Anderson, G., & Lyttkens, L. (1999). A meta-analytic review of psychological treatments for tinnitus. *British Journal of Audiology, 33*, 201-210. This article is a meta-analysis of 18 studies (24 samples and 700 subjects) on the psychological treatment of tinnitus. Studies included cognitive-behavioral treatment (5 of 11 of these studies also included relaxation), relaxation, education/information, stress management/problem solving, biofeedback, and hypnosis. Effect sizes for perceived tinnitus loudness, annoyance, negative affect (e.g., depression), and sleep problems were calculated for randomized controlled studies, pre-post treatment design studies, and follow-up results. They found strong to moderate effects on tinnitus annoyance for controlled studies (d = .86), pre-post designs (d = .5), and at follow-up (d = .48). Results on tinnitus loudness were weaker and disappeared at follow-up. Lower effect sizes were also obtained for measures of negative affect and sleep problems. Because there were 11 cognitive-behavioral studies, and only 13 studies across other categories, cognitive behavioral studies were evaluated against all the other types of interventions lumped together. Therefore, the authors concluded that cognitive-behavioral treatments were more effective on ratings of annoyance in the controlled studies. Unfortunately, there were only 2 hypnosis studies. But, when this editor averaged effect sizes on follow-ups across each category of intervention, something interesting emerged. For degree of annoyance, the following average effect sizes were obtained: hypnosis .78; cognitive-behavior therapy .62; relaxation .52; education/information .02; biofeedback .02; problem-solving/stress management .32. For reducing loudness: hypnosis 1.79; cognitive-behavior therapy .27; relaxation .18; education/information .29; biofeedback .38. For improving sleep: hypnosis .77; cognitive-behavior therapy .34; relaxation .5; problem-solving/stress management .32. Thus, across categories, hypnosis has the highest effect sizes on follow-up evaluations, and it appears that hypnosis may be far superior to cognitive-behavioral therapy in reducing the perception of loudness and facilitating sleep. This is a productive area for future research. Address for reprints: Gerhard Andersson, PhD, Dept. of Psychology, Uppsala University, Box 1225, S-751 42 Uppsala, Sweden. E-mail address: Gerhard.Anderson@psyk.uu.se.

Baker, E. L. (2000). Reflections on the hypnotic relationship: Projective identification, containment, and attunement. *International Journal of Clinical & Experimental Hypnosis, 48*(1), 56-69. Presents the thinking of one of the foremost authorities in the area of psychoanalytic hypnotherapy. His approach emphasizes the hypnotic interaction, the enhanced ego-receptivity associated with hypnosis, the structuralized representations of the hypnotherapist as a transitional object, and evocatively recapitulating earlier representational systems. Address for reprints: Elgan L. Baker, PhD, Meridian Psychological Associates, 4401 North Central Ave., Indianapolis, IN 46205, USA.

Barnier, A. J. (1999). Posthypnotic suggestion: Attention, awareness, and automaticity. *Sleep and Hypnosis, 1*(1), 57-63. Hypnosis is not only intrinsically interesting, but also research into hypnosis can shed light on issues across the psychological domain. This
article explores ways in which hypnotic phenomena, in particular posthypnotic suggestion, can provide approaches to and understanding of complex issues in cognitive psychology. For instance, when subjects respond to a posthypnotic suggestion, they are presented with a stimulus that they appear to be attending to and which influences their behavior, yet they lack phenomenal awareness of it. This discontinuity between attention and consciousness suggests that the assumed mapping of attentive processing and awareness is problematic. Relatedly, the finding that posthypnotic suggestion is not automatic in the technical sense used by cognitive psychologists, despite the fact that subjects often describe their experiences as such, underscores that the processes of response initiation, awareness, and experience interact in complex and sometimes illusory ways. Overall, posthypnotic suggestion, and hypnotic phenomena in general, offer valuable paradigms for exploring important issues in psychology. Address for reprints: Amanda Barnier, School of Psychology, University of New South Wales, Sydney, NSW 2052, Australia.

Barry, J. J., Atzman, O., & Morrell, M. J. (2000). Discriminating between epileptic and nonepileptic events: The utility of hypnotic seizure induction. *Epilepsia, 41*(1), 81-4. The purpose of this study was to determine the validity of the Hypnotic Induction Profile (HIP) followed by seizure induction during continuous video-electroencephalographic (EEG) monitoring to discriminate between epileptic (EE) and nonepileptic events (NEE). Eighty-two patients who had been admitted to the Stanford Comprehensive Epilepsy Center for differential diagnosis of seizure-like events were evaluated. Exclusion criteria included the inability or refusal to complete the HIP, lack of a “typical” event, an IQ of less than 70, present evidence of psychosis, or a physiological cause for NEE. Sixty-nine patients met these criteria. While undergoing continuous video-EEG monitoring, the patient completed an HIP. An attempt was then made 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 was made independently by the neurology team and was compared with results obtained with the hypnotic evaluation. Results for patients with epileptic were compared with those with NEE and a group consisting of both EE/NEE. All patients with NEE were then contrasted with the EE group. The HIP scores for the EE patients indicated lower hypnotizability than the NEE group and were statistically significant when NEE patients and those with NEE/EE were combined. The sensitivity of seizure induction in the diagnosis of NEE was 77%, with a specificity of 95%. It was concluded that the HIP coupled with seizure induction is a useful technique to aid in the diagnosis of patients with NEE. It is sensitive and specific, and it may provide the patient with a useful behavioral tool to control NEEs. It may also furnish a conduit for long-term treatment. Address for reprints: J. J. Barry, Stanford Department of Psychiatry, Stanford University Medical Center, CA 94305, USA. E-mail address: jbarry@leland.stanford.edu.

