Barber, T. X. (1999). Hypnosis: A mature view. *Contemporary Hypnosis, 16*(3), 123-127. This is a major theoretical paper. In a major departure from his sociocognitive position of 20-30 years ago, T. X. Barber presents his newest, eclectic theoretical conceptualizations of hypnosis. Although basically limited to examining highly responsive subjects, he conceptualizes 3 subtypes of high hypnotizables: amnesia-prone subjects, fantasy-prone subjects, or those with a positive set to respond to hypnotic suggestions (the more sociocognitive dimension). He further hypothesizes that there are “at least” 3 subtypes of fantasy-prone individuals: those developing fantasy in association with imaginative childhood activities; those who developed their fantasy talents to escape from undesirable early life environments; and those who became proficient in fantasizing by engaging in increasingly realistic sexual fantasies. He likewise subdivides amnesia-prone subjects into “at least” 2 subtypes: one learned in order to escape abusive childhood experiences (to block out or dissociate them), and a subtype that responded to adult desires for them to have amnesia about abuse. Thus, both types of amnesia-prone people, Barber believes, are a response to aversive, abusive childhoods. Finally, he also identifies “at least” 2 subtypes of “positively set individuals”: 1) Highly socialized, empathic, cooperative persons who adopt the attitudes and expectancies of others in social situations, yielding to their suggestions. 2) Individuals who have had a hypnotist remove misconceptions and fears, and maximize their positive expectations, readiness to relax, and to think or imagine along with suggestions. He also identifies 3 additional variables that may influence each of the 3 prior groups: 1) social-psychological dimensions of the experiment; 2) the hypnotist-subject relationship; and 3) the influence of the specific suggestions.

The article is followed by 14 discussion commentaries. The editor will comment on only a few points from these commentaries. Alan Gauld appropriately notes that some of those who fell under Barber’s original sociocognitive influence remain closer to his earlier ideas than he himself has, noting that he was become much more adventurous and broad in his thinking. Steve Lynn, in perhaps the most negative discussion commentary, holds fast to his sociocognitive theoretical constructs (as does Graham Wagstaff) in the face of this challenge, claiming that these constructs “may” still account for responsiveness, for example, of amnesia-prone subjects. Naish notes that no one would have expected the T. X. Barber of 20 years ago to offer a mature view that “harmoniously encompasses trance, state and neodissociation.” “He has shown that it is reasonable to focus on the phenomena of hypnosis (rather than in simulators or other non-hypnotic situations),and to consider what sorts of people can adopt these altered states of consciousness. It does not matter that the states may not be unique to the hypnosis situation; what is of interest is how they are achieved” (p. 168).

Erik Woody and Pamela Sadler raise particularly hard and interesting questions: “What exactly have our ‘high’ subjects been high in?” “Why should research conducted with positive set subjects on, say, hypnosis and memory generalize well to their fantasy-prone and amnesia-prone counterparts” (p. 189)? They suggest that existing hypnotizability scales

Review of International Literature

D. Corydon Hammond
Associate Editor
may be incapable of making the distinctions necessary because they do not distinguish different types of subjects, for example, in the high hypnotizable range. They provide even further critique of academic hypnosis research: “Furthermore, it is possible to wonder whether this type [positive set] is not largely a creation of our own research practices, in which we label mass-testing with standardized scales as ‘hypnosis,’ and regard all participants who claim to be responsive as ‘highs,’ regardless of the nature and origin of their responsiveness.” Referring to sociocognitive theorists, they continue, “perhaps we researchers have been the co-constructors, and now find ourselves looking into a mirror, studying an entity that our own research practices and theories helped to create” (p. 189). They also added a finding that they did not include in a previous (Hargadon, Bowers, & Woody, 1995) research publication: In a study of hypnotic analgesia, suggestions for counter-pain imagery produced analgesia in high hypnotizables who could produce effortless and vivid imagery, but actually decreased analgesia in high hypnotizables who were not as good at imagery—a finding supporting Barber’s conceptualizations about different types of high hypnotizables. Barber provides an excellent and extensive (17 page) author’s reply to the commentaries. Address for reprints: T. X. Barber, Research Institute for Interdisciplinary Science, Box 58-A, Ashland, MA 01721, USA.

