Ahijevych, K., Yerardi, R., & Nedilsky, N. (2000). Descriptive outcomes of the American Lung Association of Ohio hypnotherapy smoking cessation program. *International Journal of Clinical & Experimental Hypnosis, 48*(4), 374-387. This article describes a large (N = 452), randomly selected sample from a single one-hour session smoking cessation program from the lung association, which typically utilizes lay hypnotists. At telephone follow-ups ranging from 5-15 months, only 22% were not smoking. Address for reprints: Karen Ahijevych, PhD, Ohio State University, 1585 Neil Ave., Columbus, OH 43210, USA. E-mail: ahijevych.1@osu.edu.

Barry, J. J., Atzman, O., & Morrell, M. J. (2000). Discriminating between epileptic and nonepileptic events: The utility of hypnotic seizure induction. *Epilepsia, 41*(1), 81-84. To ascertain the validity of the Hypnotic Induction Profile (HIP) followed by seizure induction during continuous video-electroencephalographic monitoring to differentiate between epileptic (EE) and nonepileptic events (NEE). A total of 88 patients undergoing evaluation for differential diagnosis of seizure-like events were screened. Individuals with psychosis, lack of a “typical” event, an IQ under 70, who refused to complete the HIP, or who had a physiological cause for NEE were excluded. While undergoing continuous video-EEG monitoring, 66 patients completed the HIP and then an attempt to induce the patient’s typical events under hypnosis by using a split-screen technique. An event without an EEG correlate was thought to represent an NEE. A diagnosis of NEE or pseudoseizure was made independently by a neurology team and compared with results obtained with the hypnotic evaluation. The results for patients with EE were then compared with those who had NEE and with a group consisting of both EE/NEE, and then all NEE patients were contrasted with the EE group. HIP scores for true epileptic patients indicated lower hypnotizability than the pseudoseizure group and were statistically significant when the NEE and NEE/EE groups were combined. The specificity (normal persons being called normal) was 95% and the sensitivity (persons with pseudoseizure being correctly classified) was 77%. It was concluded that the HIP coupled with seizure induction by suggestion is a useful technique in neurology to aid in the differential diagnosis of patients with pseudoseizures. It is sensitive and specific, and hypnosis may provide the patient with a useful behavioral tool to control pseudoseizures. Address for reprints: Dr. J. J. Barry, Stanford Dept. of Psychiatry, Stanford University Medical Center, MC5723, Stanford, CA 94305, USA.

Bejenke, C. J. (2000). Benefits of early interventions with cancer patients: A clinician’s 15 year observations. *Hypnos, 27*(2), 75-81. The early application of hypnotic approaches can aid cancer patients in emotional distress to develop coping skills, allow patients to become active, co-responsible participants in their medical care, and enable them to lead meaningful lives no matter what direction their illness may take. Hypnotic preparation for surgery, radiation, chemotherapy, bone marrow transplantation, etc., can reduce the physical suffering and side effects. Imagery and psychoneuroimmunological modalities can be
included. A few practical examples of suggestions are included. Address for reprints: Chisel J. Bejenke, 4004 Cuero Ave., Santa Barbara, CA 93110, USA.

Bentall, R. (2000). Madness and hypnosis. *Contemporary Hypnosis, 17*(3), 112-116. A discussion commentary of Wagstaff’s article, which is reviewed below. He notes that although we can be certain that hypnosis does not generally lead to psychotic states, we cannot be sure that events experienced as traumatic in stage hypnosis may not play a role in triggering a psychotic episode. Address for reprints: Prof. Richard Bentall, Dept. of Psychology, University of Manchester, Manchester M13 9PL, United Kingdom. E-mail address: bentall@oxtonhome.freeserve.c.uk.

David, D., Brown, R., Pajoga, C., & David, A. (2000). The impact of posthypnotic amnesia and directed forgetting on implicit and explicit memory: New insights from a modified process dissociation procedure. *International Journal of Clinical & Experimental Hypnosis, 48*(3), 267-289. This study evaluated the relationship between posthypnotic amnesia (PHA) and directed forgetting (DF), as well as their influence on implicit and explicit memory. Using a modification of the process dissociation procedure to accommodate the cross-contamination of memory test performance by implicit and explicit memory factors, 40 high and 40 low hypnotizable subjects were compared in DF, PHA, and control conditions on estimates of voluntary conscious (VCM), involuntary conscious (ICM), and involuntary unconscious memory (IUM) performance. Both groups showed significant decreases in VCM and ICM following suggestions for directed forgetting, but only high hypnotizables showed this decrease in the PHA condition. Neither PHA or DF influenced IUM. There was no relationship found between forgetting in PHA and DF. Although both DF and PHA seemed to prevent explicit or conscious expression of memory information while leaving implicit memory intact, the underlying mechanisms for these phenomena may be different. Address for reprints: Daniel David, Dept. of Psychology, No. 37 Republicii St., Babes-Bolyai University, Cluj-Napoca, 3400, Romania. E-mail: dand@psiho.ubb.soroscj.ro.