Bertoni, F., Bonardi, A., Magno, L., Mandracchia, S., Martinelli, L., Terraneo, F., & Tonoli, S. (1999). Hypnosis instead of general anaesthesia in paediatric radiotherapy: Report of three cases. *Radiotherapy & Oncology, 52*(2), 185-190. Three cases of children are reported where they used hypnosis for the set-up during irradiation (radiotherapy). Two cases involved macroscopic resection of cerebellar medulloblastoma in which craniospinal irradiation was necessary, and the third was a patient who suffered with an endorbitary relapse of retinoblastoma previously treated with bilateral unucleation, radiotherapy and chemotherapy. In the latter case, the child needed radiation as palliative therapy. Hypnosis was used to obtain indispensable immobility. The children had previously been conditioned to enter hypnosis by a psychotherapist, and the inductions during each treatment were done by a clinician whose voice was presented to the children during prior hypnotic conditioning. The entire courses of radiation therapy were delivered in hypnosis, without the need for
narcosis. It was concluded that hypnosis may be useful in preparing pediatric cancer patients for radiation therapy, particularly when a lack of child collaboration might necessitate the use of general anesthesia and when anesthesia itself is not possible. Address for reprints: F. Bertoni, Istituto del Radio O. Alberti, Azienda Spedali Civil de Brescia, Italy.

Biswas, A., See, D., Kogon, M. M. & Spiegel, D. (2000). Hypnotizability and the use of traditional dhami-jhankri healing in Nepal. *International Journal of Clinical & Experimental Hypnosis, 48*(1), 6-21. The authors studied the role of hypnotic susceptibility as measured by the Hypnotic Induction Profile in the practice of a traditional Nepali healer. HIP scores were significantly higher in the healer’s patients than among patients in an allopathic (Eastern) or Ayurvedic (ancient Hindu healing art) clinics. In addition, patients who returned to the Nepali healer were more hypnotizable than first time patients who visited him. Treatment satisfaction of the Nepali healer’s patients was also positively correlated with HIP scores. Thus, hypnotic phenomena as measured in western cultures may be an important aspect of the Nepali healer’s treatment success. Address for reprints: David Spiegel, MD, Stanford University School of Medicine, Dept. of Psychiatry and Behavioral Sciences, 401 Quarry Road, Stanford, CA 94305-5718, USA. E-mail address: dspiegel@leland.stanford.edu.

Capafons, A., Alarcon, A., & Hemmings, M. (1999). A metaphor for hypnosis. *Australian Journal of Clinical & Experimental Hypnosis, 27*(2), 158-172. The nature and utility of a metaphor for hypnosis was evaluated with 60 volunteers. Subjects were exposed to one of two active hypnotic techniques (active-alert hypnosis or waking-alert hypnosis) and a metaphor was given. After the metaphor, subjects received the Barber Suggestibility Scale and a metaphor questionnaire evaluating their changes in attitude toward hypnosis, comprehension of the metaphor, imagination, and experienced sensation. Statistical analysis found the metaphor useful in consolidating attitudes toward hypnosis, and 70% of subjects thought the metaphor would be useful for them in everyday life. No significant differences were found between imagination scores and comprehension of the metaphor. Suggestibility levels did not affect changes toward hypnosis. It was concluded that the metaphor can be a useful complement to rapport-building. Address for reprints: Antonio Capafons, Facultat de Psicologia, Avenida Blasco Ibanez #21, 46010 Valencia, Spain. E-mail address: antonio.capafons@uv.es.

Cardeña, E. (2000). Hypnosis in the treatment of trauma: A promising, but not fully supported, efficacious intervention. *International Journal of Clinical & Experimental Hypnosis, 48*(2), 225-238. Cardeña reviews some of the early literature on the treatment of posttraumatic stress disorder, earlier referred to as shell shock and war neurosis. He then reviews more recent publications on the use of hypnosis with trauma, noting that there are almost no systematic studies of hypnosis in the treatment PTSD. Only one study comes close to qualifying hypnosis as a “possibly efficacious” treatment by Chambless and Hollon’s (1998) standards. Recommendations for improvements in studies, including single-case designs, are made. Address for reprints: Etzel Cardeña, PhD, Dept. of Psychiatry, USUHS, 4301 Jones Bridge Rd., Bethesda, MD 20814, USA. E-mail address: ecardena@usuhs.mil.

Defechereux, T., Meurisse, M., Hamoir, E., Gollogly, L., Joris, J., & Faymonville, M. E. (1999). Hypnoanesthesia for endocrine cervical surgery: A statement of practice. *Journal of Alternative & Complementary Medicine, 5*(6), 509-20. The objective of this study was to assess the feasibility of performing endocrine cervical surgery under hypnoanesthesia as a valuable, safe, efficient, and economic alternative to general anesthesia. Between April 1994 and June 1997, 197 thyroidectomies and 21 cervical explorations for hyperparathyroidism were performed under hypnoanesthesia (HYP). Operative data and
the postoperative course of this initial series were compared to a contemporary population of patients \((n = 119)\) who were clinically similar with the exception that they declined hypnosis or were judged unsuitable for it. Therefore, these 119 patients were operated on under general anesthesia (GA). The surgeons all reported better operating conditions for cervicotomy using hypnoanesthesia. Conversion from hypnosis to general anesthesia was needed in two cases \((1\%)\). All patients having hypnoanesthesia reported a pleasant experience and, keeping in mind that the GA group was not a randomly assigned control group, both had significantly less postoperative pain and analgesic use. Hospital stay was also significantly shorter for the HYP group, providing a substantial reduction in the costs of medical care. The postoperative convalescence was significantly improved after hypnoanesthesia and a full return to social or professional activity was significantly quicker. From this study, they concluded that hypnoanesthesia is an effective technique for providing relief of intraoperative and postoperative pain in endocrine cervical surgery. Hypnosis can therefore be used in most well-chosen patients and reduces the socioeconomic impact of hospitalization. Address for reprints: T. Defechereux, Department of Surgery, University of Liege, Belgium. E-mail address: Defechereux@chu.ulg.ac.be.

