For this quarter’s publication, the Journal’s book review section features books on pain management, behavioral medicine, and the treatment of chronic health conditions. Although these topics are highly relevant to the practice settings of a large percentage of our readers, it is noteworthy that very few of these mainstream professional titles include hypnotic interventions. In fact, many of our reviewers point out that the titles they evaluated do not even mention the word “hypnosis.” This is an eye-opening phenomenon. Our society might want to consider this factor even more strongly when planning the scope of annual meetings and training programs. Casting a wider net for outreach into the broader waters of rehabilitation medicine, health psychology, and the neurosciences, is an obvious need made even more apparent by the diminutive portrayal of hypnosis offered by most of this edition’s book selections.

We begin with a review by D. Corydon Hammond, Ph.D., of Neuroscience for the Mental Health Clinician, authored by Steven Pliszka. Designed to simplify neuroanatomy and its interface with numerous mental health disorders, this book is viewed as a useful reference for the clinician’s library, despite its obvious slant toward pharmacological treatment. This is followed by Stress Response Syndromes, written by Mardi Horowitz, and critiqued by Harriet Hollander, Ph.D. Based on a psychodynamic-cognitive model, this publication attempts to integrate psychoanalytically oriented therapy and cognitive strategies into the treatment of stress disorders caused by traumatic life crises and loss. Dr. Hollander points out that this may be a helpful volume for readers who treat survivors of the 9/11 tragedy, as well as patients affected by the continued unfolding of traumatizing world events.

The second grouping of books concerns concepts relevant to physical and mental health professionals who work in medical settings. The first of these is Mental Health Professionals in Medical Settings: A Primer, which is written by JoEllen Patterson, Ph.D., and colleagues. Mark Weisberg, Ph.D., the reviewer, applauds the authors for their intent to mend the divide between physical and mental health care. He concludes, however, that their efforts are flawed by a number of problems, not the least of which is the one-dimensional position they appear to take toward the therapist’s role in the medical setting. The next book, Innovative Approaches to Health Psychology: Prevention and Treatment Lessons from AIDS, edited by Margaret Chesney and Michael Antoni, is evaluated by Lynne Hornyak, Ph.D. Dr. Hornyak determines that this book ably achieves its goal of applying some of the research and treatment lessons learned from HIV and AIDS to other challenging chronic health conditions. The third book in this series is Faith and Health: Psychological Perspectives, edited by Thomas Plante.

American Journal of Clinical Hypnosis
45:4, April 2003
Copyright 2003 by the American Society of Clinical Hypnosis

Book Reviews

Associate Editor:
Maggie Phillips
and Allen Sherman, and explored by Dabney Ewin, M.D. Recent studies of the impact of
religion and spiritual practice on the process of healing medical conditions are outlined
in this work. Dr. Ewin’s commentary highlights some of the book’s more interesting
points.

The third set of titles is perhaps more practical for the clinician and features
books on pain management issues. *Pain Management Psychotherapy: A Practical
Guide* by Bruce Eimer, Ph.D., and Arthur Freeman, Ph.D., is examined by Moshe Torem,
M.D. This selection is followed by two books written for the general public. Marlene
Hunter’s book on *Making Peace with Chronic Pain: A Whole-Life Strategy*, is reviewed
by Dan Handel, M.D., and Donald Lynch, M.D., evaluates *The Mindbody Prescription:
Healing the Body, Healing the Pain* by James Sarno, M.D.

The final two books focus on chronic illness. The first selection is written for
professionals. *A Clinician’s Guide to Controversial Illnesses: Chronic Fatigue
Syndrome, Fibromyalgia, and Multiple Chemical Sensitivities* by Rene Taylor, Fred
Friedberg, and Leonard Jason, is critiqued by Lillian Gross, M.D. The last book is
written for the patient with chronic illness by Patricia Fennell and entitled *The Chronic
Illness Workbook: Strategies and Solutions for Taking Back Your Life*. Jean Olson,
MSN, who reviews the book, notes that it may be an appropriate resource in the individual
counseling process for patients and for practitioners just starting out in the health care
field.

We invite you to continue to contact us with your recommendations for review,
including your own publications, via email to: mphillips@lmi.net. Hopefully, the book
review section in the journal will introduce you to a wide spectrum of titles you might
not otherwise encounter and inspire you to add some of them to your bookshelves.

*Neuroscience for the Mental Health Clinician*. Steven R. Pliszka. New York: Guilford
Press (2002). 280 pages, $35.00. Reviewed by D. Corydon Hammond, Ph.D.,
ABPH, University of Utah.

There are a plethora of textbooks on neuroanatomy, neuroscience,
neurochemistry, physiological psychology, neurology, and psychopharmacology. Most
of these volumes, however, are not written for clinicians and can be daunting in their
complexity and size. The author, a psychiatrist and Associate Professor at the University
of Texas in San Antonio, has sought to fill this need with the current, relatively small
book.

The introduction gives a brief and not particularly useful review of the decline
of psychoanalysis and the move toward biological psychiatry. What is in my estimation
a bias toward and overemphasis on drug treatment already begins to be seen here.
There is much, however, in the rest of the book to make it useful for clinicians. The
second chapter provides an introduction to clinical neuroanatomy where Pliszka seeks
to make neuroanatomy simple, without being simplistic. He defines terms simply (e.g.,
*dorsal* refers to top, *ventral* to bottom) and briefly discusses the function of different
parts of the brain, while encouraging you to make simple drawings of different lobes
and structures of the brain. For those who have not studied neuroanatomy, this is a
very useful chapter that is not overly complex. The next chapter on the neuron becomes
more technical as it discusses how neurons fire and the mechanics of action potentials
and chemical messenger systems. For those who have not had chemistry in awhile, it
would be helpful for the author to continue to use whole terms like potassium as the chapter progresses, rather than the abbreviations (e.g., K\(^+\)). Nonetheless, compared with most texts, the author has succeeded in keeping the discussions brief and understandable. In Chapter Four, in 29 pages, the reader is introduced to neurotransmitters, and learns where in the brain the neurotransmitter systems are located, their different types of receptors, and the behavioral effects of each. In comparison to later chapters, this one is more technical, but well done.

Chapter Five is entitled “Fear, Reward, and Action.” For many of our readers who have studied PTSD, trauma, and the work of van der Kolk et al. (1996) and LeDoux (1996), this chapter will be relatively familiar territory in its discussions of the limbic system and the amygdala. Chapter Six focuses on the circuitry of memory. Some of the discussion once again remains a bit technical, but understandable, and the discussions on the frontal lobes and sleep and dreaming are brief but good. I particularly liked Chapter Seven which is a fine overview of cortical function, with sections on language and reading, visual-spatial skills, the frontal lobes and executive function, and the anterior cingulate and attention. A beautiful color illustration of the brain is included, along with two reproductions of PET studies.

