begins with Barber's chapter, 'A Comprehensive Three-dimensional Theory of Hypnosis', which is summarized and forms the basis for discussion commentaries in this Special Issue of *Contemporary Hypnosis*.

In Chapter 2, Kirsch and Lynn present a social-cognitive view of hypnotic involuntariness and begin by discussing how neodissociation and dissociated control theories cannot adequately explain this phenomenon. They explain that there is considerable automaticity in all everyday behaviour, guided by a 'complex set of implicit rules' (p.56) which are out of our conscious awareness. This automaticity is then discussed in the context of hypnosis and the motivation to experience responses to suggestions as being non-volitional. Thus, the experience of involuntariness is activated by the hypnotist's suggestions, reflecting automaticity triggered in everyday life. Kirsch and Lynn conclude this chapter by asserting that: 'Hypnosis is special, not because it

involves any unique mechanisms but rather because it illuminates normal propensities that are not as readily apparent in most non-hypnotic situations' (p.67).

Gorassini, in Chapter 3, presents a cognitive-behavioural analysis of self-deception. He alludes to cognitive-behavioural therapy techniques that involve changing maladaptive thoughts to adaptive ones, using this as an example to suggest that 'clients deceive themselves into new personalities by role playing' (p.73). He goes on to present a cognitive-behavioural rationale for hypnotic responding in which he proposes that self-deception facilitates a subjective experience of involuntariness. Self-deception is also identified as an integral component of cognitive-behavioural hypnotic skills training, which requires subjects to use self-deception in order to successfully improve their response to hypnotic suggestion. Variables that influence self-deception, such as expectancy and compliance, are considered, as well as different types of suggestions that may achieve varying successes in promoting self-deception.

Chapter 4 was previously published in *Contemporary Hypnosis* (Sarbin, 1993). In this chapter Sarbin identifies three types of rhetoric that have been used to support claims about hypnosis, those of *mystery*, *positivist science*, and *criticism*. He traces the use of rhetoric from the 1930s, at which time the rhetoric of *mystery* dominated opinions about hypnosis, while Hull (1933) was striving towards *demystifying* hypnosis (an example of *positivist science* rhetoric). Sarbin observes that current emphasis is on the rhetoric of *criticism*, in which researchers are trying to understand hypnotic phenomena in context with the credibility of self-reports. In forecasting the future of hypnosis, Sarbin predicts that it will be understood as a social construction in which participants are viewed to be active agents, rather than passive recipients of some mystical force.

Part II begins with Chapter 5, by Council, and is essentially a review of hypnosis scales. He begins this review by focusing on the Stanford Scales, particularly the A, B and C Forms, and then considers the Stanford variations such as brief clinical scales and the children's version. Council describes the Barber Suggestibility Scale and the Carleton University Responsiveness to Suggestion Scale, which reflect a cognitive-behavioural approach, and the Creative Imagination Scale, which also reflects a non-traditional approach and is noteworthy in that it does not require an induction. He also describes the Hypnotic Induction Profile (reflecting a traditional orientation), which is notorious for its 'eye roll' test. Council's explanation of the various definitions used to describe hypnotic responding was a really helpful start to this chapter.

In Chapter 6, Gorassini and the late Spanos describe the 'Carleton Skill Program for Modifying Hypnotic Suggestibility'. There are three goals to this programme: gaining the trainee's cooperation; encouraging involvement in the enactment of suggestions; and developing 'self-deception proper' (p. 143). A 'strategy shift' induction (p.148) encourages the client to adopt an active, rather than passive strategy, while the next stage requires the client to successfully respond to four test suggestions. A video of a model client responding to suggestions is shown, and then the client practises generalizing what has been learned to four further suggestions. Gorassini claims that this programme not only enhances hypnotic suggestibility, but that low suggestibles are subsequently able to experience subjective changes in response to suggestions. This chapter benefits considerably from the inclusion of the skill programme transcript, laying bare the exact methods used.

