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BOOK REVIEW


After 25 years, the second edition of *Trance and Treatment: Clinical Uses of Hypnosis* has finally arrived. This book provides readers not familiar with the field of hypnosis an essential foundation for developing understanding of the field. For those more experienced, it provides insightful examples and reviews of literature essential to enhancing their knowledge and application of hypnosis into practice. As the authors put it, “The book is an effort to synthesize laboratory discipline and an appropriate respect for the observations and intuitive judgments of the clinician” (p. xxi).

*Trance and Treatment* is coauthored by Herbert Spiegel, M.D., the recipient of the 2004 American Society of Clinical Hypnosis (ASCH) Lifetime Achievement Award. Dr. Spiegel is considered by many to be one of the founding fathers of modern hypnosis. Throughout much of the book, he shares his early experiences on the military battlefield. This provides a complement to his later discussion of how hypnosis proved to be a valuable tool in his clinical settings, as conveyed through case examples. Dr. Spiegel is also the originator of the eye-roll test as a biological marker for hypnotizability.

His coauthor is his son, David Spiegel, M.D., who is the Jack, LuLu, and Sam Willson professor and associate chair of psychiatry and behavioral sciences and director of the research-focused Center on Stress and Health at Stanford University School of Medicine. Both authors are equally effective in sharing their experience regarding hypnosis, as well as their standardized approach to using the updated Hypnotic Induction Profile (HIP) in clinical and research practice.

Herbert and David Spiegel provide—through their wealth of experience—meticulous case studies and examples integrating the HIP into therapy sessions. They also provide a review of relevant literature and details regarding the principles of using hypnosis in treatment and the short- and long-term treatment strategies for smoking control, eating disorders, anxiety, concentration, insomnia, phobias, pain control, psychosomatic disorders, conversion symptoms, stuttering, acute stress disorder, posttraumatic stress disorder, and dissociation.

The book begins with a preface and acknowledgements that enable the reader to learn more about the authors, who highlight that
“although immersed in a psychiatric tradition that carries considerable respect for objectivity and precise description, we describe human behavior phenomenologically as it relates to hypnosis in a probable rather than absolute fashion” (p. xii). Another part of the introduction to the book for the reader is the prologue, where the reader learns about the history, conceptions, misconceptions, and state of the art of hypnosis. The authors also say:

It is our hope that the flow of a typical evaluation and treatment session will be experienced in the process of reading the book. In structuring the book in this way, we wish to emphasize the assessment of hypnotizability in clinical work and the possibilities for constructing a treatment strategy that uses hypnosis in a way that excites involvement and improves outcomes. (p. xxiii)

The book is organized into three parts. Part I. Trance: The Phenomenon and Its Measurement includes the section, Defining Hypnosis, with Chapter 1, entitled “Naturally Occurring Trance Phenomena and Related Myths.” It provides the reader with numerous insights regarding what is and isn’t hypnosis and articulates that “in fact, the subject, if he or she is to enter the trance state, becomes more alert and awake than usual. He or she is entering a state of intense concentration” (p. 8). The authors thus identify trance as being very different from simply going to sleep, as many believe. This chapter also discusses the “ripple effect” that occurs after a patient has been able to deal with troubling issues in their lives. Essentially, by gaining control of or addressing these issues, it is quite possible and common that the ripple of this success will positively impact other parts of their lives. The authors also dispel the belief that women may actually be more hypnotizable than their male counterparts. Chapter 2, “Formally Induced Trance Phenomena,” discusses hypnosis and its as it relates to absorption, dissociation, and suggestibility. Another section, The Hypnotic Induction Profile (HIP), is included in Part I and includes Chapter 3, “Rationale for a Clinical Test.” This chapter highlights the authors’ understanding of the literature regarding the HIP while at the same time articulating the importance of using clinical assessment. Chapter 4, “Administration and Scoring,” is quite detailed and specific. Experienced clinicians will also be interested in learning that the authors have updated the induction score on the HIP to a 16-point scale from the old 10-point scale. Because of this change, scoring is impacted, but the administration of the HIP is the same.

The next part of the book, Part II. The Hypnotic Induction Profile as a Diagnostic Probe, includes the section Spectrum of Hypnotizability and Personality Style, which contains Chapter 5, “The Person with the Problem: Apollonians, Odysseans, and Dionysians.” According to the authors:
Three major personality types that emerge from the data are Dionysian, Apollonian, and Odyssean. Dionysians are intuitive, feeling, and trusting of others; they tend to be highly hypnotizable. Apollonians are logical, organized, and prefer to lead rather than follow. They tend to be at the low range of hypnotizability. Odysseans fluctuate between action and despair but are more balanced in the dialectic between feeling and thinking. They tend to be moderately hypnotizable. (p. 96)

These personality types grew out of the authors’ clinical experiences and seem to work well in explaining how different people have varying degrees of hypnotizability. Through several case examples, the authors clearly articulate the three different personality types and the predictable differences. Chapter 6 is titled “Review of the Literature: Hypnotizability and Personality.” The authors point out:

The research that we cite in this chapter focuses mainly on personality attributes of highly hypnotizable people rather than those who are less hypnotizable, but research does point to some useful distinctions when the dependent variables approximate aspects of the trance experience itself. (p. 149)

The next section, Nonintact Profiles: Softs and Decrements, includes Chapter 7, “Hypnotizability and Severe Psychopathology,” in which “the association between patterns of performance on the HIP and various clusters of character style and psychiatric disorders is presented with some supporting evidence but it is hardly an absolute final picture.” Chapter 8 is titled, “Neurophysiology of Hypnosis” and reads as being completely rewritten and updated from the first edition of the book, first published in 1978. Although it is still relatively brief in comparison to the vast amount of research in the area of neurophysiology, it does provide a comprehensive review of some of the more recent advances in understanding the neurophysiology of hypnosis. Those familiar with the field of hypnosis will recognize many of the names of the leading researchers, such as Barabasz, Hilgard, and Hofbauer, to name only a few, who so “elegantly design experiments” and continue to build the knowledge in this field. For those seeking to learn more about key controlled research in hypnosis, this chapter provides the reader with a superb overview.

The final part of the book, Part III. Using Hypnosis in Treatment, includes the section, Principles, which contains Chapter 9, “Formulating the Problem.” The authors share that:

Although many therapists choose a treatment modality by intuitive judgment, logistical preference, or ideological bias, our approach suggests that there is a systematic way to determine which of these various modalities is most appropriate for a person with a given problem. (p. 191)
They then go on to lay out the road map of several issues relating to the formulation of problems. Of particular interest to the clinician is their lengthy discussion of secondary gain and secondary loss as they highlight several of the nuances this provides to problems and treatment. They end the chapter reminding the reader that “the process of formulating the problem lends itself to the development of a restructuring strategy that allows the patient to see the problem from a new perspective that facilitates its potential resolution” (p. 217). Chapter 10 covers the topic of “Restructuring.” Regarding the authors’ choice of title, they commented:

We would be concerned about labeling the major psychotherapeutic approach in our book with so similar a name were it not for the fact that we developed the term restructuring for the first edition of this book, published in 1978, well before the development of the approach in cognitive behavioral therapy. (p. 239)

This chapter discusses how, after assessment, the therapist proceeds to a treatment strategy and restructuring of the client’s view of the problem.

The next section addresses Treatment Strategies: Short term and encompasses Chapters 11 through 17. The authors provide a systematic approach from assessment to treatment and even follow up regarding each of the topical chapters, which include: smoking control; eating disorders; anxiety, concentration, and insomnia; phobias; pain control; psychosomatic disorders and conversion symptoms; and miscellaneous behavior disorders, which include trichotillomania and stuttering. The short-term strategies provided in these chapters are designed for the client to restructure their approach to a problem using self-hypnosis in less than one treatment session. Readers will enjoy the insightful case examples and clinical insights of these numerous and diverse issues. Although the list of disorders and client problems are not comprehensive, this chapter does provide a wide array of the treatments to many common short-term problems found entering the clinician’s office.

The next section is Treatment Strategies: Long Term, which covers Chapters 18 through 20. The chapters included under this heading are: “The Spectrum of Therapies,” “The Grade 5 Syndrome: Special Considerations in Treating the Dionysian,” and “Hypnosis in the Treatment of Acute and Posttraumatic Stress Disorders and Dissociation.” Each of these chapters relates well with one another and provides valuable information for those using the HIP and Apollonian-Odyssean-Dionysian Personality Inventory in their treatments of long-term problems. However, the authors do suggest that: “Whenever the question is raised by a patient about whether short-term or long-term therapy is necessary, we propose a trial short-term therapy with subsequent reevaluation” (p. 385).
The book concludes with an Epilogue, reviewing many of the major themes of the book and Appendix: Interpretation and Standardization of the Hypnotic Induction Profile.” Because of the vast amount of information covered in the book, the reader will appreciate these two chapters. The reader interested in learning more about the field of trances and treatment will also enjoy the 29 pages found in the reference section, whereas others will enjoy the index section for quickly finding topical headings they are interested in learning more about.

Trance and Treatment: Clinical Uses of Hypnosis provides practical methods for treatment using hypnosis while integrating many of the latest scientific findings on hypnosis as a foundation for clinical practice. The authors provide a clear and effective theme throughout the book that assessing hypnotizability should be an essential part of providing hypnosis effectively as an adjunct to therapy. This assessment procedure, as shared by the authors, can be accomplished through the use of the HIP. This 5 to 10 minute clinical assessment can be used by the clinician to assess the patient’s personality style, psychopathology, and treatment outcomes. Therapists following the use of an assessment instrument like the HIP may find themselves to be more efficient and effective in enhancing their treatment strategies. Although the book focuses on hypnotizability through the use of the HIP, the authors are equally able to provide the reader with insights regarding the clinical uses of hypnosis. Remarkably, despite almost simultaneous publication, there is little, if any, overlap with the 2005 Hypnotherapeutic Techniques Second Edition, by Arreed Barabasz and John G. Watkins. In fact, the two books actually complement one another very well and for those teaching, researching, or studying hypnosis, these books are both essential additions to your personal and professional library.

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