Pascalis, V., Magurano, M. R., & Bellusci, A. (1999). Pain perception, somatosensory event-related potentials and skin conductance responses to painful stimuli in high, mid, and low hypnotizable subjects: Effects of differential pain reduction strategies. *Pain, 83*(3), 499-508. This is an exceptionally fine study with powerful theoretical implications for understanding how hypnosis works. Pain perception, somatosensory event-related potential (SERP) and skin conductance response (SCR) changes were evaluated during hypnotic suggestions for deep relaxation, dissociated imagery, focused analgesia, and placebo, compared with a waking baseline condition. SERPs were recorded from frontal, temporal, central, and parietal scalp sites. Ten high, 9 mid, and 10 low hypnotizable right-handed women participated in the study. The following measures were obtained: (1) pain and distress tolerance ratings; (2) sensory and pain thresholds to biphasic electrical stimulation delivered to the right wrist; (3) reaction time and number of omitted responses; (4) N2 (280±11 ms) and P3 (405±19 ms) peak amplitudes of SERPs to target stimuli delivered using an odd-ball paradigm; and (5) number of evoked SCRs and SCR amplitudes as a function of stimulus repetition. The results showed that high, mid and low hypnotizables exhibited significant reductions of reported pain and distress ratings during conditions of deep relaxation/suggestions of analgesia, dissociated imagery, and focused analgesia. High hypnotizable subjects displayed significant reductions in pain and distress levels compared to mid and low hypnotizables during dissociated imagery, focused analgesia and, to a lesser degree, during deep relaxation. There were no significant differences among hypnotizability groups to the placebo condition. High hypnotizables, compared to mid and low hypnotizables, also showed significant increases in sensory and pain thresholds during dissociated imagery and focused analgesia conditions. High, mid, and low groups showed significant reductions in P3 peak amplitudes across all hypnosis conditions and, to a lesser degree, during placebo. The temporal cortical region was the most sensitive in differentiating SERP responses among hypnotizability groups. In this recording area, the subjects highly susceptible to hypnosis displayed significantly smaller P3 readings, “indicating that the different hypnotic analgesia suggestions produce different cognitive processes which are effective at different degree in reducing pain and distress sensations” (p. 506). There were also greater N2 peaks during focused analgesia in high hypnotizables than the other hypnotizable groups, “indicating an increased inhibitory processing to painful stimulation during hypnotic analgesia” (p. 506). In this condition, highly susceptible subjects also reported the highest number of omitted responses and the shortest reaction times. These
subjects also showed faster habituation of SCRs when compared with mid and low hypnotizables. During dissociated imagery and focused analgesia, highly hypnotizable subjects also disclosed a smaller total number of evoked SCRs than did mid and low hypnotizable subjects. Behavioral, electrocortical, and autonomic findings support the view that an inhibitory process was responsible for reduced pain and distress sensations. Suggestions to divert attention from the body (dissociated imagery condition) were effective in reducing the subjective rating of distress. Therefore, distraction (as hypothesized by sociocognitive theorists) cannot be ruled out as an element of hypnotic analgesia. But, focused analgesia, which required focusing attention on the hand receiving the painful stimulation (and not distracting attention from it) was the most effective in reducing pain. The shortest reaction time was found in this condition in high hypnotizables, indicating that in this situation effort was minimally involved in the experience of analgesia. This finding supports Bower’s dissociated control model of hypnosis which posits hypnotic analgesia as involving minimal high-level cognitive resources. In contrast, high hypnotizables reduced pain during dissociated imagery, but this was accompanied by longer reaction times, indicating that dissociated imagery requires a different process from focused analgesia with more processing capacity and less dissociated control. The results confirm previous findings by Zachariae and Bjerring (1994) suggesting different electrophysiological processes are involved for the 3 types of suggestions. “Among these different processes, the distraction of attention,” as hypothesized by sociocognitive theorists, “cannot be considered the main mechanism responsible for hypnotic analgesia” (p. 507). Address for reprints: Dr. Vilfredo De Pascalis, Department of Psychology, University of Rome ‘La Sapienza’, Rome, Italy.

De Pascalis, V., Russo, P., & Marucci, F. S. (2000). Italian norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A. International Journal of Clinical & Experimental Hypnosis, 48(1), 44-55. Presents norms for an Italian translation of the Harvard Group Scale of Hypnotic Susceptibility on 376 subjects. The norms are generally congruent with earlier normative studies, but women had higher scores and item pass rates than men. Reliability scores were the same as previous reports on a Danish sample, higher than a German sample, but lower than American, Canadian, and Australian samples. Address for reprints: Vilfredo De Pascalis, Dept. of Psychology, Via dei Marsi 78, 00185 Roma, Italia. E-mail address: v.despascalis@caspur.it.

DeVos, H. M., Potgieter, J. R., Blaauw, J. H. (1999). Physiological and psychological effects of active-alert hypnosis. Psychological Reports, 84(3, Pt 2), 1123-6. Ten female physical education students were given posthypnotic suggestions alluding to economy of effort in exercise. The suggestions were affirmed under self-hypnosis over two weeks. Experimental subjects pedaled on an exercise bicycle for 20 minutes at 60% of their maximal work capacity while listening to hypnotic suggestions from an experimenter. The control group (n = 9) showed no differences between mean pre- and post-test scores on physical self-efficacy, trait anxiety, state anxiety, heart rate, blood pressure, and perceived rate of exertion. The average systolic blood pressure of the experimental group was the only positive significant difference between the pre-test and post-test scores. Address for reprints: H. M. DeVos, Department of Human Movement Science, University of Stellenbosch, Matieland, Republic of South Africa.

the real-life, give-and-take dialogue in psychoanalytically-oriented hypnotherapy might go in a case example that Baker had cited. Therefore, this article will be of practical significance to the clinician seeking a deeper comprehension and technical understanding of the actual application of a psychoanalytic approach to hypnotherapy. Address for reprints: Michael J. Diamond, PhD, 566 So. San Vicente Blvd., Suite 203, Los Angeles, CA 90048-4622, USA. E-mail address: dadiamond@aol.com.

Evans, F. J. (1999). Hypnosis and sleep: The control of altered states of awareness. Sleep and Hypnosis, 1(4), 232-237. In spite of some obvious phenomenological similarities between hypnosis and sleep, they appear to be unrelated physiologically. Hypnosis and sleep may share control mechanisms that may partly account for individual differences in the ability to experience hypnosis and in the ease of falling asleep and maintaining voluntary control of sleep processes. Relationships between hypnosis, napping sleep induced response to suggestion, absorption and treatment outcome are discussed to highlight individual differences in the ability to process and voluntarily control states of consciousness. Address for reprints: Frederick J. Evans PhD, Pain Management Behavioral Medicine Service, 736 Lawrence Road, Lawrenceville, NJ, 08648 USA. E-mail address: Aussie Dr@AOL.COM.