The first chapter in Part III begins with a chapter by Lazarus, in which he describes how easily hypnotic techniques can be incorporated within a multimodal therapy (MMT) framework. The BASIC ID (an acronym for *behaviour, affect,*

sensation, imagery, cognitions, interpersonal, drugs/biologicals) is introduced as a template to remind therapists to address all modalities in both assessment and treatment. Lazarus refers to studies that suggest that effectiveness of therapy is directly related to the number of modalities addressed, and he criticizes therapies that ignore empirically tested techniques that can facilitate profound changes in clients. I was delighted to see the inclusion of this chapter in the book as I feel MMT deserves far more attention as a particularly useful framework for therapy than perhaps it receives. As Lazarus illustrates, MMT is a perfect framework for developing an awareness of the potential of using hypnosis across the entire BASIC ID in treating various clinical problems.

Chapter 8, by Kirsch, is based on an article published in the *American Journal of Clinical Hypnosis* (Kirsch, 1994). In this chapter Kirsch discusses the concept of clinical hypnosis as a non-deceptive placebo. He asserts that expectations themselves can produce the responses that are expected – it makes sense, therefore, to use this for therapeutic gain. Yet, as Kirsch points out, expectancy is linked with placebo effects studied in medical research (which necessarily involves deceiving subjects), thus implying that expectancy and placebo effects in therapy involve deceit. Kirsch suggests that hypnosis is one way to overcome this problem since it can be presented honestly to clients while the client's expectancy is still retained. He argues that attitudes and expectancies are more important than hypnotic suggestibility and suggests ways in which response expectancies might be increased. Kirsch adds that altering *dysfunctional* expectations is also a vital aspect of therapy.

Chaves (Chapter 9) considers the application of hypnosis in pain management, claiming that, despite an apparent acceptance that hypnosis can enhance pain management, hypnotic techniques nevertheless are underused. In trying to identify the reasons for this, Chaves alludes to controversies surrounding both the *mechanisms* of pain reduction achieved as a result of using hypnosis, and the association of hypnotic pain management with the 'altered state' theory, which places importance on hypnotizability in achieving pain relief. From a cognitive-behavioural viewpoint, hypnotizability is not of great importance since, as Chaves reminds us, hypnosis is a skill that can be learned. Chaves describes a cognitive-behavioural approach to hypnotic pain management, illustrating the creativity needed to make suggestions relevant and meaningful to individuals. The client's expectations, beliefs and attitudes towards pain relief are considered not only to be vital in achieving a successful clinical outcome, but also the essence of what makes hypnosis 'special'. Indeed, Chaves takes issue with state theorists who misrepresent cognitive-behavioural theorists as not acknowledging that hypnosis is 'special'. The difference being, of course, that each camp has an entirely different view of the 'specialness' of hypnosis.

In Chapter 10, Green describes how hypnosis can be used in a programme for smoking cessation and weight reduction. He mentions the efficacy of cognitive-behavioural approaches in treating habit disorders and refers to research that suggests that hypnosis can further enhance therapeutic outcomes, particularly as an adjunct to therapy for weight reduction (Kirsch et al., 1995). Green presents a case report illustrating a multidimensional behavioural-modification programme that uses hypnotic interventions including self-hypnosis. Green includes examples of hypnosis scripts to illustrate how behaviour was modified and cognitions restructured. This chapter is full of useful ideas that could be adapted for use in therapy for other problems as well.

Wagstaff (Chapter 11) writes on hypnosis and forensic psychology. This is a fascinating account of misconceptions about hypnosis, which Wagstaff believes have been perpetuated by traditional theories of hypnosis and he presents a case for adopting a cognitive-behavioural approach. He alludes to the implications of the state versus non-state debate in the forensic field, illustrating the far-reaching consequences of misunderstandings about hypnosis when held by professionals in the legal field and lay persons serving on juries. Wagstaff discusses three main issues regarding hypnosis and the law: hypnotic coercion, truth telling and faking, and memory-enhancement procedures. In drawing attention to the problem of jurors and jurists being contaminated by the selective presentation of facts about hypnosis, we are given insight into how such tactics can influence the course of justice. Wagstaff's account of the ease with which expert opinion on hypnosis can be misrepresented in the legal system is chilling.