The discussion commentary primary authors and their addresses are: Richard J. Brown, Raymond Way Neuropsychiatric Research Group (Room 808), University Dept. of Clinical Neurology, Institute of Neurology, Queen Square, London WC1N 3BG, United Kingdom (e-mail: R.J.Brown@ion.ucl.ac.uk); Etzel Cardena, Dept. of Psychiatry, USUHS, 4301 Jones Bridge Road, Bethesda, MD 20814, USA (e-mail: ecardena@usuhs.mil); John Chaves, Division of Behavioral Medicine & Bioethics, Indiana University School of Dentistry, Indianapolis, IN 46202, USA (e-mail: jchaves@iusd.iupui.edu); Michael J. Diamond, 566 So. San Vicente Boulevard, Suite 203, Los Angeles, CA 90048-4622, USA (e-mail: dadiamond@aol.com); Alan Gauld, Dept. of Psychology, University of Nottingham, Nottingham NG7 2RD, United Kingdom; Vernon H. Gregg, Dept. of Psychology, Birkbeck College, Malet St., London, WC1E 7HX, United Kingdom (e-mail: v.gregg@bbk.ac.uk); Michael Heap, Centre for Psychotherapeutic Studies, Dept. of Psychiatry, University of Sheffield, 16 Claremont Crescent, Sheffield S10 2TA, United Kingdom (e-mail: m.heap@sheffield.ac.uk); Stanley Krippner, Saybrook Graduate School, #300, 450 Pacific Avenue, San Francisco, CA 94133, USA (e-mail: skrippner@saybrook.edu); Steven Jay Lynn, Psychology Department, SUNY-Binghamton, Binghamton, NY 13905, USA (e-mail: slynn@binghamton.edu); Peter Naish, Psychology Dept., Gardiner 2, The Open University, Milton Keynes MK7 6AA, United Kingdom (e-mail: P.Naish@open.ac.uk); Frank J. Vingoe, 87 Blackoak Road, Cyncoed, Cardiff CF23 6QW, United Kingdom (e-mail: vincam76@globalnet.co.uk); Graham F. Wagstaff, Dept. of Psychology, University of Liverpool, P.O. Box 147, Liverpool L69 3BX, United Kingdom (e-mail: fwf@liverpool.ac.uk); John G. Watkins, 413 Evans St., Missoula, MT 59801, USA; Erik Woody, Dept. of Psychology, University of Waterloo, Waterloo, Ontario, Canada N2L 3G1 (e-mail: ewoody@watarts.uwaterloo.ca).

Bentall, R. (2000). Hypnotic and psychotic hallucinations: Rich data capable of multiple interpretations. Contemporary Hypnosis, 17(1), 21-25. This is a discussion commentary on the article by Woody and Szechtmam, reviewed in this issue. This article contains a wonderful review of research on psychotic hallucinations, which among other things demonstrates that they are not purely neurological, since they are influenced by culture. The literature also finds that auditory hallucinations are most likely to occur in situations where there is minimal stimulation or the stimulation is unpatterned, and are accompanied by subvocal activity. The author is not sure that either of the alternative models offered by
Woody and Szechtm (2000) offers an entirely satisfactory account of psychiatric hallucinations, although one of their models may do so for hypnotic hallucinations. Address for reprints: Richard Bentall, Dept. of Psychology, University of Manchester, Oxford Road, Manchester M13 9PL, United Kingdom. E-mail address: bentall@psy.man.ac.uk.