Fick, L. J., Lang, E. V., Logan, H. L., Lutgendorf, S., & Benotsch, E. G. (1999). Imagery content during nonpharmacologic analgesia in the procedure suite: Where your patients would rather be. Academic Radiology, 6(8), 457-63. Imagery as a hypnotic technique can produce analgesia and reduce anxiety, but effective use may be restricted to more highly hypnotizable individuals. This study evaluated (a) whether patients not selected for hypnotizability can produce imagery during interventional radiologic procedures, and (b) the type of imagery produced. A secondary goal of the study was to familiarize healthcare providers with a simple, time-efficient technique for imagery. Fifty-six non-selected patients referred for interventional procedures were guided to a state of self-hypnotic relaxation by a healthcare provider according to a standardized protocol and script. Patient hypnotizability was assessed with the Hypnotic Induction Profile. Patients as a group displayed an average distribution of hypnotizability. The induction script was started in all patients and completed in 53 of 56. All patients developed an imagery scenario. Chosen imagery was highly individual, but common trends were nature and travel, family and home, and personal skills. Being with loved ones was an important element of imagery for 14 patients. Thirty-two patients chose passive contemplation, and 24 were action oriented. It was concluded that average patients who present for interventional radiologic procedures and are not preselected for hypnotizability can engage in imagery. Topics chosen are highly individual, thus making prerecorded tapes or provider-directed imagery unlikely to be equally successful. Address for reprints: L. J. Fick, Department of Radiology, University of Iowa, Iowa City, 52252, USA.

Fox, P. A., Henderson, D. C., Barton, S. E., Champion, A. J., Rollin, M. S., Catalan, J., McCormack, S.M., & Gruzelier, J. (1999). Immunological markers of frequently recurrent genital herpes simplex virus and their response to hypnotherapy: A pilot study. International Journal of Studies on AIDS, 10(11), 730-4. Patients were recruited for hypnotherapy from a clinic for patients with frequently recurrent genital herpes simplex virus (rgHSV). Psychological and immunological parameters were measured 6 weeks prior to hypnotic intervention, and 6 weeks afterwards, during which time each patient kept a diary of symptoms of rgHSV. Following hypnotherapy there was a significant overall reduction in the number of reported episodes of herpes, accompanied by an increase in the numbers of CD3 and CD8 lymphocytes, which may represent a non-specific effect of hypnosis. The patients who improved showed significant increases in natural killer (NK)
cell counts, HSV specific lymphokine activated killer (LAK) activity, and reduced levels of anxiety when compared to those who did not show improvement. NK cell numbers and HSV specific LAK activity may, therefore, be important in the reduction in rgHSV following hypnotically mediated treatment. Address for reprints: Dr. P. A. Fox, Department of HIV and Genitourinary Medicine, Chelsea & Westminster Hospital, London, United Kingdom.

Ghoneim, M. M., Block, R. I., Sarasin, D. S., Davis, C. S., & Marchman, J. N. (2000). Tape-recorded hypnosis instructions as adjuvant in the care of patients scheduled for third molar surgery. *Anesthesia & Analgesia, 90*(1), 64-8. As medical costs continue to escalate, there is increased willingness to consider the role played by nontraditional factors in health. The authors investigated the usefulness of tape-recorded hypnosis instruction on perioperative outcome in surgical patients in a prospective, randomized, and partially blinded study. Sixty patients scheduled for third molar surgery were studied. Patients were assigned to either an experimental group (E) or a control group (C). The experimental group received an audio tape to listen to daily for the immediate preoperative week, which guided the patients through a hypnotic induction and included suggestions on enhancement of perioperative well-being. Group C did not receive any tapes. The same surgeon administered local anesthesia and a standard regimen of sedation, and performed the operation for all patients. The following variables were assessed one week prior to surgery, immediately before and after surgery, and for 3 days after surgery by the indicated measurements: state of anxiety as measured by the Spielberger scale; nausea and pain as measured by visual analog scales; number of tablets of the analgesics that were used; number of episodes of vomiting; and complications. In addition, the surgeon’s assessment of ease of surgery was recorded. Two variables differed between the groups. Group C exhibited a mean increase of 11.7 points on the Spielberger state anxiety scale from the screening to the presurgery period, while Group E showed only a mean increase of 5.5 points during the same period (P = 0.01). Second, the mean number of vomiting episodes was more in Group E (1.3), than in Group C (0.3; P = 0.02). In conclusion, pre-surgical anxiety was reduced through tape assisted self-hypnosis, but for no apparent reason, there was also an increase in the incidence of vomiting. Thus, although an easy and cost-effective method, the authors concluded that the value of self-hypnosis remains to be established. Address for reprints: Dr. H. H. Ghoneim, Department of Anesthesia, University of Iowa, Iowa City 52242, USA.

Ginandes, C. S., & Rosenthal, D. I. (1999). Using hypnosis to accelerate the healing of bone fractures: A randomized controlled pilot study. *Alternative Therapy & Health Medicine, 5*(2), 67-75. Hypnosis has been used in numerous medical applications for functional and psychological improvement, but has been inadequately tested for anatomical healing. This study sought to ascertain whether a hypnotic intervention accelerates bodily tissue healing using bone fracture healing as a site-specific test. In a randomized, controlled pilot study at two hospitals, 12 healthy adult subjects with the study fracture were recruited from an orthopedic emergency department and randomly assigned to either a treatment (n = 6) or a control group (n = 6). One subject, randomized to the treatment group, withdrew prior to the intervention. All 11 subjects received standard orthopedic care including serial radiographs and clinical assessments through 12 weeks following injury. The treatment group received a hypnotic intervention (individual sessions, audiotapes) designed to augment fracture healing. Radiological and orthopedic assessments of fracture healing 12 weeks following injury and hypnotic subjects’ final questionnaires and test scores on the Hypnotic Induction Scale showed trends toward faster healing for the hypnosis group through week 9 following injury. Objective radiographic outcome data revealed a notable difference in fracture edge healing at 6 weeks. Orthopedic assessments showing trends toward better healing for hypnosis subjects through week 9 included improved ankle mobility, greater
functional ability to descend stairs, less use of analgesics (in weeks 1, 3, and 9), and trends toward lower self-reported pain through 6 weeks. It was concluded that despite a small sample size and limited statistical power, these data suggest that hypnosis may be capable of enhancing both anatomical and functional fracture healing, and that further investigation of hypnosis to accelerate healing is warranted. Address for reprints: Dr. C. S. Ginandes, Department of Psychiatry, Harvard Medical School, Boston, MA, USA.