De Pascalis, V., Bellusi, A., & Russo, P. M. (2000). Italian norms for the Stanford Hypnotic Susceptibility Scale, Form C. *International Journal of Clinical & Experimental Hypnosis, 48*(3), 315-323. Norms for an Italian translation of the Stanford Form C are presented on 356 subjects, including distribution, levels of item difficulty, and reliability. Two hundred and eighteen subjects were also administered the Harvard Group Scale of Hypnotic Susceptibility 3 weeks earlier. Results support the Italian version of SHSS:C as reliable and valid. Address for reprints: Dr. Vilfredo De Pascalis, Dept. of Psychology, Via dei Marsi 78 00185, Roma, Italy. E-mail: v.depascalis@caspur.it.

Elkins, G. R. (2000). The perception of hypnosis among children and parents. *Hypnos, 27*(2), 88-93. A small study of the perceptions of hypnosis in 23 children, ages 6-12, and 17 parents is presented. The media provided most of the information about hypnosis and most children held some misconceptions. Limited therapeutic uses of hypnosis were cited, including treatment of fears and phobias. Results suggest a need to educate parents and children and correct misconceptions. Address for reprints: Gary R. Elkins, PhD, Dept. of Psychiatry, Texas A&M University System Health Science Center, College of Medicine, Scott & White Clinic, 2401 S. 31st St., Temple, TX 76508, USA.

Ernst, E., & Kanji, N. (2000). Autogenic training for stress and anxiety: A systematic review. *Complementary Therapy in Medicine, 8*(2), 106-110. This is a systematic review of all controlled trials of autogenic training in reducing stress and anxiety that could be found in four major databases. Eight such trials were located, the majority of which had methodological flaws. Deviations from autogenic training technique were conspicuous.
and trials using classical autogenic training were in the minority. Seven of the 8 trials found positive effects of autogenic training in reducing stress, and one found no benefit. It was concluded that no firm conclusions could be drawn and that autogenic training, properly applied, remains to be evaluated in controlled trials that are appropriately planned and executed. Address for reprints: E. Ernst, Faculty of Health Studies, Buckinghamshire Chilterns University College, Chalfont St., Giles, United Kingdom.

Gemignani, A., Santarcangelo, E., Sebastiani, L., Marchese, C., Mammoliti, R., Simoni, A., & Ghelarducci, B. (2000). Changes in autonomic and EEG patterns induced by hypnotic imagination in man. *Brain Research Bulletin, 53*, 105-111. Five healthy volunteers with a simple phobia were screened for susceptibility to hypnosis with the Stanford Hypnotic Susceptibility Scale, Forms A and C. During the experiment there were rest periods during which subjects were asked to imagine emotionally neutral images, and periods of emotional activation where they were asked to imagine a phobic object. Heart rate (HR) and respiratory frequency (RF) were the measures of autonomic activity to evaluate sympatho-vagal balance, and EEG was measured at electrode sites F3-F4, C3-C4, and O1-O2. There was a significant increase in HR and RF, with a shift of sympatho-vagal indexes toward a sympathetic predominance during the hypnotic emotional activation. EEG activity showed a significant increase in the gamma band (36-44 Hz) with a left fronto-central prevalence, and a less pronounced increase in the beta band of 13-36 Hz. Alpha brainwave activity remained unchanged. The authors concluded that by means of hypnosis, behavioral and autonomic responses to feared stimuli can be induced in a reproducible and controlled manner. Thus, hypnosis may be used in human neuroimaging studies for identifying central nervous system structures modulating stress and fear-related reactions. Prof. Brunello Ghelarducci, Dept. of Physiology and Biochemistry, University of Pisa, Via S. Zeno 31, 56127 Pisa, Italy. E-mail: ghelarducci@dfb.unipi.it.