Botta, S. A. (1999). Hypnosis for liposuction surgery: A clinical review and guide for hypnotic dialogue. Contemporary Hypnosis, 16(4), 238-241. The author describes his hypnotic method, which he has used with more than 300 patients, to reduce the amount of intravenous anesthesia required to perform liposuction surgery. Patients listen to a hypnotic cassette tape intraoperatively, using relaxation techniques, and then dissociating the patient to experience his or her favorite place, and then utilizing age progression to future positive imagery. Posthypnotic suggestions for healing and recovery are also used. The author has found a marked reduction in the amount of intravenous medication needed, and frequently, no intravenous medication has been needed at all. The patient returns to the recovery room alert and ready for discharge. The actual hypnotic suggestions from the tape are reproduced in the article. Address for reprints: Samuel A. Botta, MD, KF Building, 5168 Campbells Run Road, Pittsburgh, PA 15205, USA.

Brown, D., Frischholz, E. J., & Scheflin, A. W. (1999). Iatrogenic dissociative identity disorder—An evaluation of the scientific evidence. Journal of Psychiatry & Law, 27, 549-637. Since the false memory controversy, there has been a dramatic increase in malpractice lawsuits against therapists in which a retractor alleges that a therapist suggestively implanted a false dissociative identity disorder (DID) diagnosis. This lengthy paper provides a critical examination of the arguments used by plaintiff expert witnesses, demonstrating that the scientific evidence (including historic and contemporary hypnosis studies) is insufficient and consists largely of anecdotal case reports, non-data-based pro-false-memory opinion papers, and several methodologically questionable laboratory studies. This sparse evidence fails to meet a minimal standard of scientific evidence justifying the claim that a major psychiatric diagnosis such as DID per se can be produced through suggestive therapeutic influences. However, some scientific evidence exists demonstrating that behavioral reinforcement can affect the frequency and type of alter behavior manifesting in patients who already have DID. It is emphasized that plaintiff expert witnesses have confused alter creation with alter shaping. The available scientific evidence indicates that it is doubtful whether such plaintiff complaints could foot a Frye-Daubert standard in a test of admissibility of such testimony. It is also emphasized that current malpractice claims based in iatrogenic DID fail to consider other plausible alternative explanations for the retraction beliefs of plaintiff’s, such as the manufacture of retraction beliefs through systematic exposure to post-treatment pro-false-memory suggestive influences and/or deceptive, factitious behavior on the part of plaintiffs. Overall, this paper provides a compelling challenge to the lawyers, false memory proponents and sociocognitive academics (Lilienfeld, Lynn, Kirsch, Chaves, Sarbin, Ganaway, & Powell, 1999; McHugh, 1992; Merskey, 1992; Ofshe & Watters, 1994; Spanos, 1994) who accuse therapists of iatrogenically creating DID.

Cangas, A. J., & Wagstaff, G. F. (2000). The current status of hypnosis in Spain. Contemporary Hypnosis, 17(1), 42-47. Among jurists in Spain, opinion is divided concerning the influence of hypnosis on will, with some maintaining that hypnosis can override will. Thus, most jurists accept that being in a hypnotic state at the time of the commission of a crime can be used as a defense, depending on knowledge of the person’s prior personality and the kind of suggestions used. As a consequence, hypnosis is forbidden legally as an investigative procedure in Spain. Similarly, the clinical practice of hypnosis has been removed from the Spanish public health system services and is not subsidized by private insurance carriers. It is concluded that traditional myths about hypnosis may be holding back its
acceptance in Spain. Address for reprints: Adolfo J. Cangas, Dept. of Clinical Psychology, University of Almeria, 04120-Almeria, Spain. E-mail address: ajcangas@filabres.ualm.es.

Clancy, S. A., McNally, R. J., & Schacter, D. L. (1999). Effects of guided imagery on memory distortion in women reporting recovered memories of childhood sexual abuse. *Journal of Traumatic Stress, 12*(4), 559-569. This study evaluated whether having subjects imagine unusual childhood events would inflate their confidence that such events actually happened to them, and it further evaluated whether this effect would be greater in women who have reported recovering memories of childhood sexual abuse than in women without such reports. Subjects were pre-tested on how confident they were that certain childhood events had occurred to them, and were then asked to use guided imagery to imagine some of these events in the laboratory. New measures of confidence were then readministered. Guided imagery did not significantly inflate confidence that early childhood events had occurred in either group, but the effect size of inflated confidence was more than twice as large in the control group as in the group with recovered memory. The data suggests persons can counteract memory distortions that could potentially be associated with guided imagery, supporting the tremendous bulk of studies reviewed in Brown, Scheflin and Hammond’s book, *Memory, Trauma Treatment, and the Law*, and demonstrating that persons with recovered memories of abuse do not display unusual memory suggestibility. Address for reprints: S. A. Clancy, Dept. of Psychology, Harvard University, Cambridge, MA 02138, USA.

