

A REVIEW OF HYPNOSIS AND COUNSELLING IN THE TREATMENT OF CHRONIC ILLNESS

By: David Frank and Bernard Mooney PhD

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Hypnosis and Counselling in the Treatment of Chronic Illness co-authored by David Frank and Bernard Mooney is written from the point of view of the authors' Rogerian clinical work. They claim to base their style of hypnotherapy on Erickson, although this is debatable. In cases of chronic illness, they introduce hypnosis on their second clinical session with an hypnotic age regression to some past negative experience preferably from childhood, asking the patient to review its consequences and reject its influence. After the regression work they give direct suggestions for healing and enhancing the immune system.

The first chapter focuses on somewhat trivialized biographies of historical therapists and some frequently asked questions about hypnosis which include some unreferenced and dubious statistics (for example, 'It is generally considered that 60 percent of the population can be hypnotised. We, however, believe that everyone can be hypnotised if they want or need to be', p. 14). In the second chapter, the authors allege that there is a 'prejudice' that has resulted in lack of research into the use of hypnosis to influence the immune system; it does make one wonder if the authors even tried to search for contemporary work. None of the current important hypnosis researchers in psychoneuroimmunology (a word they use frequently) rate a mention, not even Spiegel, Kiecolt-Glaser, Zachariae or Gruzelier.

The efficacy of hypnosis in a variety of medical conditions is a subject dear to my heart. The mind/body connection is deeply intriguing in all its facets, ranging from strong evidence that supports the stress-vulnerability model to using hypnosis to buffer the effects of stress on the immune system. I agree with some of the enthusiasm the authors of this book have for hypnosis in chronic illness. I, too, have waxed lyrical about certain of my cases and cited illustrative cases from the literature. However, these authors go way beyond anything most of us would ever suggest, relying on anecdotal evidence and out-of-date research with little appreciation of what today is considered evidence-based therapy. The following typifies their ideas about hypnosis and metastatic cancer:

The results of the Simontons' method of psychoneuroimmunology show clearly that patients who have this inexpensive treatment live longer. Here we have another use of hypnosis and counselling to slow and even bring into remission cancer for a significant proportion of severely ill patients – more successfully than the conventional medicine, which had given up on these patients and labelled them terminal. (p. 33)

The book relies heavily on case histories of apparent cures from cancer to illustrate the efficacy of hypnosis. Obviously, the danger of case history evidence is the implication that this is how one goes about effecting a cure. On a positive note, the case histories from the scientific literature are often interesting and pertinent to the topic, but by eliminating the original author's comments, any careful interpretation is lost, to be replaced with the ever-present enthusiasm of the authors. It does beg the question why the publisher agreed to put out a book that devotes itself to excerpts from already published material.

Arguably the most successful of the hypnosis interventions for cancer with metastases is reported in Spiegel, Bloom, Kraemer and Gottheil's (1989), *Lancet* paper when, after 10 years, three out of 86 patients were still alive and the hypnosis group lived 17.7 months longer than controls. This paper, criticized by some but probably representing the best we have had from a psychological intervention, has been the basis of more than a few research designs (notably here in the UK with Leslie Walker's studies, e.g. Walker, Heys, Walker, Ogston, Hutcheon, Sarkar, Ah-See and Eremin 1999, and including one in which I am involved at the present time). Frank and Mooney make no mention of this seminal paper, nor any subsequent papers dealing with hypnosis and cancer, instead concentrating on those papers with quotable case histories, mostly historical, from the heyday of case histories some 25 to 35 years ago. Of course, unusual cases with desirable but unexpected outcomes are hugely exciting to the therapist involved due to their rarity and are much more likely to get written up. But collecting these optimistic case histories together gives an unrealistic message that a cure is not only possible but probable.