Goldstein, L. H., Drew, C., Mellers, J., Mitchell-O’Malley, S., & Oakley, D. A. (2000) Dissociation, hypnotizability, coping styles and health locus of control: Characteristics of pseudoseizure patients. *Seizure, 9*(5), 314-322. Pseudoseizures have been linked to anxiety, stress, and dissociative tendencies. Associations between dissociation and hypnotizability have also been proposed, and dissociative tendencies have been found related to the use of emotion-focused coping strategies. This study was designed to investigate if pseudoseizure patients have higher levels of dissociation, a more emotion-focused coping style, and greater hypnotic susceptibility than the general population. A questionnaire was administered to 20 patients with pseudoseizures, and compared with a nonclinical control group. Pseudoseizure patients displayed higher levels of dissociation and escape-avoidance coping styles, but in contrast to previous research findings, not in hypnotizability. However, hypnotizability was measured with the Creative Imagination Scale, which was not presented within a hypnotic context. Several patients also indicated that the tape recording of the CIS was difficult to concentrate on, and it was presented late in a session. The mean score of pseudoseizure patients on the Dissociative Experiences Scale was 22.63 (SD = 16.36) in comparison with a mean of 13.12 for a control group. Thus, the mean DES score for pseudoseizure patients is higher than previous research has found in populations such as eating disorders, schizophrenics, and somewhat higher than bipolar disorder patients, although they score lower than patients with dissociative disorders or PTSD. DES scores were correlated with use of escape-avoidance coping style (r = .44; p = .05). They further expressed a greater belief in external control over health and higher depression scores in contrast to the control group. Address for reprints: L. H. Goldstein, Dept. of Psychology, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, United Kingdom. E-mail: l.goldstein@iop.kcl.ac.uk.
Gravitz, M. A. (2000). European contributions to early American mesmerism. *Hypnos, 27*(3), 157-161. Early European mesmeric theories and practice were influential in the rise of hypnosis in the United States. News came from Americans in Europe, like Benjamin Franklin (first diplomatic minister in Paris and chair of the French investigation of animal magnetism), and French magnetizers who began visiting the U.S. in 1784. Later, publications by several English and German mesmeric authorities stimulated practice and study in the U.S. Notable areas of clinical practice included obstetrical and surgical anesthesia, and there were numerous professional societies and journals established in America. However, by the middle of the nineteenth century, responsible scientific study and practice of hypnosis became diluted and negatively tainted by spiritualism, phrenology, and other unproven mystical beliefs. The negative impact resulting from its association with such questionable philosophies was followed by withdrawal of professional and public support. Modern hypnosis may be experiencing similar contemporary forces. Address for reprints: Melvin A. Gravitz, PhD, 1325 18th St., NW, Suite 105, Washington, DC 20036-6511, USA.

Heap, M. (2000). The alleged dangers of stage hypnosis. *Contemporary Hypnosis, 17*(3), 117-126. Another discussion commentary of Graham Wagstaff’s article (reviewed below) in which the author describes stage hypnosis cases in which he has testified and suggests some objective ground rules for investigating claims made against stage hypnotists: The exact nature of the plaintiff’s disorder should be defined; it should be made clear in reference to current scientific knowledge how the alleged symptoms were caused by the stage hypnotist’s actions; and the possible role of hypnosis should be described in reference to current scientific knowledge about hypnosis. Related to his cases, Heap notes 4 assumptions involved in them, and reviews some literature related to them: (1) stage hypnotists place subjects in a deep trance; (2) subjects in stage hypnosis are extremely high in hypnotic susceptibility; (3) uncancelled suggestions may result in subjects being compelled to respond to the suggestion after leaving the entertainment complex; and (4) a stage hypnotist may not fully realert a subject at the conclusion of the performance. Address for reprints: Michael Heap, PhD, Centre for Psychotherapeutic Studies, University of Sheffield, 10 Claremont Crescent, Sheffield S10 2TA, United Kingdom. E-mail address: m.heap@sheffield.ac.uk.