Faymonville, M. E., Laureys, S., Degueldre, C., DelFiore, G., Luxen, A., Franck, G., Lamy, M., & Maquet, P. (2000). Neural mechanisms of antinociceptive effects of hypnosis. *Anesthesiology, 92*(5), 1257-1267. The neurophysiological mechanisms associated with hypnotic analgesia remain obscure. Therefore, in this study, positron emission tomography (PET) scans were used in 11 healthy volunteers to identify brain regions in which hypnosis modulates responses to noxious stimuli. A factorial design was used with two factors: state (hypnosis, resting state, or mental imagery) and stimulation (warm and non-noxious vs. hot noxious stimuli that were applied to the right thenar eminence). Two PET scans of cerebral blood flow were obtained with the 15O-water technique during each condition. Following each scan, the subject was asked to rate pain sensation and unpleasantness. To determine the main effects of noxious stimulation and hypnotic state, as well as state-by-stimulation interactions (e.g., brain regions that were more or less activated during hypnosis and in control conditions, under noxious stimulation), statistical parametric mapping was used. Previous research findings were replicated, with hypnosis decreasing both pain sensation and unpleasantness. To determine the main effects of noxious stimulation and hypnotic state, as well as state-by-stimulation interactions (e.g., brain regions that were more or less activated during hypnosis and in control conditions, under noxious stimulation), statistical parametric mapping was used. Previous research findings were replicated, with hypnosis decreasing both pain sensation and unpleasantness (affective component) of noxious stimuli. The noxious stimulation caused increased cerebral blood flow in the thalamic nuclei and anterior cingulate and insular cortices, and no areas were less activated in hypnosis. The hypnotic state induced a significant activation of the right-sided extrastriate area (Brodmann’s area 19) and the anterior cingulate cortex (Brodmann areas 24, 32). The interaction analysis showed that the activity in the anterior (mid-)cingulate cortex was related to pain perception and unpleasantness differently in the hypnotic state than in the resting or mental imagery conditions. It was concluded that hypnosis was effective in reducing sensory and affective components of pain, and that hypnotic analgesia is mediated by the anterior cingulate cortex. Address for reprints: M. E. Faymonville, Department of Anesthesiology and Intensive Care Medicine and Neurology, University Hospital of Liege, Liege, Belgium.

Hawkins, R., & Bartsch, J. (2000). The effects of an educational lecture about hypnosis. *Australian Journal of Clinical & Experimental Hypnosis, 28*(1), 82-99. This is an important study that emphasizes the facilitative value of pre-hypnotic education of patients about the myths and the nature of hypnosis, and which reinforces earlier work by Spanos that found
that those with negative attitudes toward hypnosis never scored above the moderate range of hypnotizability. In this study, 45 undergraduate students received an educational lecture about hypnosis, and were compared with 32 control students who did not attend the lecture. Nine months after the lecture, attitude and belief questionnaires were administered to students along with the Harvard Group Scale of Hypnotic Susceptibility. It was found that the lecture was associated with producing significantly higher hypnotizability scores. No similar positive effects to hypnotizability were seen from previous experience with hypnosis or exposure to stage or television hypnosis. There is discussion of the mediating effects of attitudes and beliefs, and an appendix includes a copy of their Hypnosis Beliefs Scale. Address for reprints: Russell Hawkins, School of Psychology, University of South Australia, Magill, S.A. 5072, Australia. E-mail address: Russell.Hawkins@Unisa.edu.au.

