

BOOK REVIEWS

RECOVERED MEMORIES OF CHILD SEXUAL ABUSE

Edited by S. Taub

Charles C. Thomas, Springfield, IL, 1999. Pp ix + 224. \$44.95 (hbk) or \$31.95 (pbk). ISBN 0-398-07005-9 (hbk) and 0-398-07006-7 (pbk)

Reviewed by Peter L. N. Naish

The sub-title to this book is *Psychological, Social, and Legal Perspectives on a Contemporary Mental Health Controversy*. Since this is an American book, and since their legal system differs from the British, there are aspects of the coverage, which will not have great relevance to readers in the UK. Similarly, the situation in the UK does not precisely mirror that of the USA, so what is described as ‘contemporary’ there will not perfectly match the situation here. Nevertheless, there is something of interest to be found in this volume.

The editor is a lawyer and, with the incisiveness of her profession, she cuts to the heart of the recovered memory controversy, and nicely introduces the various perspectives of her contributors. It is probably over-simplistic to continue to caricature professionals, but it is noticeable, and not too surprising, that the journalist among the authors nails his colours firmly to an extreme flagpole, whereas the clinicians and academics strive, with varying degrees of success, to remain straddling the fence. Nevertheless, every contributor offers material that deserves consideration, and for anyone unfamiliar with the topic (can there really be any?) the book presents a gentle, middle of the road introduction.

For those who have dipped into this emotive field, the name of Mark Pendergrast (the journalist) will be familiar, and he executes his usual ‘hatchet job’ on the purveyors of the kind of therapy advocated in notorious books, such as *The Courage to Heal* (Bass and Davis, 1988). He sees the recent epidemic of adult recollections of long-forgotten child sexual abuse as a modern manifestation of the forces that once gave rise to the flood of witchcraft trials (although he does not deny that child sexual abuse exists). For the hypnosis fraternity his message is that it might be good for smoking cessation, but should never be used for memory retrieval!

After the quick-stabbing offering by Pendergrast, there is a rather more sedate, perhaps overly long, chapter by David Sakheim. He, too, mentions the dangers of hypnosis, and recounts the sad story of a young man whose life was considerably damaged by being led through hypnosis to believe that he was abused as a child. The hypnotist concerned eventually admitted that she had gained benefit herself, from accepting similar stories about her own past, so wanted to do the same for others.

The chapter considers every aspect of the factors which may or may not lead people to acquire veridical or false images of past events, but, in spite of its apparent balance, there is an undercurrent of acceptance of concepts such as repression. The author even mentions, without comment, the notion of 'alters' (the alter-egos of those alleged to have the controversial condition of multiple personality disorder). All of this is too much for Pendergrast, who (uniquely to this chapter) is given the opportunity to attack the tendency to slip to the 'wrong' side of the fence. He takes particular exception to Sakheim's easy acceptance of the notion of 'massive repression'. Sakheim, in his rejoinder, states that there is ample evidence for the condition, although he conspicuously fails to cite any of it. His is perhaps the weakest section of the book, in that it tends not to support all its claims with rigorous scientific underpinning.

The following chapter, by Jerome Singer, achieves a far more convincing balance, perhaps assisted by its author's background; he began in the psychoanalytic field, but subsequently moved into CBT. Tellingly, he states that, over a long career, he has seen many cases of *remembered* child sexual abuse, but not of *recovered* memories.

There follows a scholarly consideration of remembering and forgetting, contributed by Jonathan Schooler. He draws an interesting parallel between the forgetting of child sexual abuse (the abuse often occurs at night) and the forgetting of dreams and nightmares. This is an observation which clearly deserves formal research. A good deal of the chapter is concerned with the idea that normal memory processes can account for the phenomena observed, and this theme is taken up in the following section, by Stephen Lindsay, who doubts the existence of any special mechanism for repression. He offers a nice analogy for the kind of therapist who is convinced that all manner of ills are the result of child sexual abuse, and that, given enough 'treatment' the facts will be remembered. Lindsay likens this to a medical practitioner attributing everything to hidden tumours, and hence bombarding the patient with never-ending X-rays, in search of the culprit. X-rays are, of course, carcinogenic, so in the end may well produce the tumour, which would be unearthed and cited as 'proof' of the diagnosis.