Heap, M. (2000). A legal case of a man complaining of an extraordinary sexual disorder following stage hypnosis. *Contemporary Hypnosis, 17*(3), 143-149. Describes the experience of the author as an expert witness in a civil case of a man alleging that he suffered from a compulsive urge to have sexual intercourse with furniture and domestic appliances following participation in a stage hypnosis show. In the months and year afterward, he described an incredible variety of bizarre symptoms and problems which had caused him to be subsequently diagnosed as major depression, PTSD, schizo-affective disorder, and paranoid psychosis. Psychiatric witnesses believed his problems were caused by the stage hypnotist’s suggestions (to the effect that volunteers would feel very sexy when they went to bed that night), the subject not being dehypnotized at the end of the show, and traumatizing effects from either the show or his behaviors afterwards with household items. The author’s assessment was that the plaintiff was malingering and had a longstanding problem with factitious disorder. The hearing ended when the plaintiff’s funding was withdrawn mid-trial. Address for reprints: Michael Heap, PhD, Centre for Psychotherapeutic Studies, University of Sheffield, 10 Claremont Crescent, Sheffield S10 2TA, United Kingdom. E-mail address: m.heap@sheffield.ac.uk.

memory performance in 30 healthy subjects who were randomly assigned to 1 of 3 groups. The groups were administered the Wechsler Adult Intelligence Scale-III Letter-Number Sequencing Test before and after a 10 minute treatment with guided imagery or popular music. A control group received no treatment. The test scores did not differ between groups prior to treatment. The mean increased after relaxation with guided imagery, but not following music or no treatment. The results support those of a very large number of studies (reviewed in the book Memory, Trauma Treatment and the Law by Brown et al.) that relaxation and guided imagery may enhance information processing and working memory. Address for reprints: Judith A. Hudetz, Dept. of Anesthesiology, Medical College of Wisconsin, Milwaukee, WI, USA.

Kosslyn, S. M., Thompson, W. L., Costantini-Ferrando, M. F., Alpert, N. M., & Spiegel, D. (2000). Hypnotic visual illusion alters color processing in the brain. American Journal of Psychiatry, 157(8), 1279-1284. This study was designed to ascertain if hypnosis could modulate color perception, providing insight into the nature of hypnosis and the underlying neural mechanisms. The classic color area in the fusiform or lingual region of the brain was identified in 8 high hypnotizable subjects by analyzing results of a PET scan when subjects were asked to perceive color as color, versus when they were asked to perceive a gray scale as itself. Then the subjects were instructed to see a color pattern in color, a similar gray-scale pattern in color, the color pattern as gray-scale, and the gray-scale pattern as gray-scale while undergoing a PET scan. It was found that when subjects were hypnotized, color areas in the right and left hemispheres of the brain were activated when they were asked to perceive color, whether they were actually shown the color or the gray-scale stimulus. These outcomes were obtained only during hypnosis in the left hemisphere, whereas blood flow changes reflected the instructions to perceive color versus gray-scale in the right hemisphere whether or not the subjects had been hypnotized. It was concluded that among high hypnotizables, changes in subjective experience that are achieved during hypnosis are reflected by changes in brain function that is similar to those that occur in actual perception. These findings support that hypnosis is a psychological state with distinct neural correlates and does not simply result from adopting a role as suggested in sociocognitive theories of hypnotic response. Address for reprints: S. M. Kosslyn, Dept. of Psychology, Harvard University, Cambridge, MA 02138, USA. E-mail: smk@wjh.harvard.edu.

Lynn, S. J., Myer, E., & Mackillop, J. (2000). The systematic study of negative posthypnotic effects: Research hypnosis, clinical hypnosis and stage hypnosis. Contemporary Hypnosis, 17(3), 127-131. In this discussion commentary of Wagstaff’s paper cited below, the authors agree with Wagstaff’s basic points. Lynn cites his own research on the effects of recalling events from childhood in a nonclinical context, suggesting they do not support the view that hypnotic age regression is dangerous, but in fact, may have a positive effect— but, without noting the difference between a careful research context with appropriately trained professions versus a stage hypnosis show. In a similar manner, the authors cite careful laboratory research on side effects associated with administration of a hypnotizability scale, noting that they do not exceed negative effects associated with nonhypnotic situations such as attending a college class. Unfortunately, to this reviewer, the research cited with college students does not seem comparable to what may occur in front of an audience with the excesses of stage hypnosis. However, the authors do note that stage hypnotists do not use safeguards commonly used clinically and in research settings, and therefore, conclude that along with performance-related pressures and anxieties, these differences “would seem to place individuals who participate in stage hypnosis shows at increased risk for negative posthypnotic experiences” (p. 130). The authors conclude by asking very good unanswered questions about certain variables that may be associated with
adverse reactions to stage hypnosis performances, and call for more research. Address for reprints: Steven Jay Lynn, PhD, Psychology Department, State University of New York at Binghamton, Binghamton, NY 13902, USA. E-mail address: slynn@binghamton.edu.