Hooogduin, K., & Hagenaars, M. (1999). Treatment of a woman with jactatio corporis nocturna. *Hypnos, 26*(4), 203-208. This paper overviews the treatment of rhythmic movement disorder, a sleep disorder occurring mostly in children which can include: head banding and head rocking (jactatio capitis nocturna) and body rocking and body rolling (jactatio corporis nocturna). A case presentation is made of a patient suffering the latter along with restless legs, and whose movements almost completely disappeared following behavioral treatment which included self-monitoring, self-hypnosis tapes, and self-control procedures. Address for reprints: Kees Hoogduin, PhD, MD, Zoetewoudzesingel 77, 2313 El Leiden, The Netherlands. E-mail address: cal.hoogduin@vxs.nl.

Hudetz, J. A., Hudetz, A. G., & Klayman, J. (2000). Relationship between relaxation by guided imagery and performance of working memory. *Psychological Reports, 86*(1), 15-20. This study evaluated whether relaxation with guided imagery improved working memory performance in healthy volunteers. Thirty subjects (ages 17-56) were randomly assigned to one of 2 conditions (or a no treatment control group) and administered the WAIS-III Letter-Number Sequencing Test before and after a 10-minute treatment with either guided imagery or popular music. Test scores did not differ before treatment. The mean was found to increase after guided imagery relaxation, but not after music or no treatment. Results support the hypothesis that working-memory scores are enhanced by guided imagery and it implies that information processing may be enhanced by prior relaxation. Address for reprints: J. A. Hudetz, Dept. of Anesthesiology, Medical College of Wisconsin, Milwaukee, WI 53226, USA. E-mail address: jhudetz@uwm.edu.

Kirsch, I., & Braffman, W. (1999). Correlates of hypnotizability: The first empirical study. *Contemporary Hypnosis, 16*(4), 224-230. The authors suggest that because the phenomena of hypnosis can be elicited without a hypnotic induction, that hypnotizability is not the same thing as suggestibility. Hypnotizability is defined as the change in suggestibility produced by inducing hypnosis. It is stated, however, that most of the studies purporting to measure hypnotizability have neglected to control for nonhypnotic, waking suggestibility. Thus, it is contended, they have assessed the relation of suggestibility to various variables, but not the relationship of hypnotizability to those variables. They claim that the one published study on the correlates of hypnotizability, by Kirsch, demonstrates that it is predicted by expectancy and motivation, rather than by absorption or fantasy proneness. They suggest that more attention be paid to identifying variables besides expectancy that independently contribute to nonhypnotic suggestibility. They actually propose that we should do away with the term hypnotizability and refer to it as imaginative suggestibility. Address for reprints: Irving Kirsch, PhD, Psychology Department, University of Connecticut, U-20, Storrs, CT 06269-1020, USA. E-mail address: irving.kirsch@uconnvm.uconn.edu.
Lang, E. V., Benotsch, E. G., Fick, L. J., Lutgendorf, S., Berbaum, M. L., Berbaum, K. S., Logan, H., & Spiegel, D. (2000). Adjunctive non-pharmacological analgesia for invasive medical procedures: A randomised trial. *Lancet, 355* (April 29, 2000), 1486-1490. Because of prior use of hypnosis for analgesia, the authors evaluated the use of hypnosis in a prospective, randomized study of 241 patients undergoing percutaneous vascular and renal procedures. The patients received either standard intraoperative care (n = 79), structured attention (n = 80) or self-hypnosis (n = 82). All patients were equipped with patient-controlled intravenous analgesia with midazolam and fentanyl. Patients rated both pain and anxiety before, after, and every 15 minutes during the procedures. It was found that pain increased linearly from 0 to 9 as the procedure went on in the standard group (p < .0001), and in the attention, placebo control group (-.0425; p < .0425), but pain levels remained flat in the hypnosis group. Anxiety decreased over time in all groups, with slopes of -.04 (standard), -.07 (attention), and -.11 (hypnosis). The use of medication was significantly higher in the standard group (1.9 units) compared with the attention (.8 units) and the hypnosis (.9 units) groups. One patient in the hypnosis group became haemodynamically unstable (episodes of oxygen desaturation) compared with 10 attention control patients (p = .0041) and 12 standards patients (p = .0016). Examining negative events such as hypoxacemia, haemodynamic instability, rebleeding, oversedation, and vomiting, there were 34 such events in standard treatment, 22 in the placebo control condition, and only 8 in the hypnosis group. The time required for the procedures was also significantly shorter in the hypnosis patients (61 minutes) than in the standard group (78 minutes; p = .0016) or the placebo control group (67 mins.). It was thus concluded that structured attention and self-hypnotic relaxation prove beneficial during invasive medical procedures, and that hypnosis produces more pronounced effects on both pain and anxiety, and is superior since it also improves haemodynamic stability. Despite the time required for hypnotic induction, self-hypnotic relaxation saved 17 minutes of operating room time. This study, demonstrating superiority of hypnosis to placebo control, supports results of earlier studies that have found adjunctive hypnosis reduces use of self-controlled analgesics and anxiety compared to control (standard surgical treatment) conditions. Address for reprints: Elvira V. Lang, MD, Dept. of Radiology, West Campus CC308, Beth Israel Deaconess Medical Center, 330 Brookline Ave., Boston, MA 02215, USA. E-mail address: elang@caregroup.harvard.edu.