The first half of the book lays a vitally important foundation, while the second half of the book focuses on clinical issues and will be of greatest interest for clinicians. Chapter Eight provides an overview of “mental disorders” and basic principles of genetics for the last eight pages. Chapter Nine concentrates on attention deficit and hyperactivity disorder. One of the liabilities of a brief book like this is that everything cannot be comprehensively reviewed. Thus, I was disappointed that EEG and quantitative EEG research, which is an outstanding modality in this area, was almost entirely neglected to focus more on genetics, structural, and functional neuroimaging. True to his roots as a more biological psychiatrist, the author concentrates on stimulant treatment for ADHD. This is unfortunate since such medication does very little for 25-35% of children. Most professionals do not realize that the average stimulant study has only 3 week long follow-ups, and thus in 1998, the Council on Scientific Affairs report from the American Medical Association concluded that pharmacotherapy alone, while often producing short-term symptomatic improvement, “has not yet been shown to improve the long-term outcome for any domain of functioning (classroom behavior, learning, impulsivity, etc.)” (p. 1103) and that behavior therapy alone has also not proven effective. In contrast, EEG biofeedback (neurofeedback) is not even mentioned, despite the fact that there are now 10 year follow-up studies published (Lubar, 1995). Monastra et al. (2002), for example, recently found neurofeedback to be significantly more effective than ritalin, without having to remain on drugs.

Aggression, antisocial behavior, and substance abuse are the topics of Chapter Ten. The author’s analysis of the aggression literature is excellent and there is good material on genetic risk factors in substance abuse. Once again, when discussing treatment implications, he is almost exclusively focused on neuroleptics with the exception of mentioning prevention of early abuse. Cognitive-behavioral or other treatments are ignored, startlingly, even in Chapter Eleven on mood and anxiety disorders. There is no mention of behavioral treatments with anxiety, depression, or OCD, despite their well-established equivalence or superiority to medication for treating these problems. Nonetheless, since well-read mental health professionals are already aware of these non-medication treatment options, they can still receive a good overview
education about the neuroscience and biological aspects of various disorders from this book. Although the extensive and robustly replicated EEG research of Davidson (1998) on frontal alpha asymmetry in depression is briefly mentioned in the cortical function chapter, it is completely overlooked in Chapter Eleven.

Chapter Twelve reviews the areas of schizophrenia and pervasive developmental disorders (autism), and Chapter Thirteen is on “cognitive disorders,” meaning language and reading disabilities, and dementia.

A book of this nature which seeks to provide a brief overview of literature will inevitably frustrate those of us who are well read in some of these areas. The author should probably not be faulted for this since his goal is to provide a tight overview of problems rather than an extensive review of them. In general, he has succeeded quite well in his goal. For clinicians wanting to expand their knowledge of neuroscience and biological aspects of mental health problems, this is a good introductory book for doing so. Readers who bear in mind that there are other treatment options besides medication and don’t get too frustrated by the medication emphasis can learn a great deal from his book.

I close by noting that for those with interest in learning more about neuroscience and the brain, there are also several other volumes that might be enjoyed after reading Pliszka, that have been written for the educated lay person or clinician (Carter, 1999; Restak, 1995).

References


How does psychotherapy evolve to incorporate new research findings and changes in clinical practice? Mardi Horowitz, a practicing psychiatrist, and a professor at the University of California, San Francisco, sets himself the task of integrating psychoanalytically oriented psychotherapy, with the stresses caused by traumatic life crises and loss, into work with the self system of individuals diagnosed with different psychiatric conditions.

The treatment approach is based on a psychodynamic-cognitive model emphasizing interpretation and insight. Treatment interventions are designed to help clients with previous histories of adequate adjustment as well as those with a history of depression or narcissistic personality disorder who must struggle with the aftermath of trauma and/or complicated grief. Composite case histories illustrate treatment. The book expands on the experience associated with symptoms of posttraumatic stress disorder and the phases of mourning.

The author assumes a bio-psychological mind-body view, though his book emphasizes the psychosocial meaning of trauma and grief. He theorizes that intrusive symptoms of trauma are held in active memory in a dysfunctional state. Active memory in trauma fails to instigate the next step of cognitive processing. Trauma memory therefore remains vivid and intrusive. Dr. Horowitz considers that his psychodynamic version of active memory and inactive memory corresponds to neurophysiological concepts of short and long term, explicit and implicit memory.

Hypnotic interventions are not considered in this framework. There is a passing mention of how desensitization procedures might be utilized during a revisiting of trauma. The transcript of a therapy session briefly alludes to the use of relaxation to block or desensitize painful imagery during a therapeutic reliving of a traumatic event.

Posttraumatic Stress Disorder is reframed in the larger context of psychoanalysis. The author notes that the concept of trauma has been around for millennia, although its origin in recent times can be traced to Charcot, Breuer and Freud. The author equates Freud’s observation that trauma tends to repeat itself with the concept of repetitive flashbacks. Repetitions can also take the form of intrusive states and unbidden images. Nightmares are an example of repetition through dreams.

Trauma is followed by both repetitions or flashbacks, and numbness and denial. The author conceptualizes these sets of symptoms as alternating or phasic in character. The phasic nature of intrusion and numbness is interpreted in treating symptoms of PTSD during treatment. A focus on the desired state of equilibrium is suggested as a way to break through the impasse of alternating intrusion and numbness states. Hypnotherapists will recognize this approach as analogous to suggestions for current and future orientation in treatment of trauma.

The author devotes a chapter to delineating the life events that give rise to PTSD. Drawing from the clinical literature, he reviews the impact of military combat, the experience of concentration camp victims, the life in the middle of death experiences of the populations of Hiroshima and Nagasaki, railway disasters, rape, serious personal illness, dying and bereavement.

The author reviews the phases of grief and mourning in the context of
Posttraumatic Stress Disorder. Going beyond diagnostic symptoms of PTSD the author describes shame, guilt, depression, alienation, and in the case of grief, irrational urges to find the lost person, sense of internal loss, and identity changes.

The discussion of how grief and trauma affect the sense of self is particularly illuminating. The internal self-system of beliefs and expectations that is destroyed by trauma requires a therapeutic process that the author calls “re-schematization.” For some persons, trauma can diminish self-esteem and competence while increasing dependency; for others, dire events lead to growth, while in some cases adult traumas repeat and reactivate childhood traumas.

The author takes grief and mourning as a special example of the need for re-schematization. His exploration of grief and mourning and treatment for the bereaved individual is sensitive and deeply insightful. He draws a parallel between intrusive imagery in trauma and the unexpected visual and auditory imagery that may occur about the deceased. Blocking or numbness in PTSD is compared to the failed attempts of the bereaved person to recall memories about the deceased. The mourner may want to cry but cannot.