Marchioro, G., Azzarello, G., Viviani, F., Barbato, F., Pavanetto, M., Rosetti, F., Paggagallo, G. L., & Vinante, O. (2000). Hypnosis in the treatment of anticipatory nausea and vomiting in patients receiving cancer chemotherapy. *Oncology, 59*(2), 100-104. Cancer patients not only experience nausea and vomiting following chemotherapy, but also in anticipation of chemotherapy treatments. This paper begins by reviewing literature on psychological treatments for anticipatory nausea and vomiting. It then reports on work with 16 consecutive adult cancer patients undergoing chemotherapy who had developed anticipatory nausea and vomiting. All patients received hypnosis and in all subjects the anticipatory nausea and vomiting disappeared, and major improvements in chemotherapy-induced emesis control were found in almost all patients. Address for reprints: G. Marchioro, Dept. of Oncology, Local Health Unit No. 13, Noale, Italy.

Maccallum, F., McConkey, K. M., Bryant, R. A., & Barnier, A. J. (2000). Specific autobiographical memory following hypnotically induced mood state. *International Journal of Clinical & Experimental Hypnosis, 48*(4), 361-373. The impact of hypnotically induced mood was investigated with regard to specificity of autobiographical memory. A hypnotic induction was administered to 24 high and 21 low hypnotizable subjects with suggestions to induce a sad, neutral, or happy mood. They were then asked to remember specific autobiographical memories in response to positive and negative cue words. High hypnotizable subjects in the sad condition reported fewer specific memories in response to positive rather than negative cues. High hypnotizable subjects with happy and neutral induced moods responded similarly to positive and negative cues. The findings are interpreted to suggest that impaired recall of specific memories may be mediated by state factors associated with sad mood. The outcomes suggest the utility of hypnotic mood induction as a means to experimentally investigate the relationship between mood and autobiographical memory. Address for reprints: Kevin M. McConkey, PhD, School of Psychology, University of New South Wales, Sydney 2052, Australia. E-mail: k.mcconkey@unsw.edu.au.

Matthews, M. C. (2000). Back pain taped: A study to identify the effectiveness of a taped hypnotherapy intervention for back pain using an interrupted time series design. *Hypnos, 27*(2), 94-100. This study describes the use of a repeated measure design trial over 18 weeks of tape-assisted self-hypnosis with back pain in 55 patients whose severity of pain (1 = normal; 6 = maximum incapacity) was 5 or 6. The first 21 days were a baseline measurement. Daily symptom scores were kept for the first 21 days, and then one day a week for the last 15 weeks. A statistically significant (p < .005) reduction in mean symptom scores was found overall, and clinically significant improvements were found in 40 (72.7%) of the patients in the last 3 week period. Address for reprints: Dr. Michael C. Matthews, 6 Granby Road, Harrogate, North Hampshire, HG1 4ST, United Kingdom.

Matthews, W. J. (2000). Ericksonian approaches to hypnosis and therapy. *International Journal of Clinical & Experimental Hypnosis, 48*(4), 418-426. This paper provides a review of current empirical research on the efficacy of Ericksonian treatment approaches, and also for the 3 Ericksonian assumptions of (1) a belief in an altered state of consciousness and of specific markers indicating an altered state; (2) superiority of indirect suggestion over direct suggestion; and (3) that client hypnotic responsiveness is a function of the hypnotist’s skill. The review is far less than exhaustive, and, for example, it does not include any physiological-brain research in its examination of hypnosis as a state. There is
clear research support that indirect suggestions are not superior to direct suggestions. The need for empirically based research testing the efficacy of Ericksonian therapy and its core components is noted if these approaches are not destined to become isolated from both the scientific hypnosis and therapy communities. A parallel is drawn between the anti-scientific stance of Ericksonian therapists and that in psychoanalysis, with the resulting isolation of psychoanalysis. Address for reprints: William J. Matthews, PhD, School Psychology Program, University of Massachusetts-Amherst, Amherst, USA. E-mail: shamrock@educ.umass.edu.