Green, J. P., & Lynn, S. J. (2000). Hypnosis and suggestion-based approaches to smoking cessation. *International Journal of Clinical & Experimental Hypnosis, 48*(2), 195-224. Fifty-nine articles on hypnosis and smoking cessation are reviewed. The authors concluded that although hypnosis produced higher abstinence rates than wait-list and no-treatment conditions, the outcomes were usually comparable to nonhypnotic interventions, with mixed evidence concerning whether hypnosis outcomes are superior to placebos. Therefore, by experimental guidelines, hypnosis cannot yet be considered a specific and efficacious treatment for smoking and it is often impossible to rule out educational or cognitive-behavioral interventions as a source of positive treatment outcomes. The evidence is considered sufficient, however, to categorize hypnosis as a “possibly efficacious” treatment for smoking. Address for reprints: Joseph P. Green, PhD, Ohio State University, 4240 Campus Dr., Lima, OH 45804, USA.

Hackman, R. M., Stern, J. S., & Gershwin, M. E. (2000). Hypnosis and asthma: A critical review. *Journal of Asthma, 37*(1), 1-15. Asthma is a common chronic disease that has significant effects on patients’ health and quality of life. Hypnosis has been used clinically to treat a variety of disorders that are refractive to pharmaceutical-based therapies, including asthma, but relatively little attention has been given recently to the use of clinical hypnosis as a standard treatment for asthma. It was concluded that significant data suggest that hypnosis may be an effective treatment for asthma, although it is premature to conclude that hypnosis is unequivocally effective. Studies conducted to date have consistently demonstrated an effect of hypnosis with asthma, but larger randomized, controlled studies are needed. Existing data suggest that the efficacy of hypnosis is enhanced in subjects who are more hypnotizable, with experienced clinicians, when administered over several sessions, and when reinforced by patient self-hypnosis. Children in particular appear to respond well to hypnosis as a tool for improving asthma. Address for reprints: R. M. Hackman, University of California, Davis, CA 95616, USA.

Kallio, S., Revonsuo, A., Lauerma, H., Hamalainen, H., & Lang, H. (1999). The MMN amplitude increases in hypnosis: A case study. *NeuroReport, 10*, 3579-3582. Neurophysiological mechanisms associated with hypnosis were measured in a highly hypnotizable subject. They measured the mismatch negativity (MMN) of auditory ERP, reflecting the preattentive discrimination of change in stimulus flow, in normal baseline state, and under hypnosis. Crawford and Gruzelier have proposed that an inhibition of frontal functions occurs in hypnosis. This could be measured by a decrease in MMN. ERP’s were elicited using the passive oddball paradigm and measurement was repeated in five separate sessions. In hypnosis, the MMN was significantly larger compared to baseline. The authors concluded: “In a very highly susceptible subject, pure hypnosis without any further suggestions can give rise to an altered way of information processing in the brain. These changes are difficult to explain by referring to any social-psychological concepts such as implicit or explicit expectations [as proposed by Kirsch] or complying [as proposed by Wagstaff] since MMN is considered to be the result of a preattentive process” (p. 3582). “Hypnosis thus may involve an altered state of consciousness in which automatic auditory discrimination processes are enhanced but at the same time their ability to engage attentional...
orientation seems to be diminished” (p. 3582). The results do not support the frontal inhibition hypothesis. Address for reprints: Sakari Kallio, Department of Psychology, University of Turku, Turku, Finland, 20014.

Kirsch, I., Milling, L. S., & Burgess, C. (2000). Suggestion difficulty as a hypothesized moderator of the relation between absorption and suggestibility: A new spectral analysis. *International Journal of Clinical & Experimental Hypnosis, 48*(1), 32-43. Hypnotizability and absorption measures were administered to 146 subjects in the guise of being part of different experiments. They correlated the difficulty of individual hypnotic suggestions with the magnitude of the association between suggestions and absorption. Interestingly, absorption scores were not more highly correlated with the passing of more difficult suggestions compared with easier ones. This finding was confirmed by meta-analysis of this and other spectral analysis experiments. Furthermore, cross-study correlations demonstrated that the magnitude of the correlation between absorption and individual suggestions varies widely, making a two-component model quite difficult to test. The findings suggest that discrepant findings in previous spectral analyses could be associated with the low reliability of association of absorption with individual items and the fairly small number of correlations in the studies. Address for reprints: Irving Kirsch, PhD, Dept. of Psychology, U-20, University of Connecticut, 406 Babbbidge Road, Storrs, CT 06269-1020, USA. E-mail address: irvingk@uconnvm.uconn.edu.

LaBerge, S., & Zimbardo, P. G. (1999). Event-related potential correlates of suggested hypnotic amnesia. *Sleep and Hypnosis, 1*(2), 122-128. An indirect event-related potential (ERP) memory assessment procedure was used to study ERP correlates of suggested hypnotic amnesia. Subjects selected for high or low hypnotic susceptibility learned two 5-word lists prior to hypnosis. They then listened to a recorded hypnotic induction and amnesia suggestion for one of the two lists. After being aroused from hypnosis, they learned a third list. ERPs were then collected during a recognition task in which subjects were presented with a random ordering of the three lists intermixed with seven lists of unlearned words. Subjects were required to press one button if the word was from the third list learned, and another button if the word was unlearned or from words learned pre-hypnotically. Thus, response requirements were identical for the first two lists learned. A subgroup of low-hypnotizables were asked to simulate hypnotic amnesia. Only subjects who later demonstrated hypnotic amnesia on a recognition test showed significantly different ERP responses (larger P300 amplitude) to words for which amnesia had been suggested compared to control words. The ERPs of these high-hypnotizable amnesics significantly differed from those of both the other groups (i.e., high- and low-hypnotizables who did not report amnesia, and simulators who reported, but did not experience amnesia). This result indicates that the phenomenon of suggested hypnotic amnesia cannot be explained solely by behavioral compliance or simulation. Address for reprints: Stephen LaBerge, PhD, Department of Psychology, Stanford University, Stanford, CA 94305-2130 USA. E-mail address: slab@psych.stanford.edu.