The author builds on the work of Pollock in describing the phases of the mourning process. He suggests parallels with PTSD. Phases of mourning include denial and avoidance of loss, anxiety, restlessness and irritability as occurs in PTSD. Particular to the mourning process is anger and guilt, feelings of internal loss, and adoption of aspects of the personality of the deceased, and eventually acceptance and resolution.

The therapeutic task is to help the person develop a schema that recognizes that the loss of the significant person is irrevocable. The self-schema must shift to accommodate the reality of a permanent loss, now connected to the self only through past memory but not as part of the present or future.

Different coping strategies are recommended to the therapist for patients with different clinical conditions and personality organization. They are explained as part of the case transcripts.

A return to the trauma through re-experiencing and titrated abreaction is part of the treatment for acute trauma. Analytic interpretations, tactfully presented, keep the fragile narcissist in treatment while grieving reactions over the loss of a father to whom the relationship was ambivalent are worked through. Psychodynamic insight and reorganization of her sense of self assists a woman struggling to make sense of her mother’s suicide.

The author, together with his colleagues, evaluated their cognitive-psychodynamic model, as described in this book. They evaluated their treatment approach using pre- and post-treatment inventories for 52 patients with severe grief reactions who were given twelve sessions in psychotherapy. Significant improvement was found on a number of scales including the Impact of Events Scale, Symptom Check List and most important from the author’s point of view, on the measures of organization level of self.

The book will be of value to readers who are interested in a compassionate presentation of how insight oriented, cognitive therapy, based in psychoanalytic theory, offers relief to those suffering trauma and loss. The book may also prove useful for therapists beginning to see the survivors of 9/11 in their process of mourning and those affected by further unfolding traumatic events of the present.
Our health care system has traditionally been based on the Cartesian mind-body split. We all know about the chasm that has existed between physical and mental health care. Some mental health professionals are insufficiently aware of the neurophysiologic underpinnings of their work. Some physicians, nurses and dentists may not be informed about psychophysiological factors in physical illness, viewing them merely as reactive or secondary in importance. Clinicians, professional guilds, insurers, and consumers alike increasingly express their frustration with this fragmented system of care.

Problems relating to this healthcare duality are well documented, especially in regard to chronic illnesses. Ninety percent of the 10 most common complaints in the primary care setting have significant psychological contributing factors (Strosahl, 1998). Only a small percentage of patients with mental disorders will ever see a mental health professional, being treated instead by their primary care physicians (Barrett et al., 1988). Psychological factors are significant not only in reaction to physical illness, but can be formative in the initiation, maintenance or exacerbation of many disease processes (Weisberg & Clavel, 1999).

Mental Health Professionals in Medical Settings: A Primer was written in the hopes of making a practical contribution to mending the divide. The authors of this book (three psychologists, a psychiatrist and a family practice physician) come from a background of family practice training and primary care/mental health integration programs. Their intention is to help mental health professionals change their practices to bridge the gap between physical and mental health care in hospitals and clinics. They describe this text as a primer for the mental health professional wishing to work in medical settings.

In Part I the authors address essential differences in the cultures of primary care, specialty care, and mental health care. Emphasized here are essential differences between traditional physical health versus mental health care systems, such as length of patient contacts, locus of responsibility for treatment, and reimbursement mechanisms for services.

In Part II they spell out their model for building a collaborative medical care system, including a five-stage model for developing integrated care. Much of their attention is directed to trying to help mental health professionals integrate on a collaborative multidisciplinary team, within the organizational framework of a hospital or primary care clinic. Particular emphasis is devoted to professionals consulting for the first time in medical settings, discussing how useful consultation services are different from traditional psychotherapeutic treatment.

Program development themes abound here, including frequent discourses about balancing clinical, operational and financial considerations in integrative health care. This certainly reflects the input of some of this book’s authors who have first-hand experience in setting up such programs. Accordingly, parts of this text would be of unique interest to the program administrator in a medical setting.
Notable problems, other than limited scope, diminish the book's usefulness, however. One significant problem with the book pertains to the concept of “mental health professional”, which includes (not inclusively) social workers, clinical psychologists, psychiatrists, psychiatric nurses and nurse practitioners, and marriage and family therapists. The authors appear to consider all mental health professionals within the single category of “therapist”. Of course this is misleading, as the above-mentioned clinicians come from different traditions and scope of training, and may be trained to engage not only in psychotherapeutic treatment but also in psychological and neuropsychological assessment, research design, consultation-liaison activities, systems analysis, or scientific studies in physiological mechanisms. When a clinician is defined by a treatment they use (e.g., “therapist”) rather than by their professional background and training, this is not unlike defining a physician as a “medication prescriber.” When recommendations are given for how the “therapist” should behave on the multidisciplinary team, this aim is fraught with difficulties because they are attempting to conceptualize a heterogeneous group in a monolithic way. It doesn’t work well.

Many statements regarding a “therapist’s” appropriate role and professional identity on the health care team are questionable, perhaps due to viewing mental health professionals as a unidimensional group. Explicit in the text is the notion that “therapists” are needed in these settings because the primary care physician (who could otherwise apparently address all of his/her patients’ mental health problems) is simply too busy and has insufficient time to do so. While there is no disputing the short amount of time the primary care physician has to see each patient, this does not speak to the issue of lack of different, specialized training of mental health clinicians. It is like saying that their primary care physicians could meet all of the patients’ dermatological, rheumatological, or surgical needs except that they don’t have enough time. The authors view the “therapist” as someone who should serve as a patient advocate relieving the burden from the rest of the team. (If advocacy is needed, wouldn’t all team members share in this role?) Also, when the authors caution that “psychotherapists … must understand … the reliance of medical practitioners on research to inform clinical practice” (p. 111), the logical implication is that mental health practitioners are unfamiliar with the scientist-practitioner model of practice.

Another problem relates to recommendations about the appropriate scope of services. The authors focus only on the brief psychotherapeutic services needed in these settings. But, in my experience, there are many other skills needed to be an effective mental health consultant in a medical or primary care setting. Other requisite skills include the ability to do a quick assessment of a patient’s mental status, psychological and psychophysiological functioning; discern and clarify the “real” referral question; quickly and concisely interview the patient, family, nursing staff, referring physician, etc. to ascertain contributing factors; be an effective systems analyst on multiple levels, including the clinic, family, and hospital; be well informed on relevant physical diagnoses and treatments, medications, and dosages (particularly psychotropics) and be able to speak to the relative and complimentary contributions of psychotropics versus psychotherapy. They must be able to assess quickly and effectively problems of compliance with treatments, and to understand (and be able to convey in simple language) the myriad ways in which a “somatizing patient” may
represent a complex combination of neurophysiologic pathways intensified by excessive autonomic arousal and vigilance.