Niedzwiecka, A. (2000). Goal-directed fantasy does not explain the training effect of the Carleton Skills Training Package. International Journal of Clinical & Experimental Hypnosis, 48(4), 404-417. This study compared two methods designed to enhance hypnotic responsiveness in subjects low in hypnotizability. Twenty subjects received the Carleton Skills Training Package (CSTP) and a second group received part of the package, but without information on imaginal strategies. Spanos believed that goal-directed fantasies underlie subjects’ feelings of involuntariness, and that, therefore, this was the primary agent facilitating subjective changes after training with the CSTP. A third group of 20 subjects were a no treatment control group. Both training programs enhanced subjective and behavioral responses equivalently, a little over 3 points on a 12 point scale, while the control subject performance was stable. The modest increases in hypnotic susceptibility scores after training were clearly not related to either enhancing goal-directed fantasies or the use of imagery as postulated by sociocognitive theorists. It is suggested that other mechanisms, such as compliance (as suggested by Bates, 1990, 1992) may account for the improvement. Address for reprints: Agnieszka Niedzwieka, PhD, Jagiellonian University, Institute of Psychology, ul. Golebia 13, 31-007, Krakow, Poland. E-mail: upniedzw@cyf-kr.edu.pl.

Petry, J. J. (2000). Surgery and complementary therapies: A review. Alternative Therapies, 6(5), 64-74. This article, by a physician, reviews literature on psychological stress and surgery, the relationship of anxiety and depression to surgery, effects of coping style, locus of control, relaxation techniques, acupuncture, therapeutic touch, music, massage therapy, herbs and supplements, and hypnosis and guided imagery. She found that the largest proportion of studies support the use of hypnosis and imagery. She concluded, “From the available studies it seems safe to say that carefully designed hypnotic techniques are helpful to certain surgical patients with respect to decreases in anxiety, pain medication use, nausea and vomiting, length of hospital stay, and some outcome measures” (p. 68). She emphasizes that studies using self-hypnosis suggest that patients do not reliably initiate this and cannot be compared to studies using heterohypnosis. Apart from hypnosis, it was found that matching the patient’s desire for information with the amount of information presented was important in reducing anxiety and increasing coping. High preoperative anxiety is associated with poor adjustment during surgery. Acupuncture studies support its use in the management of postoperative nausea and vomiting and in certain circumstances, in dealing with postoperative pain, but caution is advised in using it postoperatively because of the possibility of enhanced blood flow and bleeding. It is recommended that garlic be discontinued prior to surgery to avoid bleeding problems. L-arginine deserves more attention in areas of wound healing, restoration of gut function, and postoperative and posttraumatic recovery of immune function. “Available research indicates the efficacy of vitamin A in reversing the deleterious effects of steroids on wound healing and in limiting the surgery-induced depression of immune function, especially in patients who are already compromised secondary to malnutrition, infection, or old age” (p. 72). Vitamin E is best avoided in relation to surgery, but Zinc is known to be essential to wound healing. E-mail address for reprints: ivcReprints@aol.com.
Sandrini, G., Milanov, I., Malaguti, S., Nigrelli, M. P., Moglia, A., & Nappi, G. (2000). Effects of hypnosis on diffuse noxious inhibitory controls. Physiology & Behavior, 69(3), 295-300. It has been shown that pain occurring in one area of the body decreases pain in the rest of the body by activating the diffuse noxious inhibitory controls (DNICs). This study sought to explore the effects of hypnosis on both pain perception and heterotopic nociceptive stimulation. The Stanford Hypnotic Susceptibility Scale, Form A, and the Harvard Group Scale of Hypnotic Susceptibility were administered to 10 high and 10 low hypnotizability students. The nociceptive flexion reflex (RIII) was recorded from the biceps femoris muscle in response to sural nerve stimulation. The RIII, subjective pain threshold, and the mean area with suprathreshold stimulation were determined. Heterotopic nociceptive stimulation was examined with the cold-pressor test (CPT). Outcomes indicated that the DNIC’s activity was less evident during hypnosis than during the CPT effects without hypnosis. Both hypnosis and DNICs were able to modify the perception of pain. It seems likely that DNICs and hypnosis use the same descending inhibitory pathways for the control of pain, and hypnotic susceptibility of subjects is a critical factor in hypnotically induced analgesia. Address for reprints: G. Sandrini, University of Pavia, University Center for Adaptive Disorders and Headache, Dept. of Neurological Sciences, Pavia, Italy.

