

## **BOOK REVIEWS**

### **HARTLAND'S MEDICAL AND DENTAL HYPNOSIS, 4TH EDITION**

**By: Michael Heap and Kottiyattil K. Aravind**

*Churchill Livingstone, London, UK. 2002. Pp 522. Price: £36.99.*  
*ISBN: 0443072175*

**Reviewed by Dr Gerry Kent**

*University of Sheffield, Sheffield, UK*

This is the fourth edition of a very well known and respected text on hypnosis. Originally written by John Hartland, later forewords were written by two of the more famous and prolific writers and researchers on hypnosis – Milton Erickson for the second edition and then Ernest Hilgard for the third edition. Thus, it must have been with some trepidation but also pride that Heap and Aravind have taken on this fourth edition.

This large book – over 500 pages – covers a wide range of topics. The 34 chapters are arranged into five sections: the history and nature of hypnosis; basic procedures in clinical hypnosis; the application of hypnotic procedures in psychological therapy; the application of hypnosis to specific medical, dental and psychological problems; and the professional practice of hypnosis. As a clinical psychologist who is not trained in the use of hypnosis, I was interested in all of these topics.

The first section provides what was for me a clear outline of the history of hypnosis – not too rushed, not too elaborate. A few names I am not familiar with, but more importantly there is a discussion of the nature of hypnosis (especially susceptibility and its measurement) and theories that help us to understand why it can be effective. In the last chapter of the section the authors give a clear outline of the main approaches to understanding hypnosis – especially the distinction between special-state or special-process theories and the non-state or social/cognitive theories. I really liked three things about this chapter. First, I think I understood what they were talking about. Second, the authors made good use of research – their descriptions of studies were well detailed, giving enough information to help the reader think about the nature of the research. Third, the authors have no axe to grind. Having presented relevant research in a balanced way, they urge readers to think for themselves. This is not to say they leave the debate up in the air. Rather, they define hypnosis as an interpersonal process, in which the hypnotherapist encourages the subject to focus his or her attention away from immediate realities and towards inner experiences.

Section 2 concentrates on the basic procedures in hypnosis. These include preparation, induction and deepening procedures, self-hypnosis and, importantly, ethical matters. In fact this is a strength of the book. They have included the Guidelines of the International Society of Hypnosis, and it is clear that the authors take ethical considerations seriously throughout the book, most notably in Section 5 on professional issues.

Section 3 covers the application of hypnotic procedures in psychological therapy. I had a little difficulty with this section, since the authors attempt to provide summaries of the major therapeutic approaches in psychology in about 100 pages. Although they make no claim about completeness – indeed they frequently suggest that the reader go elsewhere as well – they can only give a superficial overview of a wide range of approaches. Still, it is a beginning for readers who know little about psychological therapies.

I was more interested in Section 4, on the applications of hypnosis to particular medical, dental and psychological problems. The length of the book and the variety of topics it covers preclude a review of all the content. I work in a pain clinic, helping people to deal with chronic pain, so I was naturally drawn to Chapter 26 on hypnosis and pain. Interesting. The authors try to help the reader to imagine what chronic pain can entail. They are also quite specific here, making recommendations about assessment and treatment. They conclude that hypnosis for pain management is of ‘proven efficacy’. Well, yes and no. Like my reading of Section 3, I think that the issues are so much more complex and chronic pain involves people on many levels. I certainly would have liked to have more references to recent work.

My general view of this book is that it is certainly an asset as an introductory text. It is usually very well written (sometimes the language gets a little flowery), carefully organized, and clearly presented. The chapters tend to be refreshingly short and to the point. There is usually a wide range of suggested reading. It seems that the authors invite the reader into their world of hypnosis, in the hope that the reader will become more familiar with the basic and applied concepts and keen to learn more. Their approach certainly worked for me.

*Address for correspondence:*

*Dr Gerry Kent*

Clinical Psychology Unit

Department of Psychology

University of Sheffield

Sheffield S10 2TP, UK

Email: G.Kent@sheffield.ac.uk

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**Reviewed by Dr Nigel Smith**

*Nottingham City Hospital, Nottingham, UK*

Excellent news, Hartland has been modernized. And the new edition retains the treasury of scripts that have made Hartland’s so valuable to clinicians who use hypnosis. Mike Heap has made a valiant attempt to strengthen the book’s scientific basis, a task of enormous academic scale. Chapters are added on false memory, ethics and the forensic use of hypnosis.

Throughout, the book retains its cheery, British feel, and there is much to enjoy in Mike's ironic takes on State theory, Erickson, NLP users and neo-dissociation. All theorists must pass through the narrow gate of evidence-based Science to meet approval here. And cognitive behaviouralists seem to be the only group that achieves this. Fortunately the strict code is loosened a little in the construction of scripts and in Aravind's case examples, which rescue the book from being a polemic.