One is forever tripping over mistakes in this book. Ignorant mistakes are not only annoying but can be dangerous. Mononucleosis is not a 'cancerous blood disorder' (p. 60) but a not-uncommon infection caused by the Epstein-Barr virus. Thus recommending hypnotherapy to assist a child with mononucleosis to 'unburden her immune system' seems more than a trifle uninformed. One sincerely hopes the authors did not use the term 'cancerous blood disorder' to the patient or her family. Further on, the first of the authors' case histories is about a woman with several benign tumours of the breast. They conclude with 'there has not been any recurrence of the cancer' (p. 86). Since when are benign tumours cancerous? Another occurs when they describe a 'complete eradication of a terminal cancer' (p. 27), which is then described as a reduction of the primary tumour from the size of a grapefruit to that of a golf ball. This is certainly a good outcome, but hardly 'complete eradication'.

Problems with their choice of cases (and one presumes that they are presenting their best cases) don't end there. One is of a person with severe metastatic cancer who eventually rejected their style of treatment, which included exploration of childhood traumas. This case was interpreted as a 'clear example of what Freud would call the death wish' (p. 89) with an inference that her rejection of their style of treatment predicted the deterioration in her health. Am I wrong to think that this is a classic case of blaming the patient for her own death?

We are treated to a case study of a woman with financially based marital problems, and incidentally, a thyroid scar on her neck. Treatment consisted of weekly regressions lasting 2 and a half hours each time for 4 months 'in the first instance' (p. 90). Her outcome was fully psychological (nothing wrong with that), but the extensive description of her treatment and outcome appears to have no relevance to any chronic medical condition, therefore why was this case included? To show off their therapy techniques?

Another case was of a man with diagnosis and surgery for cancer, followed by a course of hypnotherapy. He did well in all respects. The authors have the grace to question which aspect of his treatment kept him well, but conclude with a statement consistent with the lack of evidence base that permeates this book:

What we do claim is that the therapy removed the burden of grief from his immune system. This indicates an emotional / psychological cause behind the symptom of cancer. (p. 97)

Lists of probable causes are always a problem. And this book includes a list of traumas that 'can take away the will to live and the immune system dutifully follows so we become vulnerable to illness' (p. 82). The list includes such commonplace experiences

as ‘overprotective loving parents (particularly in the teens)’, ‘unhappy marriages or end of relationship’, ‘retirement’ or ‘fear of death’.

The authors make frequent calls for more research. Yet, their unfamiliarity with costs in cancer research using hypnosis (or any other psychotherapy) and indeed their apparent naivety as to the amount of intervention needed to show any quantitative differences is epitomized by this description found on page 28:

The cost of such a trial would be insignificant. No apparatus would be required. No drug costs would be needed. The only cost would be that of a daily one-hour session by a competent counsellor / hypnotherapist for a week or two, with possibly weekly one-hour follow-up sessions.

I cringed when I realized that this book is available internationally, which may make it appear to represent the state of clinical hypnosis in Britain. The title of the book promises much, too much as it becomes apparent on close examination. The publishers appear to have been duped into presenting to Britain and indeed the world this trivial treatment of a serious topic.

In spite of its sober and enticingly professional title and the various accolades on the dust cover, this book is not written for ‘medical professionals’, nor, if I could have my way, should it be available to patients. By the use of so many cases where cancer was cured, it is by implication advocating hypnosis for effecting remission and even cures for cancer and other chronic illnesses without any stated theoretical basis and without a scientific foundation. It is a case of unbridled, uninformed enthusiasm. I will end with another quote from page 99:

In fact, we would go so far as to say that most medical conditions could be treated with hypnosis and many medical treatments enhanced with hypnosis. The list is so long that we fear it looks like an advert for patent medicine! However, if one considers the success in terminal cancer cases, it is not surprising that its effectiveness is demonstrated in so many other fields.

In short, *Hypnosis and Counselling in the Treatment of Chronic Illness* is, in my opinion, a dangerous book, and one that could give false hope to the vulnerable. Although it is ostensibly based upon extant hypnosis literature, it is, in fact, based on selected anecdotes. The authors show themselves to be worryingly badly informed about current work and, indeed, of basic medical knowledge concerning the chronic illnesses they treat.

References

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