I have not mentioned the material that deals with the American legal experience, nor the description of the rise and fall of child sexual abuse claims in the USA. These may be of interest to some European readers, but probably the other topics would appeal more. Apart from the cautionary notes about hypnosis, there is not a great deal on that topic, so the book is certainly not a 'must have' for members of a learned society devoted to hypnosis. It is reasonably referenced, so could serve as a useful starting point for someone wishing to become acquainted with the recovered memory field, but it does not give the impression of a 'cutting edge' scientific work, such as might have been offered by other contributors. The editor mentions the difficulty of getting people from different ends of the false memory spectrum to appear together, so this may well have determined the choice of authors. Nevertheless, it would have been good to see articles by the likes of Elizabeth Loftus, and one wonders whether the editor's lack of a psychological background resulted in a rather misjudged mix of contributors.

Finally, for readers who really wish to explore the psychology, rather than the sociology or history of recovered memory, it is my impression that it would be better to start with recent review articles, such as those by Miller and Wolford (1999) or Johnson and Raye (1998).

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THE USE OF HYPNOSIS IN SURGERY AND ANESTHESIOLOGY: PSYCHOLOGICAL PREPARATION OF THE SURGICAL PATIENT

By Lillian E. Fredericks

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Reviewed by David Rogerson

Lillian Fredericks was a practising anaesthetist until her retirement. She has been a significant contributor to the development of medical hypnosis and is still busy preparing future talks. Dabney Ewin, in the Foreword to this 240-page book, informs the reader that there are chapters on hypnosis as the sole anaesthetic and as an adjunct to chemical and regional anaesthesia. There are examples of its use in the intensive care ward and the emergency room, illustrating how to assuage fear and suffering with soothing suggestions. Ewin also gives a somewhat personal reflection on the nature of hypnosis.

Dr Fredericks also has enlisted the collaboration of Fred Evans, Dan Kohen, Pat McCarthy, and Karen Olness in writing individual chapters to this book, which is comprehensive, practical and well-referenced.

The Preface gives a brief overview of the historical development of hypnosis up to modern times. There is the comment that many physicians declare an interest in hypnosis, but few take it up in their practice. Awareness is expressed of the need for collaboration between researchers and clinicians to realize all potentials of the mind–body connection. It is in this spirit that Dr Fredericks has written the book, hoping to stimulate clinicians to do well controlled clinical studies, using their wide experience of treating their patients.

Chapter 1 is written by Fred Evans and starts with an overview of the history of hypnosis. He then outlines four dimensions of hypnotic behaviour. First, he discusses expectations and beliefs about hypnosis, and includes some comments on hypnotic susceptibility. The second dimension, suggestion and hypnosis, is then discussed and its particular importance in the treatment of pain. The third is the cognitive dimen-

sion, namely relaxation, imagery and trance logic; illustrations are presented of how this dimension may be used in pain control, such as the use of positive and negative hallucinations. Finally, the dissociation component of hypnosis is discussed.

A practical aspect of this chapter is the inclusion of three scripts for the induction of hypnosis. These are the differential arm levitation technique, the eye-roll relaxation procedure and the ideomotor movement response. He finds this last technique, which is different from ideomotor signalling, particularly helpful for patients suffering from arthritic joint pain in improving mobility.

Chapter 2, again, is by Fred Evans and concerns the management of chronic pain, although there is an interesting case report of hypnosis for acute pain relief in a Vietnam War veteran. Evans reviews the literature on the evidence for hypnotic analgesia and demonstrates that it far exceeds placebo, particularly in highly susceptible hypnotic subjects. There are many areas where hypnosis may be used adjunctively for pain relief, such as cancer and headaches, and a table summarizes the type of pain, the treatment goals and the secondary benefits of the use of hypnotic techniques. There are useful tips for evaluating a patient's pain and his or her willingness to change, and then for setting targets. The use of Chevreul's pendulum is described as a way of introducing the mind-body connection. A further table is presented that lists some hypnotic techniques for pain control and references for those not familiar with them. I like the comment that it is 'the melody rather than the lyrics that are important in hypnotic techniques'. This sits comfortably with anaesthesia, in that as long as the basic principles are adhered to and safety is remembered, then there are many ways to achieve a good outcome. Which one is best does not necessarily matter.

Chapters 3 and 4, written by Dr Fredericks, describe the use of hypnosis in conjunction with chemical anaesthesia. Comments about the recognition of spontaneous hypnotic states in stressful situations and the benefits of relieving anxiety and restoring control are well made. I found interesting the details of the pre-, intra- and post-operative management of patients undergoing surgery.