Magner, E. S. (2000). An alternative view: Recovered memories and the Australian courts. *Australian Journal of Clinical & Experimental Hypnosis, 28*(1), 30-41. This paper, without references, discusses false memory issues in the Australian court system, and provides a challenge to views expressed by Campbell Perry (see below) in an article in the same issue. Address for reprints: Eilis S. Magner, University of New England, Armidale, NSW, 2351, Australia.

Milling, L. S., Kirsch, I., & Burgess, C. (2000). Hypnotic suggestibility and absorption: Revisiting the context effect. *Contemporary Hypnosis, 17*(1), 32-41. Measures of absorption and hypnotic responsivity were given to 150 subjects in the context of a single experiment, and to 146 subjects in the guise of different experiments. Half of the subjects were administered the suggestibility measure first, while the other half received the absorption scale first. Associations between hypnotic suggestibility and absorption were significantly stronger when assessed in the same experimental context than when assessed in different contexts, and this occurred in both orders of administration. The findings suggest that the relationship between absorption and hypnotic suggestibility is moderated by context and that this effect is not an artifact of non-random sampling or differences in time intervals between testing sessions. With contextual cueing, only about 15% of the variation in
behavioral hypnotic suggestibility is accounted for by absorption scores, and among some context subjects, only about 12% of the variance is shared with absorption. Thus, at best the association between absorption and hypnotic suggestibility is modest and the authors conclude that absorption does not appear to be a reliable personality trait marker for hypnotic suggestibility. Address for reprints: Leonard Milling, PhD, University of Connecticut, Psychology Department (U-1020), Storrs, CT 06269-1020, USA. E-mail address: milling@uconnvm.uconn.edu.

Perry, C. (2000). Vicissitudes of memory: Falsification and false memory syndrome. Australian Journal of Clinical & Experimental Hypnosis, 28(1), 4-20. A general discussion by a member of the False Memory Syndrome Foundation advisory board of current beliefs from his viewpoint, with no citation of references. Address for reprints: Barry Evans, P.O.Box 592, Heidelberg, Victoria, 3084, Australia.

Peter, B. (1999). About the early evolution of hypnosis and psychotherapy in Munich in 1775: The Ludwig Maximilian University in Munich and its student Franz Anton Mesmer, part I. Hypnos, 26(4), 215-217. Mesmer once studied at Ludwig Maximilian University in Germany, near the site of the next International Congress of Hypnosis. The controversy about the infamous exorcist Father Johann Joseph Gassner also principally took place in Munich. Four professors also planned a not unimportant role in the controversy. This material is reviewed in this historical corner article. No address available for reprints.