Simon, E. P., & Lewis, D. M. (2000). Medical hypnosis for temporomandibular disorders: Treatment efficacy and medical utilization outcome. Oral Surgery, Oral Medicine, Oral Pathology & Oral Radiological Endodontics, 90(1), 54-63. This study examined the effectiveness of hypnosis in reducing the pain symptoms of temporomandibular disorders (TMD). A total of 28 patients who were recalcitrant to conservative treatment for TMD were enrolled in a hypnosis program and completed measures of pain symptoms on four occasions: during a wait list condition, before treatment, after treatment, and at 6-month follow-up. In addition, medical utilization was examined. Treatment was conducted in 6 weekly group sessions ranging from 3 to 8 patients. Sessions included eye closure inductions, imagery to facilitate relaxation, limb catalepsy, deepening techniques, metaphors to encourage unconscious bodily responses, suggestions for hypnotic analgesia, and for the use of muscle tension or pain as a cue for automatic muscle relaxation. At the conclusion of each session, patients were instructed to practice daily self-hypnosis and were provided with audiotapes of the hypnotic sessions. Analysis indicated that hypnosis is a potentially valuable treatment modality for TMD. Patients had a significant decrease in pain frequency (P < .001), in pain duration (P < .001), and in pain intensity (P < .001), and an increase in daily functioning. Analysis suggested that their pain symptoms did not spontaneously improve, and treatment gains were maintained at 6 months after hypnosis. In addition, following hypnosis, patients exhibited a significant reduction in medical utilization. Address for reprints: Eric P. Simon, PhD, Tripler Regional Medical Center, Department of Psychology, Multidisciplinary Pain Clinic. Honolulu, HI 96859, USA. E-mail: EricSimon@yahoo.com.

Spinhoven, P., & ter Kuile, M. M. (2000). Treatment outcome expectancies and hypnotic susceptibility as moderators of pain reduction in patients with chronic tension-type headache. International Journal of Clinical & Experimental Hypnosis, 48(3), 290-305. This study sought to ascertain whether hypnotic responsivity (1) predicts posttreatment and follow-up pain reduction independent of generic expectations for successful outcome and mode of treatment, and (2) predicts persistence of pain reduction during follow-up. The sample consisted of 169 chronic tension headache sufferers randomly assigned to either self-hypnosis or autogenic training. The pain reduction after treatment and on follow-up was significantly related to hypnotizability, independent of expectations for treatment outcome or condition— thus challenging Kirsch’s sociocognitive theory. Furthermore, it
was found that those who responded earlier had significantly higher hypnotizability scores, although there were no significant differences in hypnotizability between late responders compared to early or nonresponders. Interestingly, almost a quarter of the patients who were nonresponders posttreatment were found to be responsive at follow-up. Address for reprints: Dr. Philip Spinhoven, Faculty of Behavioral and Social Sciences, Dept. of Psychology, Division of Clinical & Health Psychology, Wassenaarseweg 52, 2300 RB Leiden, The Netherlands. E-mail: Spinhoven@fsw.leidenuniv.nl.

Vingoe, F. J. (2000). All the world’s a stage. Contemporary Hypnosis, 17(3), 132-134. Another discussion commentary which basically agrees with the positions in Wagstaff’s paper cited below. Address for reprints: Frank J. Vingoe, 87 Blackoak Road, Cyncoed, Cardiff, South Glamorgan CF23 6QW, United Kingdom.

Wagstaff, G. F. (2000). Can hypnosis cause madness? Contemporary Hypnosis, 17(3), 97-111. In England, in the summer of 1998, controversy about the dangers of hypnosis came to a head when the High Court of London had a trial of a stage hypnotist for allegedly inducing schizophrenia in a participant. Issues arising from the case are examined, including the propositions made by the prosecution that hypnosis is similar psychologically and neurophysiologically to schizophrenia, and therefore, by its very nature can increase vulnerability to psychotic illness and psychological damage. Other propositions included that inadequate dehypnotization could lead to a subject remaining in a pathological state and that routine stage hypnosis suggestions could trigger a schizophrenic reaction in certain subjects. The author concludes that hypnotic procedures must always be used cautiously and with regard for the rights of subjects, but that there exists no substantive scientific evidence to support any association between hypnosis and the triggering of schizophrenic episodes. The paper does not note research on the Hypnotic Induction Profile demonstrating below average hypnotizability in schizophrenics. Four discussion commentaries accompany the paper, with a response by Wagstaff (pp. 135-142) in which, after citing academic literature questioning negative effects, he nonetheless acknowledges, “It is also undeniable that some participants in stage hypnosis do experience negative, and sometimes distressing effects, and that stage hypnosis is not a context conducive to the prevention of such problems” (pp. 141-142). However, he believes that there is not something about hypnosis that predisposes persons to develop serious psychiatric symptoms Address for reprints: Graham F. Wagstaff, PhD, Dept. of Psychology, University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool L69 7ZA, United Kingdom. E-mail address: gwf@liverpool.ac.uk.