Lebovits, A. H., Twersky, R., & McEwan, B. (1999). Intraoperative therapeutic suggestions in day-case surgery: Are there benefits for postoperative outcome? *British Journal of Anaesthesia, 82*(6), 861-866. To evaluate the effects of intraoperative suggestions, seventy consenting, unpremedicated adults undergoing elective outpatient hernia repair under general anesthesia were randomly assigned to either a therapeutic tape (TT) or a comparison tape (CT) group. A standardized general anesthesia technique was used with propofol, fentanyl or alfentanil, isoflurane and nitrous oxide in oxygen. Pain, nausea, and vomiting were assessed after surgery at 30, 60, and 90 minutes, and at 2, 6, and 24 hours.
Other side effects, such as muscular discomfort or headache, as well as recall of the content of the tapes, were also evaluated after surgery. Absorption was measured before surgery. The groups were similar in patient characteristics, preoperative, absorption, surgical and anesthesia characteristics. There were no differences in pain ratings or need for analgesics administered at any time after surgery. Nausea/vomiting was experienced significantly fewer times by patients in the experimental group over the first 90 minutes (TT group 4% CT group 15%; P < 0.02), but not over the last 3 assessment times. The experimental group experienced fewer side effects over the entire postoperative assessment period (P = 0.03), in particular less headaches (P = 0.03) and less muscular discomfort (P < 0.02). It was concluded that therapeutic intraoperative suggestions may result in mildly significant postoperative benefits in outpatients. Address for reprints: A. H. Lebovits, Dept. of Anesthesiology, New York University Medical Center, New York, NY, USA.

Lynn, S. J., Kirsch, I., Barabasz, A., Cardeña, E., & Patterson, D. (2000). Hypnosis as an empirically supported clinical intervention: The state of the evidence and a look to the future. *International Journal of Clinical & Experimental Hypnosis, 48*(2), 239-259. This paper provides a summary of the other articles in this journal issue on the clinical efficacy of hypnosis. It is concluded that research generally supports the efficacy of hypnosis with some psychological and medical problems, and that the procedures often appear very cost-effective. They also believe that with some refinement, other hypnotic treatment protocols will obtain sufficient documentation to meet requirements as “well-established.” Their recommendations for future research include to define the sample population carefully, manualize treatment procedures in sufficient detail to allow replication, randomly assign subjects to treatment conditions, provide data on hypnotizability of the samples in the different conditions, assess expectancies and motivation, and provide detailed data, including means, standard deviations, and dropout rates. They also recommend that sample sizes be large enough (e.g., at least 25-30 per condition) and that a power analysis be conducted prior to beginning research to insure that sufficient numbers are gathered. They further recommend that nonhypnotic treatments be compared with the same treatments with the addition of hypnotic inductions and suggestions, that adequate follow-ups be conducted, and that case studies utilizing within-subjects comparisons can also profitably contribute to the literature. Finally, evaluations of contraindications of hypnosis are deemed worthy of investigation. Address for reprints: Steven Jay Lynn, PhD, Psychology Dept., State University of New York at Binghamton, NY 13902, USA.

Matthews, M. J., Conti, J., & Starr, L. (1999). Ericksonian hypnosis: A review of the empirical data. *Sleep and Hypnosis, 1*(1), 47-56. The use of hypnosis has proved to be both an enduring and valid clinical tool used by a wide variety of health care professionals. Since the 18th century, hypnosis has been practiced in varying styles and approach, from Anton Mesmer’s use of his own perceived animal magnetism, to Sigmund Freud’s authoritarian and directive style, to that of Milton Erickson’s flexible and utilitarian approach. As practiced by Freud and others in the last century, hypnosis was used as a treatment modality for symptom removal or relief. Hypnosis, in its current use, is practiced not as an exclusive treatment modality but rather as an adjunct to some other form of psychotherapy. An important question prior to considering the specific claims of Ericksonian hypnotherapy is whether hypnosis as a clinical intervention enhances the effectiveness of treatment. Kirsch, Montgomery, and Sapirstein performed a meta-analysis on 18 studies in which cognitive-behavioral therapy with and without the addition of hypnosis were analyzed. Their results indicated that treatment outcome is significantly enhanced by the addition of hypnosis. Their data showed a 70% greater improvement by those clients receiving cognitive-behavioral hypnotherapy, as compared to subjects receiving non-hypnotic cognitive-behavioral therapy.
Kirsch, et al. concluded that the effect of adding hypnosis to psychotherapy is substantial, and was found to be particularly useful in the treatment of obesity, especially at long-term follow-up intervals where the effect of losing weight remained. Thus, in the most general of statements, hypnosis as an ancillary form of treatment is effective. Given these data, two basic questions become relevant: (1) How effective is a given approach to hypnosis as compared to other approaches?; and (2) What elements within a given approach are central to its effectiveness? No specific evidence of the effectiveness of “Ericksonian hypnosis” is presented. Address for reprints: William J. Matthews, PhD, School Psychology Program, University of Massachusetts-Amherst, Amherst, MA, USA. E-mail address: shamrock@educ.umass.edu.