I believe that the inexperienced mental health professional in a medical setting requires the development of a different sense of professional role identity than that suggested in this text. Given that this book is described as a “primer”, it attended very little to the elaboration of essential training and skills necessary for the clinician to learn about effective functioning.

The authors should be commended on their desires to contribute to the integration of mental and physical health services. If a clinician wants to learn about financial accountability or administrative startup issues in collaborative care, this book might be a useful resource. However, for novice professionals just learning about consultation in medical settings, I would recommend other texts (e.g., Johnson, Perry & Rozensky, 2002) that do a better job of describing some of the tasks, underlying skills, and conceptual underpinnings required.

References


Fifteen years ago, behavioral medicine professionals were faced with the deadly epidemic of Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV), for which there was no history or literature upon which to base their interventions. As editors Chesney and Antoni point out, researchers and clinicians “borrowed lessons” from the treatment of other diseases to innovate and gain expertise with treating HIV and AIDS. In the process, they identified a host of new target populations, new approaches to the management of these chronic medical conditions as well as new behavioral intervention challenges created by advances in biomedical treatment. The editors now present these “lessons learned” from AIDS to inspire researchers and clinicians to seek and create further opportunities for their
skills and contributions in the broad spectrum of health challenges.

The book is divided into three parts. Each chapter in Part I focuses on a population at highest risk for contracting and spreading the HIV virus. The four populations covered are adolescents, African American adolescents at risk, gay and bisexual men engaging in unsafe sexual behavior (particularly unprotected anal intercourse), and intravenous drug users. The authors illustrate what they did to tailor and market the message to their specific population based on biopsychosocial factors (e.g., challenges, stressors, needs, roles, motivations) of that group. They also discuss their prevention and treatment interventions in detail, as well as outcome results and lessons learned.

The six chapters of Part II each focus on a special issue faced by medically ill individuals. The authors typically cite research and treatment literature culled from other medical conditions, and point out similarities and differences in applying interventions with HIV-positive individuals. The topics covered are therapeutic issues and tasks in individual counseling, working with HIV-positive mothers during pregnancy and postpartum, stress management and relaxation training interventions for optimal disease management, and group interventions to promote psychological adjustment, pain management and improving sleep quality.

Finally, Part III focuses on the opportunities and challenges created by new biomedical innovations. Two chapters address issues arising with development of HIV vaccines and PostExposure Prophylaxis/Prevention (PEP) for sexual exposure to HIV, and identify the opportunities for behavior change counseling. The last chapter addresses the difficulties involved in adhering to complex biomedical regimens involved in HIV therapies.

The chapters are well-written and contain sufficient information to understand the particular treatment program or protocol presented. The volume does not provide short biographies (except those of the editors) for those of us unfamiliar with the prominent researchers and clinicians in the HIV/AIDS field. However, the authors’ experience and expertise come through in the details of the intervention programs and projects, as well as their institutional affiliations.

The editing seems careful and competent in that the chapters consistently meet the goals stated in the foreword and introduction. These goals include translating research into practice, examining the issues and problems involved in providing prevention and treatment interventions “in the field,” and providing a model of how health professionals can develop new opportunities for clinically based practice and research in critically important health arenas. The volume is full of ideas for researchers and clinicians to pursue not only in the HIV/AIDS arena but with other chronic medical conditions.

As for limitations, if you are looking for applications of hypnotic methods to the treatment of HIV, you will be disappointed. There are three references to hypnosis—a reporting of two studies in which hypnosis was included in a multi-strategy stress management intervention (p. 182), a generic reference to self-hypnosis as a stress management tool in a psychoeducational group intervention (pp. 209-210), and a report of several studies occurring before 1992 on the use of hypnosis to relieve cancer pain (pp. 227-228). On the other hand, one can easily see the numerous opportunities for hypnosis research and treatment applications throughout the book.

A second minor limitation is that the authors predominantly refer to practitioners
as “health psychologists” which could be off-putting to non-psychologists. That this volume is part of the American Psychological Association Division of Health Psychology (38) series is the most obvious explanation. It is recommended that the reader hallucinate a more acceptable word in place of “health psychologist” if that term is bothersome.

Another minor point is that the reader who is unfamiliar with HIV and AIDS treatment would have benefitted from a glossary explaining medical terminology and disease-specific terms. A brief overview of the disease and its current treatments might have helped to orient readers new to the field as well.

The volume documents these health professionals’ impressive, innovative efforts to tailor treatments and address critical problems facing individuals with this chronic, potentially deadly, and often stigmatizing disease. If you are working with HIV patients, it will certainly extend your base of knowledge. The same applies if you want to learn more about working with particular HIV-positive populations. If you don’t know much about these diseases, I would recommend that you read another book first. And if you are reading for hypnotic interventions for HIV patients, do not look here. If your purpose, however, is to stimulate creative ideas for research and treatment innovation—for HIV/AIDS or another chronic medical condition—Innovative Approaches to Health Psychology: Prevention and Treatment Lessons from AIDS is worth the read.


This book is superior to most edited books because the contributors first attended a two day conference to present their work to each other and get feedback before making final submissions. The chapters are not repetitious, and, where appropriate, there is comment and informed criticism of the work of other contributors.

The Shaman as Priest-Physician may be gone for good with the rise of evidence-based medicine and psychology; however, purely scientific medicine has not satisfied the perceived needs of the general population. The current demand for holistic and alternative medicine involves faith in many remedies that have never even been studied. This book confines itself to the study of religious faith, spirituality, and health from a psychological perspective as suggested by the title. Its relevancy derives from the fact that in the United States, 95% of those polled say they believe in God and 80% report that religion is “fairly” or “very” important in their lives (Gallop, 1994).

The book has four parts. Part I examines research on ties between faith and health in the general population. Part II focuses on research on specific groups, including those with cancer, HIV, depression, anxiety, etc. as well as health behaviors of adolescents. Part III moves on to clinical practice, including assessment and intervention. Part IV presents critical comment on the state and quality of available research from a methodological and statistical point of view, identifying flaws and suggesting a path for improving future research.

This is not a hypnosis book; in fact, the word hypnosis is not even mentioned. Each chapter has pages and pages of references to the exhaustive literature on the subject of faith and health. To this end, the book is a veritable treasure chest for anyone interested in further research or making a clinical point. (There is an old saying that you
can find anything you want in the Bible, and you can find nearly anything you want in these references.) The weight of the evidence tends towards a significant health benefit for the faithful in terms of promoting healthy behavior (e.g., alcohol, smoking, sexual activity, etc.), coping with illness, psychological well-being, and even immunological effects. In one eight year study of 50,000 adults in the general population, those who attended religious service regularly had a 52% lower risk for cardiovascular disease (Comstock & Partridge, 1972; Comstock & Tonascia, 1977). On the other hand, long ago when studying the effects of prayer, Galton (1872) found that ministers do not live longer than physicians or attorneys.