Watkins, J. G. (2000). The psychodynamic treatment of combat neuroses (PTSD) with hypnosis during World War II. International Journal of Clinical & Experimental Hypnosis, 48(3), 324-335. Describes a hypnotherapy program for acute war trauma that was developed by the author in a large Army hospital during World War II where symptoms of severe anxiety, phobias, conversions, hysterias, and dissociations were treated. A variety of hypnoanalytic techniques were used, particularly abreactive work (corrective mastery experiences), with good therapeutic results. Interesting cases are described. No evidence was found that abreactive techniques tended to retraumatize patients or elicit psychotic reactions. The article is followed by a very supportive commentary on the paper by William H. Smith, who emphasizes the value of hypnosis in working with traumatic material. Address for reprints: John G. Watkins, PhD, 413 Evans St., Missoula, MT 59801. Address for Commentary reprint: Dr. William H. Smith, 600 Beacon Parkway West, Suite 850, Birmingham, AL 35209, USA.

technique when properly conducted, but if misapplied can initiate a retraumatization or induce a temporary psychotic reaction. It is particularly valuable in the treatment of trauma-based conditions, such as PTSD, but the essential ingredient is the commitment and personal involvement of the clinician’s own “self.” This paper discusses the nature and psychodynamics of abreactions. Eight steps are then reviewed: Estimating ego-strength; determining if the therapists can “take it” in co-experiencing the with patient the horror; hypnotic induction; age regression with revivification; continuation at the highest emotional intensity until physical and emotional exhaustion and the patient indicating completion and closure, along with interpretation and reframing; reassurance, interpretation, and reintegration so that the patient gains mastery over the trauma; sometimes it is necessary to repeat the abreactive experience some minutes, hours, or days later to promote extinction; and in cases of child abuse, it is essential for the patient to confront the abuser in hypnosis to get his/her power back. The nature of insight, role of the therapist, and transference and resonance are also discussed. Address for reprints: John G. Watkins, PhD, 413 Evans St., Missoula, MT 59801.

Zachariae, R., Jorgensen, M. M., Bjerring, P., & Svendsen, G. (2000). Autonomic and psychological stressor and relaxation: The influence of hypnotizability and absorption. *International Journal of Clinical & Experimental Hypnosis, 48*(4), 388-403. The influence of hypnotizability and absorption levels and autonomic responses to an experimental stressor and a relaxation procedure (a tape with music and progressive relaxation for 20 minutes) was evaluated in 13 high and 13 low hypnotizable subjects. Autonomic reactivity was measured with heart-rate variability. Only absorption was found to be a predictor of autonomic reactivity. This suggests that in a nonhypnotic context, absorption may be more influential than hypnotizability on responses to experimental conditions. Expectation and previous relaxation training predicted perceived relaxation to the relaxation procedure, rather than absorption or hypnotizability. The authors suggest that absorption may be correlated with greater awareness of internal physical and psychological processes. Results are supportive of previous findings of correlations between absorption, subjective perception of autonomic arousal, and reporting of somatic symptoms. Address for reprints: Robert Zachariae, Dr. Med. Sci., Institute of Psychology, Aarhus University, Asylvej 4, 8240 Risskov, Denmark. E-mail: bobby@psy.au.dk.

Zachariae, R., Jorgensen, M. M., & Christensen, S. (2000). Hypnotizability and absorption in a Danish sample: Testing the influence of context. *International Journal of Clinical & Experimental Hypnosis, 48*(3), 306-314. The validity of a Danish translation of the Tellegen Absorption Scale (TAS) was evaluated by examining the correlation between scores on it and a previously validated Danish version of the Harvard Group Scale of Hypnotic Susceptibility (HGSHS:A). With a sample of 168 subjects, mean HGSHS:A and TAS scores were found to be comparable to U.S. samples. The correlation between absorption and hypnotizability as measured in the same session was significant (.27; p = .013). But, a significant association was also found between hypnotizability and absorption when measured in different contexts (.38; p = .001). The results support the construct validity of the TAS and reaffirm previous research finding absorption is a predictor of hypnotizability. Address for reprints: Robert Zachariae, Dr. Med. Sci., Institute of Psychology, Aarhus University, Asylvej 4, 8240 Risskov, Denmark. E-mail: bobby@psy.au.dk.