Book Reviews

Something More versus Nothing But

John F. Kihlstrom, PhD

Theories of Hypnosis: Current Models and Perspectives
Edited by Steven J. Lynn and Judith W. Rhue
Published by Guilford Press, New York, New York
1991, 634 pages, $50.00

For more than 150 years, medical patients have used hypnosis to obtain significant relief of pain. This history begins in the 1840s, when Elliotson and Esdaile reported hundreds of cases of major surgery performed with "mesmeric sleep" as the sole anesthetic agent. The introduction that same decade of ether and chloroform, more reliable chemical anesthetics, swept hypnotic analgesia under the rug. But still, it works (to paraphrase Galileo), at least in a significant number of cases. More recently, E.R. Hilgard and J.R. Hilgard[1] reviewed a substantial body of modern literature in cancer, obstetrics, surgery, and dentistry and showed that hypnotic suggestions can bring significant pain relief to a substantial proportion of patients—the more so when used as an adjuvant to chemical analgesia. In a major study of children with cancer, J.R. Hilgard and LeBaron[2] showed that about 40% of children showed reductions in pain of at least 3 points on a 10-point scale. Chaves[3] reached similar conclusions.

Everybody seems to agree that hypnotic suggestion brings about significant relief of pain. The important question is *how* this effect is achieved. It's not a matter of endorphins, nor of placebos, and whatever acupuncture is, it isn't hypnosis. What we need is a good theory of hypnotic analgesia. What we need is a good theory of hypnosis. In this book, Lynn and Rhue, two prominent hypnosis researchers, have brought together authoritative presentations of contemporary theories of hypnosis, in the words of their originators. It turns out that there are lots of theories of hypnosis, invoking every sort of process from cortical inhibition to adaptive regression, and this volume covers most of them (unfortunately, some major figures in hypnosis research have never developed their theoretical views into formal statements). By any standard, however, two classes of theories dominate the debate: neodissociation theory and sociocognitive theory.

Working in the tradition initiated by Pierre Janet and Morton Prince, E.R. Hilgard has proposed a neodissociation theory of hypnosis. This view asserts that, in the course of responding to suggestions, some subjects develop a division in consciousness, an amnesia-like barrier that limits the person's awareness of certain percepts, memories, and cognitive activities. Thus, in hypnotic analgesia, Hilgard proposes that analgesia suggestions lead to the establishment of an amnesialike barrier that prevents the person from becoming aware of pain evoked by a stimulus. Nothing prevents the registration of the pain in the cognitive system, however. Thus, hypnotic analgesia has

John F. Kihlstrom, PhD, is Professor, Amnesia and Cognition Unit, Department of Psychology, University of Arizona, Tucson, Arizona.

Published by Elsevier, New York, New York

0885-3924/93/$6.00

little effect on physiologic responses to the stimulus; and memories of the pain can be recovered by means of the "hidden observer" technique. Although its origins are in the clinical psychology of hysteria, neodissociation theory is closely linked to trends in mainstream cognitive psychology, and its concern with the relations between conscious and unconscious mental processes.

By contrast, the "sociocognitive" view, arguably more social than cognitive, has its roots in sociology and social psychology, and makes heavy use of such constructs as demands, expectations, compliance, and deception. For example, Coe and Sarbin argue that hypnotic subjects bring their self-narratives in line with a socially defined role scripted by the hypnotist. Spanos seeks to link hypnosis with more mundane social behavior by emphasizing the role of contextual demands, situationally derived expectations, strategic self-presentation, and goal-directed strivings. Unfortunately, Coe and Sarbin do not discuss analgesia, but their extensive treatment of posthypnotic amnesia strongly suggests that they regard it as a special case of secretkeeping: hypnotic subjects decline to inform the hypnotist about their pain. Spanos has treated analgesia extensively; instead of a reduction of sensitivity, he construes analgesia in terms of biased reporting, and misdescriptions and reinterpretations of private experience.

The conflict between the neodissociation and sociocognitive views illustrates the difference, described by Tellegen in his foreword, between expansionist views of *something more* and reductionist views of *nothing but*. Both sides agree that suggestion lies at the core of hypnosis: nothing happens unless it is explicitly or implicitly suggested to the subject. While one view holds that hypnosis is nothing but response to suggestion, the other holds that response to suggestion is only the beginning. The controversy is set out clearly in a chapter by Bowers and Davidson, who offer a provocative critique of Spanos's sociocognitive position from the standpoint of neodissociation theory, based largely on experimental research on analgesia. There are questions, for example, concerning the extent to which subjects actually employ the kinds of stress-inoculation strategies that Spanos thinks are important in hypnotic analgesia, and about the relationship between hypnotizability, which predicts response to analgesia suggestions, and the effectiveness of stress inoculation.