I believe the book meets the goal of “introducing the dismissing critic to suggestive data that may create tempered doubt … and the uncritical advocate to issues and concerns that will encourage greater modesty in making claims and drawing conclusions” (p. 16). I believe that any health professional who is going to deal with religion and spirituality of clients would do well to first get his/her own spiritual house in order. People don’t go to the doctor to get their religion changed, but we can converse as equals (sinner to sinner) and ask if the health problem doesn’t seem to be a spiritual problem, and perhaps suggest that the client consult the priest, minister, or rabbi.

Unforgiveness is well studied as a health harmful trait that can be addressed from a secular approach, but my clinical experience has been that if a patient has a religious background, the rigidity is much more easily softened by references to scriptural admonishments that are already credible to the believer. I recall that at an ASCH meeting Dr. Norman Shealy made a point that one of the intake questions at his chronic pain unit was, “Have you forgiven everyone you should have?”

We cannot simply prescribe religion as a health benefit, for this is offensive to the very concept of religion. Whatever health benefits ensue are side effects. I believe the operational phrase lies in scripture, Matthew 6:33: “But seek ye first the kingdom of God, and his righteousness: and all these things shall be added unto you.”

References


In their preface (page vi), the authors define pain management psychotherapy (PMP) as “the clinical application of behavioral and psychological methods, in a professional context, for alleviating emotional suffering, improving pain relief, and promoting pain management”. They promote a model of pain management psychotherapy which utilizes a hypno-cognitive behavioral approach, and emphasize
that their model is not a substitute for adequate medical evaluation, treatment and follow-up care. The book is intended to address the behavioral, emotional, cognitive, and interpersonal aspects of pain problems with the goal of reducing emotional distress and the suffering associated with pain.

The book begins with a 28 page introduction, titled “The Medical Necessity of Psychotherapy for Pain Management”. This chapter begins with the statement of several facts emphasizing the enormous medical, social, and economic costs of pain in lost work days, disability, compensation, and medical and surgical treatments. The chapter gradually leads the reader to understand that even though proper and competent medical diagnosis and management of patients with pain are essential, there are many indications for the use of pain management psychotherapy techniques including those involving hypnosis. The authors make a special effort to define the difference between acute pain and chronic pain, delineating the evolution of the concept of a chronic pain syndrome. They lead the reader into seeing the relevance of effective PMP by listing a variety of techniques such as structured psycho-educational teaching, cognitive therapy, self-monitoring, teaching new coping skills, psycho-physiological self-regulation, hypnotherapy and imagery work and cognitive emotive reprocessing of traumatic memories associated with pain. What would make this chapter more complete is a brief review on the phenomenon of pain and the placebo, referring to the extensive work on the subject by Shapiro and Shapiro (1997).

The remainder of the book is organized in three different parts. Part I is focused on pain assessment and treatment planning and is comprised of three chapters which cover the evaluation of pain intensity, beliefs, and coping strategies, and case and treatment conceptualization. Part II of the book is comprised of four chapters and is titled “Cognitive, Behavioral Pain Management”. This second part of the book is devoted to the explanation and review of the essence of the cognitive behavioral model and its utilization in pain management psychotherapy. Skills such as self monitoring, cognitive restructuring, stress inoculation training, uses of EMDR with chronic pain, and help with sleep problems, anger, de-conditioning, avoidance, and deficits in self-assertiveness, are featured. The chapters are rich with numerous references from the literature as well as specific case examples to illustrate certain points.

Part Three of the book introduces the reader to the concept of the Hypno-Behavioral model and how to use it in pain management psychotherapy. This section includes a variety of hypnotic and imagery based strategies in the treatment of patients with chronic pain, the formal assessment of hypnotic capacity and hypnotic responsiveness as well as detailed examples of hypnotic induction strategies and the nuts and bolts of strategic uses of hypnosis for pain control. In this section the authors go into details introducing therapeutic pain relief imagery. The authors delineate numerous types of pain relief imagery, such as symptom alteration imagery, attentional diversion imagery, “healing lights” and “neutralizing spirals” of energy-imagery, technology metaphor imagery, nature type imagery, inner advisor imagery, and “time travel” imagery.

All in all, this book is very well organized and is encyclopedic in nature. It is an excellent introduction to the therapy novice who wants to learn how to assess and utilize psychotherapeutic and cognitive-hypnotic based techniques in the treatment of patients with chronic pain syndromes. It is rich with references as well as “how to”
techniques in the assessment of new patients, such as how to listen effectively, assess the symptoms of pain, and offers many examples of how to write a detailed letter or report to the referring physician after the psychologist has completed the assessment. The strength of the book is in its organizational flow, and the detailed description of techniques and how to utilize them in the practice of psychotherapy with chronic pain patients. Another strength of the book is its detailed inclusion of numerous questionnaires and assessment scales in the appendices.

However, this book could have been more complete had the authors reviewed the seminal work of W.S. Kroger and W.D. Fezler (1976) regarding the hypno-behavioral treatment model as well as its origins and rationale. The book might have also been strengthened by the inclusion of ego strengthening techniques (1999) as well as Ego State Therapy (1997) in the psychotherapy for patients with chronic pain. All in all, Pain Management Psychotherapy is an excellent contribution and addition to the literature, integrating hypnosis with cognitive behavioral therapy in the psychotherapy of patients with chronic pain.

References:


This concise book is, as its title implies, a treatise for patients with chronic pain on building a successful management strategy. In its brief 174 pages, it builds the case for understanding the nature of pain and identifying factors that precipitate or augment chronic pain. The book’s basic tenet is that pain understood is pain more easily tamed and tolerated. In so doing, this text scores the choreography of “The Dance” of pain, intending to change both the players and the choreography. The author is a family physician who has led both the Canadian British Columbia Division of Clinical Hypnosis and the American Societies of Clinical Hypnosis, and who has a rich experience in treating patients with intractable pain problems. Dr. Hunter has authored two other hypnosis texts for the public, each written in a style similar to that found in this book.

Each of its eight clinical chapters briefly details its basic concept, which is often reinforced by case examples. The chapters range from 10 to 30 pages, averaging 18 pages. At the end of each chapter is a list of pertinent points, and a worksheet designed to make the reader an active participant in these lessons. Following these eight chapters is a brief but helpful final chapter, an important review of the research.
The first chapter defines the problem of pain. Pain is noted to be a “response” that, when chronic, intrudes into one’s life. Hunter notes that pain has both a physiological (sensory) component and a suffering component. This emotional or psychological component has more to do with the meaning of the pain in the context of the sufferer’s life experience. She also notes that pain invites dissociative experiences, in which the sufferer is less involved with their day-to-day world of experiences. The chapter ends with a discussion of pain relief techniques, including medication, thermal and positional techniques, and surgical interventions. Dr. Hunter then describes psychological techniques, aimed at the subconscious, that are more likely to relieve the suffering component of pain. These include ways to release muscle tension, dissociation and distraction through biofeedback or hypnotic techniques. Chronic pain syndrome is defined, and is noted to be where The Dance takes over.