Detailed information is presented on implicit and explicit learning, particularly in relation to the anaesthetized, unconscious patient. I believe that caution is needed in extrapolating the current research findings to the therapeutic domain. Claiming as a proven therapeutic modality the idea of talking to deeply anaesthetized patients, or allowing them to listen to audio-tapes suggesting favourable outcomes, is too wide a leap from the current research evidence. Reading some of the references, I am reminded of age regression and false memory; it seems that patients are primed pre-operatively and then interrogated afterwards, the investigator having a particular agenda.

The general thrust of an approach, by which communication and development of rapport with the patient are developed, is excellent, as it is so often lacking in reality. It is this approach that enables patients to undergo operations under local anaesthesia with little if any additional sedation or analgesia.

In Chapter 5 Dr Fredericks discusses how to prepare a patient for surgery using hypnosis as the sole anaesthetic. It seems that an assessment of hypnotic susceptibility is needed to select out those who are not responsive enough to have the ability to dissociate or to experience positive or negative hallucinations. The author describes her approach to the successful management of patients requesting this form of anaesthesia. This is an interesting chapter for any physician accustomed to 'zapping' his or her patients with the current product from the drug companies.

In Chapter 6, the author describes some of the uses of hypnosis in the intensive care unit. There is an interesting account of the extensive time spent with comatose patients and their recovery. It has been noted by Hoskovek (1966) that subjects during natural sleep are able to hear and remember meaningful material. This has led to the hypothesis that perhaps comatose patients also can process meaningful material, such as therapeutic communications, which is encoded in such a way that it is only accessible through hypnosis. Whatever the case, further well-conducted research is needed to ascertain whether any benefits of this kind of intervention are not simply due to the extra time spent with the patient.

Dr Fredericks's use of hypnosis in the emergency room centres on recognizing altered states of consciousness, akin to hypnotic states, and using appropriate suggestions and reassurance. Rapid induction with Spiegel's eye-roll technique is helpful for patients undergoing many of the procedures and investigations in this context. Work by Ewin on influencing disease progression is quoted, particularly with burn patients.

In Chapter 8, Daniel Kohen illustrates, mainly by well-documented case reports, the use of hypnosis with children. He shows how most of the applications of hypnosis in adults are equally appropriate for children. The scripts quoted in the vignettes will be of interest to those working with this patient group.

Patrick McCarthy describes hypnosis for childbirth in Chapter 9. He reports Jenkins and Pritchard's (1993) study in Wales of 300 age-matched patients where hypnosis reduced the duration of first stage labour by three hours in the primigravid group. The details he gives of his training programme are extensive and merit reading by all those involved in obstetric care. He seems to favour individual rather than group therapy for obstetric work and, although this preference is not evidence-based, I tend to concur with him. In the field of gynaecology, again a detailed therapy programme is presented with scripts worthy of the time spent reading them.

The final Chapter is by Karen Olness on 'Perspectives from physician/patients'. If the reader were ever in any doubt that hypnosis can be used as the sole anaesthetic for surgical procedures then he or she should read this chapter. Detailed first-hand accounts are given for inguinal hernia repair, and hand and breast surgery. The way the physicians achieve surgical anaesthesia is given in graphic detail. The earlier message that 'the melody rather than the lyrics' is the most important comes home to roost in no uncertain terms here.

Have Dr Fredericks and her four collaborators achieved the stated goal of 'stimulating physicians to explore the vast capabilities of the human mind.'? The book certainly provides personal insights from the authors into the use of hypnosis in various pain and surgical settings. The chapters also provide an extensive literature base to support their arguments. One of the few irritations is the repetition of historical aspects. However, I suspect that this is inherent in a book with several authors.

Who will benefit from reading this book? All those who treat patients suffering from pain, including staff from the Accident & Emergency Department to the Paediatric Ward, will benefit from sharing the experiences of the authors of the different chapters. It is acknowledged that there is a need for further controlled clinical trials, but there are many case reports presented and the chapters are well-referenced. The anaesthetist, used to chemical anaesthesia, would do well to read the chapter on the peri-operative use of hypnosis to appreciate the many areas where hypnosis has been shown to be helpful in suitable patients.

I recommend this book for both its practical and theoretical aspects, and because it is a very good book to read.

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