McNeilly, R. B. (2000). An Ericksonian approach to sleep problems: Waking up to individual opportunities. *Sleep and Hypnosis, 2*(1), 36-39. Instead of seeking to diagnose the cause of the sleeping problem and treating that, there is a place for asking, “What’s missing for this individual?” and then assisting the patient person to find it so that normality can return. Two distinct categories are outlined, and corresponding clinical approaches are discussed. A case is made to go beyond some simplistic formula, to offer more than relaxation, so the individuality of each client can be respected, and the approach tailored to that individual. Cases are also presented from the work of Milton H. Erickson, and from the author’s own practice to illustrate the use of this approach clinically. Address for reprints: Robert B. McNeilly, Co-Director Ampersand Australia Pty Ltd., 85 Male Street, Brighton VIC 3186, Australia. E-mail address: rob_mcneilly@compuserve.com.

Milling, L. S., & Costantino, C. A. (2000). Clinical hypnosis with children: First steps toward empirical support. *International Journal of Clinical & Experimental Hypnosis, 48*(2), 113-137. This article consists of a review of control studies on clinical hypnosis with children, concluding that this research is at a very early developmental stage. This conclusion is based on the fact that there are very few experimentally controlled articles on hypnosis with children, and even fewer that had a random assignment of subjects. The largest focus of studies has been in working with chemotherapy and acute pain, while there is not a single controlled research report on hypnosis with emotional-behavioral problems in children. Conspicuously absent from the studies is a specific treatment manual, which is a requirement that Chambless and Hollon (1998) have sought to impose in the clinical psychology literature to qualify for being either a “possibly efficacious,” “efficacious,” or “efficacious and specific treatment.” Only one study, by Edwards and van der Spuy (1985) on treatment of nocturnal enuresis, qualified as a possibly efficacious treatment. Because of the lack of a treatment manual, several impressive studies still would not technically qualify as providing evidence of hypnosis as possibly efficacious. It was also emphasized that suggestibility testing was commonly neglected in the research studies, despite the fact that it appears to often be associated with predicting treatment outcome. Address for reprints: Leonard S. Milling, PhD, Department of Psychology (U-1020), University of Connecticut, 406 Babbcidge Road, Storrs, CT 06269-1020, USA.

Mishima, N., Kubota, S., & Nagata, S. (1999). Psychophysiological correlates of relaxation induced by standard autogenic training. *Psychotherapy and Psychosomatics, 68*, 207-213. Thirty-one healthy students were randomly assigned to an autogenic training (AT) group and a control group. In a first session, the physiological variables were measured for all students before and after they were asked to relax in their own way. The AT group were then taught AT for 3 months, after which time the measurements were repeated. In the second session, the AT group practiced the standard AT exercise, while the control group repeated their own form of simple relaxation. Electrocardiogram, plethysmogram
(PTG), and blood pressure (BP) were measured while the students breathed at a rate of 15 cycles/minute. The R-R intervals and BP were analyzed by an autoregressive model for spectral analysis, and the data were compared by repeated measures ANOVA. The AT group had a significant increase in the mean R-R interval and a significant decrease in the baseline deflection of the PTG in the second session. There were no significant changes in sympathetic activity except for the change in PTG, although low frequency amplitude of systolic BP decreased slightly. In conclusion, AT was found to induce significant changes that were independent of respiration in healthy students, although paced breathing might have operated as a mental stress. Address for reprints: Norio Mishima, Dept. of Mental Health, Institute of Industrial Ecological Sciences, University of Occupational & Environmental Health, Kitakyushu, Japan.

Montgomery, G. H., DuHamel, K. N., & Redd, W. H. (2000). A meta-analysis of hypnotically induced analgesia. *International Journal of Clinical & Experimental Hypnosis, 48*(2), 138-153. A meta-analysis of hypnoanalgesic effects of hypnosis and the generalizability of these effects from the laboratory to the clinical setting is the focus of this article. The authors review studies assessing hypnotic pain reduction in healthy volunteers compared to studies using patient samples, the literature on hypnotic pain relief in relation to hypnotizability scores, and studies comparing hypnotic pain relief to nonhypnotic psychotherapeutic interventions. The meta-analysis of 18 studies found a moderate to large hypnoanalgesic effect, supporting the potency of hypnosis in the relief of pain. Furthermore, findings indicate that hypnotic pain relief is equally effective with clinical and experimental pain. The comparison of hypnosis with nonhypnotic interventions unfortunately included under nonhypnotic psychological strategies 4 autogenic training studies, with the authors apparently not aware that autogenic training is simply a structured German form of self-hypnosis. Also included were several Spanos studies of waking suggestions, but no studies of biofeedback were included. Unfortunately, the authors were also far from comprehensive in their survey of hypnosis and pain articles, missing the following very important articles in their analysis: Knox et al., 1981; Stern et al., 1977; Olness et al., 1987; Maers, 1995; Jenkins and Pritchard, 1993; Dalgren et al., 1995; Smith et al., 1996; Arendt et al., 1990; Mellis et al., 1991; Houle et al., 1988; DeBenedittis et al., 1989, and Miller and Bowers, 1993. Nonetheless, based on their limited review, the authors concluded that “hypnotic suggestion relieves pain for the majority of people, regardless of the type of pain they are experiencing” (p. 148). “Indeed, hypnotically suggested analgesia is at least as effective as nonhypnotic psychological interventions for pain management (e.g., cognitive-behavioral) and should be considered as a potential pain management strategy when discussing treatment modality options with patients” (p. 146). Finally, it was concluded that by APA clinical psychology task force guidelines, hypnotically suggested pain relief can be classified as a “well-established treatment.” Address for reprints: Guy H. Montgomery, PhD, Cancer Prevention & Control Program, Derald H. Ruttenberg Cancer Center, Mt. Sinai School of Medicine, Box 1130, One Gustave L. Levy Place, New York, NY 10029-6574, USA. E-mail address: guy.montgomery@mssm.edu.

Pinnell, C. M., & Covino, N. A. (2000). Empirical findings on the use of hypnosis in medicine: A critical review. *International Journal of Clinical & Experimental Hypnosis, 48*(2), 170-194. A moderately, but not entirely thorough review is provided of the hypnosis literature concerning the treatment of asthma, dermatologic diseases, gastrointestinal diseases, hemorrhagic disorders, and hyperemesis in pregnancy and nausea and vomiting in oncology. Researchers will find the methodological critique helpful. Eight studies in the areas of presurgical preparation, psoriasis, warts, irritable bowel syndrome, hemophilia, and control of nausea and vomiting in cancer patients were deemed sufficiently rigorous to be deemed
“possibly efficacious” treatments by Chambless and Hollon’s (1998) criteria. Address for reprints: Cornelia Mare Pinnell, PhD, 2301 West Dunlap Ave., Suite 211, Phoenix, AZ 85021, USA.