Section IV (Chapters 12 and 13) focuses on self-regulation therapy. Amigó (Chapter 12) explains self-regulation therapy as 'a group of procedures that are based on the use of suggestion within a non-hypnotic context' (p.311), stating the cognitive-behavioural view that all suggestions are waking suggestions on the grounds that there is no evidence of a hypnotic state. Amigó also alludes to studies that have shown that non-hypnotic suggestions are at least as effective as those given after a hypnotic induction. Emotional self-regulation therapy (ESRT) is underpinned by suggestions of sensory recall, these being rather similar to items in the Creative Imagination Scale (for example, arm heaviness and so on). The therapy consists of three phases. First, the rationale of ESRT is given, after which the client mentally rehearses reproducing sensations. Second, clients are taught to reproduce sensations without a physical stimulus; and, third, therapeutic suggestions are given after the client has been told that the previous exercises have increased their responsiveness to suggestion. ESRT is used with clients in a learning context rather than a hypnotic one, and the client is actively alert throughout. Response to suggestion is not therefore seen to be dependent on 'relaxation, immobility, or lowered initiative' (p.328). Capafons (Chapter 13) describes clinical applications of ESRT for smoking cessation, weight loss, dysmenorrhea, drug abuse and fear of flying. Each of these examples gives the reader an understanding of what ESRT entails in practice. Capafons defines the advantages of ESRT, including making therapy easier for the client, enhancing rapport, encouraging client responsibility for their treatment and providing an alternative for clients anxious about hypnosis.

Clinicians who use hypnosis will learn a great deal from this book that could inform their practice. The theories described could, in particular, encourage practitioners to reflect on their own use of suggestions and hopefully evaluate the effectiveness of their hypnotic interventions in the knowledge of these theories. The chapters on self-regulation therapy were intriguing. Perhaps future studies comparing ESRT with hypnosis will help to identify the variables that are responsible for outcomes of both ESRT and hypnotic interventions. For me, the title of the book led to the expectation that there would be more of a focus on therapy, and perhaps less on theory. Indeed, I was surprised that there was no inclusion of a cognitive-behavioural approach to depression using hypnosis, and disappointed that other common clinical problems were not addressed. In the light of this I was puzzled as to why three chapters (10, 12 and 13) described treatments for smoking cessation.

But will the book achieve the editors' aim of overcoming the barriers that cause some therapists to be reluctant to use hypnosis? I fear not. This is not a criticism of

the book, but a pragmatic issue. Sceptics of hypnosis are unlikely to buy books that espouse the value of hypnosis, and writers aiming to demystify hypnosis and to encourage its use in therapy need to be proactive in contributing chapters to edited books describing well-established therapies. In this way, there is a greater chance of hypnosis receiving the type of exposure that will dispel misconceptions. The key to encouraging a better understanding of hypnosis is, I feel, in educating therapists during their initial training. Once interest is whetted, however, the book in this present review will be a valuable resource.

References

Hull CL. Hypnosis and Suggestibility: An Experimental Approach. New York: Appleton-Century-Crofts, 1993.

Kirsch I. (1994) Clinical hypnosis as a non-deceptive placebo: empirically derived techniques. American Journal of Clinical Hypnosis 1994; 37: 95–106.

Kirsch I, Montgomery G, Sapirstein G. Hypnosis as an adjunct to cognitive-behavioral psychotherapy: a meta-analysis. Journal of Consulting and Clinical Psychology 1995; 63: 214–20.

Sarbin TR. Whither hypnosis? A rhetorical analysis. Contemporary Hypnosis 1993; 10: 1–9.

Address for correspondence:
Val Walters
Hypnosis Unit,
Department of Psychology,
(Torrington Place),
University College London,
Gower Street,
London WC1E 6BT, UK
Email: v.walters@btinternet.com