Chapter Two defines the types of pain and furthers the choreographic metaphor. This involves people, factors, or situations that have relationships to one’s pain—whether to onset, maintenance, aggravation, or to its relief. This “relationship” enables one to view cause and effect relationships, as well as more subtle forms of manipulation of pain by other forces in one’s life. The “Dance” expresses emotions, often anger or other negative emotions, in patients who cannot give language to those feelings. Dr. Hunter notes in this chapter the importance of exploring subconscious factors in the chronic pain patient. The worksheet at the conclusion of this chapter actually asks the participant to define the pain as a Dance, illuminating length of this dance and ways in which it has changed over time.

The next chapter directly analyzes the role of pain in the life of the patient—the purpose of the dance. It begins by noting simply that chronic pain becomes chronic, in part, because it has reason to remain in one’s life. While seeming simplistic, this fact defines “the purpose of the Dance” as the communication that is the inherent function of the pain. She notes that this message varies, depending both in the type of sensory pain, and the context in which it is experienced. Dr. Hunter states that “the message varies depending on the type of pain one experiences: for acute pain, the message is help; for persistent pain, do something; and for chronic pain, I am suffering.” (p. 38). She also emphasizes the importance of language in interpreting and modifying pain experiences.

Chapters Four through Six form the heart of the book, with Chapter Four identifying triggers to pain, Chapter Five naming the “pain players” in one’s choreography of pain, and Chapter Six exploring ways of changing the dance in order to suffer less and function at a higher level. In Chapter Four, Dr. Hunter explores reasons, people, and situations that have any relationship to the pain. These become the dancers, the director(s) and the choreographer(s) Most obvious are those characters with significant relationships to the patient—family, friends, neighbors, coworkers, and others. Dr. Hunter then introduces the “interior troupe” of ego states who dance with this outer troupe in the choreography of pain. Several case examples drive these concepts home quite nicely. The chapter then outlines the likely “Inside Dancers”, or ego states, and states that the director’s role often falls to an Outside Dancer, while the choreographer role falls most often to an Inside Dancer. Again, the purpose is for the patient to identify the relationships between the inner and outer pain experience and

375
the key players influencing one’s life of pain.

The fifth chapter further identifies and discusses key Outside Dancers, some of whom rise to levels of Directors, where they influence directly one’s life in pain and where they may influence other Outside Dancers. These key Outside Dancers are usually family and significant others, while Directors often are medical or legal professionals. Dr. Hunter then emphasizes the roles as helpers and saboteurs, with individual characters often having dual roles in these regards. By understanding further these roles and relationships, the patient is invited to explore the beginnings of change within.

In Chapter Six, Dr. Hunter “completes the sale” by asking for an acceptance of this choreography concept as the first step towards change. This is seldom an easy time for patients, and Dr. Hunter notes that such changes will occur in many ways and over much time to bring about desired pain alterations. She also encourages adding self-help skills during this crucial change time. Skills such as relaxation techniques, mechanical relief measures, hypnotic and stress management strategies, help one to tolerate frustration, build self-confidence, and self-efficacy.

Chapter Seven furthers the concept of skill building to bring order and assist in priority setting, both of which are valuable to the person challenged by chronic pain. This lengthy chapter details many vital cognitive changes, such as better understanding chronic pain and its attendant destructive behaviors, and offering behavioral modifications to gain control and lessen the sense of desperation. Dr. Hunter notes that many changes are necessary for the reclamation of control—changes such as assertiveness and negotiation. With these one can plan and execute the role of ‘lead dancer’ in a healthy way. The significant role of anger in maintaining chronic pain is discussed, along with its “roots in frustration, fear, intrusion and injustice” (p. 130). The final case of Samantha, and the difficult ups and downs of her relationship with a caring but frustrated and sometimes scrutinized family physician, details vividly the depth of relationship with key medical professionals and how that changes as one’s own relationship to pain changes. This particular story also details the regulatory challenges inherent in treating chronic pain.

The task of monitoring change—learning to notice even the small things that signal a lessening of the grip of pain on their life’s treasures is explored in Chapter Eight. Such signals include sleeping better, a not so bad day when one’s internal feelings were different than other days, an improvement in appetite or energy. This chapter’s metaphor of harmony, as opposed to discord, shows how such change comes from within and not from outside the sufferer, and how discord can creep back in through internal sabotage at any time. Thus the price of progress is eternal vigilance- paying attention to changes in one’s daily life experience and finding the harmony or balance in each such change.

The final chapter details a sampling of significant literature, scientific and otherwise, on chronic pain. Some important points include Dr. Crawford’s assertion that “Hypnosis and other psychological interventions need to be introduced early as adjuncts in medical treatments for pain—before the development of strong pain memories and before surgery and long regimes of drug treatment, not after” (Crawford, 1995, p.2). Hunter also cites Melzack’s oft-cited work on the nature of phantom limb pain as a theoretic underpinning of his concept of the “neuromatrix of pain”—a new hypothesis for the neural basis of pain. In the brain, “…a genetically built-in matrix of neurons for the whole body process characteristic nerve-impulse patterns for the body and the
myriad somatosensory qualities we feel,” thus creating a neurosignature (Melzack, 1990, pp. 88-92). That the limbic system is so involved in this neuromatrix also demonstrates the chronic pain condition as one inextricably linked to emotional states and states of arousal.

This book offers a concise, readable approach for the person challenged with chronic pain. It workbook style encourages active participation, a goal unto itself in chronic pain. It benefits from its clear writing style, its many examples, and its brevity. Hunter’s book is likewise limited by this brevity and its singular style of dealing with chronic pain. This book never purports to be comprehensive, and so offers the author’s perspective, without attempting to offer other opinions or a comprehensive list of approaches. This text offers a particular approach and paradigm for chronic pain. In so doing, it both simplifies and clarifies, but also limits viewpoints and discussion. Due to its clear writing, however, many will find this a convincing and compelling way to view their own personal pain experience, and may make this a first step towards improved relationship to their pain experience. I will continue to refer my patients to this valuable resource.

References


*The Mindbody Prescription: Healing the Body, Healing the Pain* is the sequel to Dr. John Sarno’s earlier *Healing Back Pain: The Mind-Body Connection.* Sarno, who is a specialist in rehabilitation medicine at The Institute of Rehabilitation Medicine, New York University Medical Center, has blended psychoanalytic theory with physical medicine in describing the Tension Myositis Syndrome (TMS), which he proposes is the major cause of back and musculoskeletal pain in his practice.