The march of science looks distinctly behavioural. Cognitive behavioural therapy (CBT) is the greatest advance in recent years, a universal code to explain triads of beliefs, emotions and actions, without recourse to spiritual mysticism or models of the unconscious.

In CBT-land, goal setting becomes future rehearsal, chanting becomes affirmation and unconscious resources are discovered by cognitive rehearsal of previous coping. The results, while identical, take longer to pronounce. Diary keeping is essential, and modern practitioners *prescribe* cognitive exercises for their clients. Clients labour under mis-attributions and unfounded salient thoughts, sorely in need of cognitive re-structuring. If this seems patronizing to some people, that doesn't remove the value of using the book to construct solutions to common problems. It's certainly an improvement on the authoritarian tone of the original in places.

Mike does allow for some colourful, creative techniques, such as the use of anchors and evocative words, which use the immeasurable power of imagery. Overall, however, the book is imbued with a mechanistic model of the brain, which may be unsettling to eclectic practitioners. The future may not belong to Beck and Ellis, but they at least provide a recognizable, dateable viewpoint.

The evolution of psychotherapy is seen through distinctly CBT-tinted spectacles. From this viewpoint, Freud's revolutionary detailed history taking is in danger of being overlooked. Transference, a staggering insight especially relevant to hypnosis, is given only one paragraph, despite its relevance to role play, compliance and attribution. Erotic transference seems especially likely to occur in the context of hypnosis.

Interestingly, Mike's rigid CBT mask slips unwittingly at times. Jo, subject to deprecating self-talk is advised to think, 'filter', a sound CBT intervention redolent of white-coated lab staff. How confusing that words can be so ambiguous! Didn't the Greeks speak of a mythical 'philtre' with startling romantic and tragic properties?

If our theories exclude the creative, the spiritual, a sense of humour or the soul from practical helping, these are likely to confound us by creeping back in. Here is my major criticism, that to ignore the personal is to reinvent this book's past directive 'go to sleep' tone. Narrow-minded application of CBT approaches may leave out important subjective aspects of mind, body and feelings. Patients have a need to construct narratives out of their experience. Lay people's attribution is rooted in cultural myths, including highly doubtful 'urban myths'. Giving respect to this thinking implies a two-way process of teaching and learning which CBT does not focus on.

The overlap between health and spiritual insights is overlooked in this approach. In general, the client's own power to resolve conflicts seems to be overshadowed by the therapist's repertoire of techniques.

While the case examples lighten the book's prescriptive tone, the constant use of the passive tense depersonalizes the book without adding to its scientific value. Anger is treated with anger management rather than confronting the people or institutions that have intruded into the client's personal life. Mike Heap's heroes, Euclid, Barber, Spanos and the originators of eye movement desensitization are well represented here.

The text is balanced by the cheerful, avuncular presence of Aravind, with fascinating anecdotes, case examples and cheerful mystery. So what's missing? Don't expect to find psycho-analysts such as Klein or Winnicott mentioned here, even though their theories have shaped our 'working model' of the origins of psychological distress in childhood.

Open-ended techniques are under-represented. Leuner's Guided Affective Imagery is often used by Gestalt therapists and in approaches such as Assagioli's Psychosynthesis. Images such as the meadow and climbing a mountain could merit a short description here. Equally the overlap of spiritual and psychiatric symptoms is not explored. Perhaps the fault lies in the literature, in which cognitive approaches predominate. Surely 'N = 1' studies and detailed qualitative work will balance this inequality eventually.

Overall, Mike Heap and Aravind have created a stimulating and valuable edition of this text. I share their aspiration that a future edition will bridge the gap between theorists and practitioners.

*Address for correspondence:*

*Dr Nigel Smith*

Consultant Physician

Nottingham City Hospital

NG5 1PB, UK

Email: nsmith1@ncht.trent.nhs.uk

## **REVOLUTIONARY CONNECTIONS: PSYCHOTHERAPY AND NEUROSCIENCE**

**Edited by: J. Corrigan and H. Wilkinson**

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**Reviewed by John Gruzelier**

*Imperial College London, UK*

This is a valuable collection of papers arising from a 2001 conference of the United Kingdom Council for Psychotherapy (UKCP) on relations between psychotherapy and neuroscience, and in particular what is called 'affective neuroscience' as distinct from 'cognitive neuroscience'; a distinction that reflects the inevitable, pervasive and regrettable fractionations in psychological sciences, this time between emotion and cognition. The collection is required reading in UKCP courses for further training.

In setting up the Council ten years ago, aside from maintaining standards of professional conduct and training, the vision was to facilitate a dialogue between diverse strands of psychotherapy and to 'promote professional contact and the exploration of issues of common interest' to include 'the engagement between psychotherapy and neuroscience'. A fundamental theme in this 'revolutionary connection' is the importance of the neuroscience of early development for understanding the foundations of emotional experience and their implications for maturation and maturity, as well as for dysfunction.

The collection includes the Bowlby Memorial Lecture of Alan Schore who, in publications since 1994, has tracked the growing body of evidence in support of affective