Raskin, R., Raps, C., Luskin, F., Carlson, R., & Cristal, R. (2000). Pilot study of the effect of self-hypnosis on the medical management of essential hypertension. Stress Medicine, 15(4), 243-247. In 33 hypertensive medical patients whose blood pressures were normal while hospitalized, it was found that they often required upward titration of medication while being followed as outpatients. One group was taught self-hypnosis, a second group received equal attention and time to relax without the specified procedure, and a third group received no intervention. On follow-up, the group trained in self-hypnosis showed greater downward change in diastolic blood pressure than the monitored group, with the attention-only group in between them. In addition, no subjects in the hypnosis group required upward titration of medications. These encouraging results support the value of adding self-hypnosis to the standard medical treatment for hypertension, although they should be replicated with a larger sample. No address available for reprints.


Sadigh, M. R. (2000). The treatment of recalcitrant posttraumatic nightmares with autogenic training and autogenic abreaction: A case study. Applied Psychophysiology & Biofeedback, 24(3), 203-210. Recurrent, frightening dreams are a common symptom of PTSD following a car accident. If left untreated, such nocturnal episodes can result in severe distress with emotional, physical, and psychophysiological concomitant. This case report describes the use of standard autogenic exercises and “autogenic abreaction” in reducing the frequency and severity of nightmares in a motor vehicle accident survivor. The patient was also instructed in two additional organ-specific formulas for self-hypnotic use to improve her sleep. The interventions, which spanned 11 sessions, were successful in treating the patient’s nightmares at conclusion of treatment and on follow-ups through 55
weeks. Address for reprints: Micah R. Sadigh, PhD, Dept. of Psychology, Good Shepherd Hospital, Allentown, PA 18103, USA.

Shergill, S., & David, A. (2000). Cognitive models and biology of auditory hallucinations. *Contemporary Hypnosis, 17*(1), 15-20. This is a discussion commentary to Woody and Szechtman’s article that is reviewed below. The authors skeptically note that the most parsimonious interpretation for these findings is that the focusing of attention externally in response to the command to listen to speech may produce the anterior cingulate findings. “The more one attends to an auditory cue, the more activation one would expect in both the attentional system and in the auditory cortex; both these regions are more prominently engaged during the hearing task in the hallucinating group” (p. 18). Address for reprints: Anthony David, Professor of Cognitive Neuropsychiatry, Dept. of Psychological Medicine, GKT School of Medicine and the Institute of Psychiatry, London SE5 8AF, United Kingdom. E-mail address: a.david@iop.kcl.ac.uk.

Tarrier, N., Sommerfield, C., Pilgrim, H., & Humphreys, L. (1999). Cognitive therapy or imaginal exposure in the treatment of posttraumatic stress disorder. Twelve-month follow-up. *British Journal of Psychiatry, 175*, 571-575. Previous research has found that both exposure, which is similar to what is commonly done in hypnosis-based treatments, and cognitive therapy treatments for chronic PTSD are both effective, and have not found one to be superior to the other. In a randomized clinical trial of the two treatments, with 12-month follow-up, with similar drop-out rates, both treatments produced significant clinical improvement, with no significant difference between the two treatments. However, 39% of the patients still met criteria on follow-up for PTSD, with victims of crime displaying higher levels of symptomatology than accident victims. Address for reprints: N. Tarrier, Dept. of Clinical Psychology, School of Psychiatry and Behavioural Science, University of Manchester, United Kingdom. E-mail address: ntarrier@fsl.with.man.ac.uk.

Treggiari-Venzi, M. M., Suter, P. M., de Tonnac, N., & Romand, J-A. (2000). Successful use of hypnosis as an adjunctive therapy for weaning from mechanical ventilation. *Anesthesiology, 92*(3), 890-892. This is a case report of the successful use of hypnosis in weaning a patient off of mechanical ventilation and in overcoming sleep disturbance. Hypnosis substantially reduced patient anxiety about discontinuing the use of a ventilator. It was concluded that hypnosis is a safe technique to use for patients where it is difficult and long to wean them from mechanical ventilation, and is without any risk or side effect. Hypnosis was also found to facilitate the nurse-patient relationship. Address for reprints; Dr. Miriam Treggiari-Venzi, Surgical Intensive Care Unit, University Hospital of Geneva, Geneva 14, CH-1211, Switzerland. E-mail: miriam.treggiari@hcuge.ch.