As originally described, TMS is a condition of deep muscular pain which has its origin, Sarno postulates, in repressed emotions or “rage.” The pain is theoretically caused by “a reduction in blood flow to the involved tissues…mediated through the autonomic system” [p.xx] as a stress response to these repressed emotions. Sarno identifies the pain as a defense mechanism, intended to divert the conscious mind from dealing with repressed rage or other intolerable emotional conflicts. In *The Mindbody Prescription*, Sarno extends his TMS theory beyond back and muscle pain to encompass a broad range of disorders ranging from migraine headaches to such disparate diagnoses as post-polio syndrome, peptic ulcer disease, colitis, skin disorders, infections, and more exotic conditions, such as the chronic pain associated with Lyme disease.
The Mindbody Prescription: Healing the Body, Healing the Pain is divided into three parts which follow a lengthy preface. There is also a detailed appendix with citations to support Dr. Sarno’s conclusions, as well as a bibliography of articles related to both physical and psychoanalytic aspects of chronic pain and its management. While intended primarily for a lay audience, the book makes worthy reading for the practitioner interested in the emotional aspects of illness and the relation of stress to chronic pain problems.

The preface and introduction sections recapitulate Dr. Sarno’s theories and earlier work with back pain and other chronic musculoskeletal disorders, stressing the emotional basis for the pain. In the book’s first section, he discusses the concept of mind-body medicine, and reviews the role which physical and mental stress, guilt, personality disorder, anxiety, and depression may play in the symptoms experienced by the TMS patient. Sarno leans heavily not only on Freud, but also Franz Alexander, Heinz Kohut, and Stanley Coen—all proponents of psychoanalytic theory—to support his thesis that the symptom of chronic pain is a diversion or defense mechanism against deep-seated anger or emotion. Also included in this first section is a clear, well-organized description of the concepts of mind-body medicine, which touches on the neurophysiology of psychogenic disorders, conversion reactions, and psychosomatic problems. Sarno also briefly cites the work of Candace Pert, which has done much to tie the biochemical activities of the brain to physiological processes. While some of his concepts will seem radical to practitioners trained in classical pathophysiology, his presentation is articulate and certainly intriguing.

The second section of the book discusses in detail Sarno’s original work in TMS, and then proposes extending the TMS concept to other disease states. Many of these clinical problems are already recognized as being rooted in, or exacerbated by, stress; it is Sarno’s association of these disease entities with repressed rage that makes his theory unique. It is unsettling that he discounts many physical findings, such as herniated vertebral discs and osteoarthritic changes, as being coincidental findings and not the actual etiology of the pain. While he makes a case for conservative management of lumbar disc disease and associated skeletal pain, and supports this by citing a number of back and spine specialists, such treatment is a major departure from conventional management of these disorders.

Dr. Sarno also identifies TMS “equivalents”—illnesses of the gastrointestinal, genitourinary, integumentary, circulatory, and immune systems—which he postulates, like TMS disorders of the musculoskeletal system, are primarily the result of unresolved and repressed emotional concerns which can be managed in a manner similar to his management of classic TMS problems. A discussion of disorders “in which emotions may play a role,” e.g. hypertension, mitral valve prolapse, atherosclerosis, and cancer, is also included in this section.

The third and final section of the book discusses treatment of TMS and TMS-related illness. In simple terms, the patient must identify which unacceptable emotions or elements of unconscious rage are threatening his or her self-image. It is stressed that recognition of the emotional concern in itself is often enough; correcting the issue involved is often not required for significant clinical improvement to occur. Identifying the problem is usually achieved through careful self-examination, often combining meditation and self-affirmation. For cure, it is also essential that the patient believe completely in the TMS diagnosis and accept the psychosomatic nature of his or her
pain as the basis for the problem. Sarno notes that on occasion formal psychotherapy may be helpful, but is usually not required. He notes that many cures have occurred in patients who have simply read his book and subscribed to the recommendations within. It is also important for the patient to return to full activities of daily life, including exercise.

The concept of stress and emotions as important contributors to illness is now fairly widely accepted, but the degree to which Dr. Sarno invokes the psychological will make many clinicians uncomfortable. One is always leery of practitioners who decry the “conventional medical establishment” as being outmoded or out-of-synch, and there is too much of such stridency in this book. It abounds with phrases such as: “Modern medical science studies the details of maladies but rejects unconscious emotional processes as the cause…”(p.117), and, “All of these admonitions and prohibitions (by doctors and physical therapists) enhanced by poor medical advice, keep your attention riveted on your body, which is your brain’s intention”(p.147).

It seems that Dr. Sarno envisions himself on a crusade: “The disorders just described under the headings of TMS and its equivalents are without doubt responsible for a substantial proportion of the Western world’s medical ills. Their proper management would alleviate much suffering and reduce the enormous cost of medical care that now burdens modern society” (p. 126).

While some of what Dr. Sarno propounds in this volume would be considered unconventional treatment, it is a treatment program which enjoys many adherents. Consequently, this book will be of most use to the clinician who is involved in the management of chronic pain or physical rehabilitation patients. The book is articulately written and presents the concepts of mind-body medicine and stress management clearly and simply. Those who need to be familiar with TMS and Sarno’s protocol for its treatment will find it a useful summary of that program and a valuable addition to their libraries.


The authors address three very controversial illnesses. Although published in 2001, this small book remains a valuable reference text. The authors discuss diagnostic criteria and the wide spectrum of treatments that have been prescribed for these ailments, once thought to be merely forms of malingering or minor psychological disturbances. They are now recognized as severe disorders with biological, psychological and social components that severely incapacitate younger people. The book draws extensively on the work of a number of authors with different approaches.

In the first chapter, the definitions of Chronic Fatigue Syndrome, Fibromyalgia and Multiple Chemical Sensitivities are reviewed. The authors discuss prevalence estimates and possible etiologies. They show that the Gulf War Syndrome has many characteristics of these three illnesses. The authors feel that patients are stigmatized when labeled with these illnesses because of the supposed lack of biological markers or diagnostic tests. They point out that many physicians consider them to be psychiatric in origin, a form of malingering or simply nonentities that do not require serious attention.
In Chapter Two the etiology of precipitating factors are described for each illness. The biological findings of a number of investigators who differentiate Chronic Fatigue Syndrome from a purely psychiatric illness are presented. The effect of the immune system on this illness is also reviewed, including the possibility that this represents a hyperimmune response. Multiple explanatory models for Fibromyalgia and of multiple chemical sensitivities are also delineated along with the psycho-social aspects of these three disorders.