Analgesia is likely to remain a major forum in which these theories compete with each other. Most of this research will be experimental in nature, but the clinical findings are obviously relevant as well. It is hard to reconcile Esdaille's success, or the dramatic cases reported by the Hilgards, with a view that subjects feel pain, but fail to report it to the experimenter in order not to spoil his study. Esdaile himself anticipated this argument:

> I see only two ways of accounting for [the effects of mesmerism]: my patients, on returning home, either say to their friends similarly afflicted, "Wah! brother, what a soft man the doctor Sahib is! He cut me to pieces for twenty minutes, and I made him believe that I did not feel it. Isn't it a capital joke? Do go and play him the same trick. . . ." Or they say to their brother sufferers,—"look at me; I have got rid of my burthen . . . , am restored to the use of my body, and can again work for my bread; this, I assure you, the doctor Sahib did when I was asleep, and I knew nothing about it. . ."[4]

While the experimental laboratory affords precision in experimental measurement and control, in the final analysis better tests might come from the clinical setting, where the subjects are experiencing real pain with real meaning for their lives.

There's more to hypnosis, even clinical hypnosis, than pain and analgesia. In presenting their theories, Lynn and Rhue's authors range widely over the field of hypnosis. The result is an important resource for researchers and clinicians alike—anybody who works with hypnosis, who wants to know what they're doing. Its value as a scholarly reference would have been enhanced by an author index; but beyond that, almost everything that anyone would want to know about contemporary theoretical perspectives on hypnosis is here.

References

1. Hilgard ER, Hilgard JR. Hypnosis in the relief of pain, 2nd ed. Los Altos, CA: Kaufman, 1983.

2. Hilgard JR, LeBaron S. Hypnotherapy of pain in children with cancer. Los Altos, CA: Kaufman, 1984.

3. Chaves JF. Hypnotic control of clinical pain. In: Spanos NP, Chaves JF, eds. Hypnosis: the cognitive-behavior perspective. Buffalo, NY: Prometheus, 1989:242–272.

4. Esdaile J. Mesmerism in India and its practical application in surgery and medicine. In: Esdaile J, ed. Hypnosis in medicine and surgery. New York: Julian, 1957.

5. D'Eon JL. Hypnosis in the control of labor pain. In: Spanos NP, Chaves JF, eds. Hypnosis: the cognitive-behavior perspective. Buffalo, NY: Prometheus, 1989:273–296.

Living and Dying with AIDS

Karolynn Siegel, PhD

Living and Dying with AIDS
Edited by Paul I. Ahmed
Published by Plenum Publishing, New York, New York
1992, 273 pages, $39.50

In the preface to *Living and Dying with AIDS*, Paul Ahmed, the editor, concisely summarizes the purpose of this anthology. He states: "The emphasis is on providing information, insights, and coping practices to self-help groups, consultant practitioners and advanced novices on what is current in coping with acquired immunodeficiency syndrome (AIDS). It is a volume for 'feelers' and 'doers' and activists who want to function more effectively in self-chosen roles as mental health consultants for AIDS patients, and for those professionals who want to learn more about consultation practices with such patients." He further argues that the volume's contents are relevant for policymakers and program managers, and for inclusion in university courses on AIDS management in a variety of disciplines, including nursing, medicine, public health, social work, psychiatry, and behavioral science.

If the volume is accepted on these terms, it largely succeeds. It further succeeds in another obvious goal—to put a human face on AIDS. Through a number of contributions that relate personal experiences of caring formally or informally for individuals with AIDS, it reveals insights about living and dying with AIDS that can only be gained through such intimate involvement with those affected.

Karolynn Siegel, PhD, is Director of Social Work Research, Memorial Sloan-Kettering Cancer Center, New York, New York.

However, as is always the case with anthologies such as this one, the articles are somewhat uneven in quality. In general, for someone trying to acquaint himself with the range of ethical, public health, psychosocial, and legal issues posed by the AIDS epidemic, this will be a useful volume. For the more informed reader, not much new will be revealed.

Among the best contributions are a chapter by Celantano and Sonnega, "Coping processes and strategies and personal resources"; another by Antoni, Schneiderman, LaPerriere, and colleagues, "Mothers with AIDS"; and another by Griffin, "Living with AIDS: surviving grief." Celantano and Sonnega present a very cogent and lucidly written review of several bodies of literature, including the literature on emotional responses to human immunodeficiency virus (HIV) infection, the general literature on coping research and the coping literature specific to HIV/AIDS, and the literature on the role of psychosocial factors on differential survivorship (i.e., how emotions, coping, and personal resources account for variability in latency period and survival).

The chapter by Antoni, Schneiderman, LaPerriere, and colleagues has a more coherent and integrated quality than many of the other chapters. They concisely review the epidemiologic data on women and AIDS/HIV and on perinatal transmission. They further describe the psychosocial stressors that particularly affect HIV-infected women and those at risk, and effectively take on the difficult task of reviewing some of the promising findings concerning the relationships among psychosocial stressors, hormones, immune functioning, and HIV.

Griffin, in her chapter "Living with AIDS: surviving grief," presents several case studies of men with end-stage AIDS she has worked with to ease their movement through the grief process. The vignettes are moving and instructive illustrations of her focus on promoting "healing" (as opposed to "cure"). She also addresses the issue of euthanasia, contending that in her experience a request for euthanasia is usually motivated by a variety of fears (e.g., of pain, suffering, and becoming a burden to loved ones). While she emphasizes the need to respect each individual's personal choice about euthanasia, she feels that when individuals can be reassured that their fears can be confronted and mastered and that they will not be alone in this process, they will choose not to end their own lives.