Varga, K., Gosi-Greguss, A. C., & Banyai, E. I. (1999). Hypnotists’ phenomenology: Toward the understanding of hypnotic interactions. *Hypnos, 26*(4), 181-193. Free narrative reports were gathered about the subjective experiences of 7 hypnotists following 103 standardized experimental hypnosis sessions. The three most common topics hypnotists reported were 1) their comments about the context of “hypnosis” itself, 2) altered state of consciousness experiences of their own, and 3) their strong transferential or emotional feelings toward subjects. Illustrative verbatim quotes are provided, supporting the conclusion that even an experimental hypnosis sessions (as distinguished form a clinical session) leads to a much deeper emotional involvement and subjective alteration on the hypnotists’ part than has often been supposed. Address for reprints: Address for reprints: Katalin Varga, PhD, Eotvos Lorand University, Dept. of Experimental Psychology, Budapest 64 Pf. 4, Izabella utca 46, H-1378 Hungary. E-mail: VAKATA@IZABELL.ELTE.HU.
Woody, E., & Szechtman, H. (2000). Hypnotic hallucinations: Towards a biology of epistemology. Contemporary Hypnosis, 17(1), 4-14. A previous positron emission tomography (PET) study of high hypnotizables who could experience an auditory hallucination versus those who could not identified that activation of the right anterior cingulate (Brodmann area 32) was critically implicated in experiencing a hypnotic hallucination, with the degree of blood flow to this area being very significantly and strongly correlated with ratings of how external the hallucination seemed ($r = .95$) and its clarity ($r = .85$). Those hearing the suggested hallucination also demonstrated greater activation over a much larger area of the temporal lobes. Fascinatingly, while listening to an actual tape recorded message, high hypnotizables capable of auditory hallucinations showed different brain activation than other high hypnotizables, with more extensive regions activated in both the auditory cortex and in the right rostral anterior cingulate. This result was like one found in previous research in unhypnotized subjects. Thus, hypnotic hallucinators demonstrated a tendency to process auditory events with the involvement of more extensive areas of the brain than other individuals. The article is accompanied by discussion commentaries by Shergill and David, and by Bentall, with the author’s reply. These commentaries are reviewed elsewhere in these abstracts. Address for reprints: Erik Woody, Dept. of Psychology, University of Waterloo, Waterloo, Ontario N2L 3G1, Canada. E-mail address: ewoody@watarts.uwaterloo.ca.

Wright, B. R., & Drummond, P. D. (2000). Rapid induction analgesia for the alleviation of procedural pain during burn care. Burns, 26(3), 275-282. This study evaluated the effects of the rapid induction analgesia procedure on resting and procedural pain, anticipatory anxiety, relaxation levels, and medication usage in 30 hospitalized burn patients. Relaxation and pain levels were rated by patients for 4 burn care sessions. Hypnosis was used twice with 15 patients during dressing changes, and 15 control patients had their usual dressing changes. When patients were asked to remember their level of pain during the dressing changes, they remembered an experience that was worse than their average spot ratings taken during the burn care procedure. But, self-report ratings of the sensory and affective components of pain decreased significantly both during and after hypnosis, especially in patients who became readily absorbed. Relaxation also increased in hypnotized patients during burn care. Anticipatory anxiety decreased before dressing changes in the hypnosis group, and analgesic medication intake decreased between treatment sessions. The outcomes support the value of hypnosis as a viable adjunct to narcotic treatment for pain control associated with burn care. Address for reprints: Dr. B. R. Wright, Transcultural Psychiatry Unit, Royal Perth Hospital, Perth, WA, Australia.