Chapters Three and Four examine the diagnostic issues associated with these three illnesses. The Chronic Fatigue Syndrome screening questionnaire is discussed in great detail as well as multiple other assessment instruments. Chapter Four discusses the psychometric and behavioral assessment of these illnesses. The authors feel that the self-report questionnaire alone is not sufficient, and suggest appropriate rating scales.

In Chapter Five the pharmacological and alternative treatments of these illnesses are reviewed in detail. The effectiveness of nutritional support, conventional and unconventional medications are elucidated. There is a discussion of alternative medical approaches such as bodywork, massage and nutritional supports. A table featuring patient ratings of the different treatments is also included.

Chapter Six focuses on a cognitive behavioral treatment for these illnesses using an activity pacing theory. In this approach they have the patient stay within the envelope and only use a comfortable range of energy expenditure. The patient is encouraged to avoid both over-activity and under-activity. A case history is presented to demonstrate its application.

Cognitive and relaxation oriented interventions are addressed in Chapter Seven. The authors discuss relaxation training benefits and detail a script with a breathing focus to help the patient relax. They also have a script with pleasant imagery and one with feeling imagery. Hypnosis can easily be added here. There is also a brief discussion of cognitive coping skills based on the principals of rational-emotive behavior therapy. The importance of social support is stressed, and several case examples of treatment are included.

In Chapter Eight, the authors summarize and discuss future directions for these three illnesses. They assert that effective, affordable, comprehensive assessment and treatment programs do not exist today to address both medical and social service needs of individuals with these illnesses. Therefore, they recommend that future planning should combine a thorough and individualized assessment and access to medical services provided by practitioners that are specialized in these areas. Appendices which follow contain valuable questionnaires, scales, and patient resources, including a variety of useful websites.

For such a very small book, the three illnesses are comprehensively covered. The difficulties in dealing with these illnesses are well elucidated. The discussion of three disorders at the same time may be slightly confusing but one can readily see where the many similarities make for a cohesive presentation. For the practitioner seeking a reasonably current review of the state of current knowledge and controversy, this 143 page book is well worth reading.


“Society doesn’t prepare anyone to cope with chronic illness” (p. 8). Thus, The Chronic Illness Workbook is intended to provide individuals diagnosed with any type of chronic illness with a format for processing their experience and adapting to their new life situation. Patricia A. Fennell begins with a discussion of the sociocultural context of chronic illness. She then employs a model derived from trauma and crisis theories to delineate four phases of response to a chronic illness: Crisis, stabilization, resolution, and integration. For each phase, the author identifies an overall strategy followed by specific tactics and skills to navigate the phase successfully. The goal is to “…integrate your illness into a different but meaningful life” (p.32). Sociocultural responses, including the vicarious traumatization of those people in relationship with the identified patient, are addressed throughout each of the phases.

The crisis phase begins when symptoms interfere with functioning to the extent that they can no longer be ignored or dismissed. A medical diagnosis may or may not have been reached. The goal of this phase is to contain the crisis, which the author also refers to as “going into the bunker” (p. 49). Strategies include staying safe physically, hanging on psychologically, and working with others. Exercises to organize health care tasks and emergency information, assess and adapt activities/schedules, track symptoms, and begin a narrative life story are included followed by sets of questions about relationships with family, coworkers, and health care providers.

The goal of the stabilization phase is “to stabilize and begin restructuring your life” (p.95). Using the strategy of “living the enforced monastic life” (p. 95), the individual is directed to learn new physical boundaries, regroup psychologically, work with the reactions of others. It is assumed that most people entering this phase have reached a plateau with their symptoms such that there is some predictability. The exercises include ways of revamping activities to meet current needs, examining content versus process, assessing traumas related to the chronic illness, maintaining insight, and values clarification, as well as two worksheets to address financial status.

The goal of the resolution phase “is to develop meaning and to construct a new self” (p. 126). The strategies are to assume management of physical care, act creatively to develop meaning, and take control in the wider world. The first group of exercises in this chapter deals with current symptomatology and health care issues. The reader is then asked to identify the losses that were brought about by the illness and to examine what might be reincorporated into daily life based on the needs and desires of the authentic self.

In the final phase of integration, the goal is “to integrate your suffering into a meaningful, sustaining, and rewarding life” (p. 157). The strategies provided involve living in the present, continuing creative and spiritual growth, and expanding social horizons. There are no specific written exercises in this chapter; however readers are encouraged to continue to maintain a personal narrative of their experience.

The remaining section of the workbook addresses a variety of special topics. There are chapters devoted to obtaining and managing health care, handling special situations (ceremonial events, travel, etc.), and understanding the countertransference
reactions that might arise from health care professionals. Another chapter deals with chronic illness from the caregiver’s point of view, including caring for a chronically ill child. There is no mention of hypnosis in the book.

The strength of *The Chronic Illness Workbook* is its content. Ms. Fennell does a reasonably thorough job of presenting the various aspects of coping with a chronic illness. The incorporation of the sociocultural dimension to the individual’s response to their situation adds greater perspective. Of particular value is the information on vicarious traumatization of those involved with the individual and the possible countertransference reactions of clinicians. I also appreciated her discussion of suffering and the role of palliative care in the treatment of chronic illness. Ms. Fennel’s description of trying to pass as normal, physically and/or emotionally, when nothing works the way it used to and the resultant sense of failure, guilt, and shame was also helpful. While some of her recommendations regarding dealing with health care systems and resources are laudable, they seem somewhat idealistic given the constraints of many managed care plans.

The major weakness of the text is in the delivery of its content. The introduction is conversational in its presentation of case vignettes and the book’s basic premises; however, there is a shift to a significantly more didactic tone as soon as one enters the body of the text. While the information is valuable, the reading level would seem to exceed that of the average client, particularly if that individual is experiencing diminished concentration as a result of their disease process and/or the stress response to becoming ill. The first exercise doesn’t appear until page 53, almost a quarter of the way through the text. I also question the utility of beginning to write a life story when one is in the crisis phase of responding to a chronic illness (p. 75). Finally, I perceived a subtle bias toward women, particularly those of at least middle class stature, throughout the text and the examples provided.

It is difficult to make a recommendation as to potential readership of this book. The intended audience is those individuals who are experiencing a chronic illness. However, because of its complexity, this is not the sort of book one might routinely recommend to every client. As a stand alone resource, it would be most appropriate for the highly educated individual. Unfortunately, while the book seems too rigorous for the typical client, much of the material is likely too fundamental for the experienced health and/or mental health practitioner. It could provide a useful structure for individual counseling with in session discussion of the concepts and use of selected exercises as homework assignments. I would highly recommend *The Chronic Illness Workbook* to students in any of the health care disciplines and to those clinicians who have not had significant experience with this population.