Ray, W. J., Sabsevitz, D., De Pascalis, V., Quigley, K., Aikins, D., & Tubbs, M. (2000). Cardiovascular reactivity during hypnosis and hypnotic susceptibility. *International Journal of Clinical & Experimental Hypnosis, 48*(1), 22-31. In 3 studies, the authors evaluated the relationship between hypnotizability and cardiovascular measures, particularly parasympathetic activity. It was found that neither heart rate variability nor heart rate differed between high and low susceptible individuals initially in a baseline condition. In addition, experimental tasks created to elicit differential parasympathetic and sympathetic cardiac responses were found to have no interaction with hypnotic susceptibility. The studies suggest that hypnotizability in itself is not associated with the parasympathetic aspects of basal cardiac responses or states. Furthermore, a hypnotic induction itself was not found to differentially influence parasympathetic activity in high versus low susceptibles. Address for reprints: William J. Ray, PhD, Dept. of Psychology, Pennsylvania State University, University Park, PA 16802, USA. E-mail address: wjr@psu.edu.

Robertson, S., & Gow, K. M. (1999). Do fantasy proneness and personality affect the vividness and certainty of past-life experience reports? *Australian Journal of Clinical & Experimental Hypnosis, 27*(2), 136-149. This article, part of a larger study on the relation between reports of past-life experiences and psychological variables, involved 99 people who identified themselves as having had a past life experience. Fantasy proneness was measured with the ICMI and personality was measured using the Myers Briggs Type Indicator. It was found that persons who report more vividness of a past-life occurrence are more likely to be certain that their experience actually happened rather than being a fantasy. Fantasy proneness, in combination with the intuition preference on the MBTI, predicted a more vivid past-life experience than just fantasy proneness alone, but the moderate correlation between fantasy proneness and intuition could account for the small addition of predictive value. Address for reprints: Kathryn M. Gow, P. O. Box 268, Red Hill, Queensland 4059, Australia. E-mail address: k.gow@qut.edu.au.

Rossi, E. L. (1999). Sleep, dream, hypnosis and healing: Behavioral state-related gene expression and psychotherapy. *Sleep and Hypnosis, 1*(3), 141-157. Profound advances in research on the molecular-genetic basis of sleep and dreams have important implications for understanding the deep psychobiological dynamics of hypnosis, psychotherapy and healing. The essence of this new view is that Immediate-Early Genes (also called “Primary Response Genes” or third messengers) play a central role in the dynamics of waking, sleeping, dreaming, and mind-body healing at the cellular level. This paper reviews evidence that Immediate-Early Genes (IEGs) function as mediators of information transduction between psychological experience, behavioral states, and gene expression. A wide range of behavioral state-related gene expression (from relaxation, hypnosis, and sleep to high arousal, performance, stress and trauma) culminate in the production of new proteins for homeostasis, physical and psychosocial adaptation. Some theoretical and clinical implications of this new view of the deep psychobiology of consciousness, sleep, dreams, hypnosis and psychotherapy are explored. No address available for reprints.

Rossi, E. L. (2000). Exploring gene expression in sleep, dreams and hypnosis with the new DNA microarray technology: A call for clinical-experimental research. *Sleep and Hypnosis, 2*(1), 40-45. Sleep, dream, hypnosis and awake states are generally recognized as a continuum of dynamical processes of the organism but current research has not resolved fundamental issues of how this continuum is to be explored. Recently the concept of
Behavior State-Related Gene Expression has been introduced to describe how psychobiological states of awake, sleep, dreaming, arousal, novelty, environmental enrichment, physical exercise and stress are associated with different patterns of gene expression. New research techniques are emerging from the Human Genome Research Project that can be used to identify patterns of gene expression in such behavioral states of the organism on the cellular-genetic level. Current research developments in DNA Microarray Technology that are being used to rapidly assess gene expression in the various states of health and disease are discussed as a new approach to characterize the psychobiology of the cell cycle, arousal, stress, sleep, dream and the possible therapeutic applications of hypnosis. Address for reprints: Ernest Lawrence Rossi, PhD, 560 Baywood Way, Los Osos, CA., 93402, USA

Schoenberger, N. E. (2000). Research on hypnosis as an adjunct to cognitive-behavioral psychotherapy. *International Journal of Clinical & Experimental Hypnosis, 48*(2), 154-169. A review is provided of the use of hypnosis with cognitive-behavioral techniques. A substantial benefit is demonstrated, but the number of published studies is small, and their methodological limitations are cited. Further studies are necessary for cognitive-behavioral hypnotic approaches to be recognized as empirically supported treatments. Address for reprints: Nancy E. Schoenberger, Kesler Medical Rehabilitation Research and Education Corporation, 1199 Pleasant Valley Way, West Orange, NJ 07052, USA. E-mail address: nschoen1@midsouth.rr.com.


Shenefelt, P. D. (2000). Hypnosis in dermatology. *Archives of Dermatology, 136*(3), 393-399. Hypnosis has been used since ancient times to treat medical and dermatologic problems. This article describes the various uses for hypnosis as an alternative or complementary therapy in dermatologic practice. A Medline search was conducted from January 1966 through December 1998 on key words related to hypnosis and skin disorders. It was found that a wide spectrum of dermatologic disorders may be improved or cured using hypnosis as an alternative or complementary therapy, including acne excoriee, alopecia areata, atopic dermatitis, congenital ichthyosiform erythroderma, dyshidrotic dermatitis, erythromelalgia, furuncles, glossodynia, herpes simplex, hyperhidrosis, ichthyosis vulgaris, lichen planus, neurodermatitis, nummular dermatitis, postherpetic neuralgia, pruritus, psoriasis, rosacea, trichotillomania, urticaria, verruca vulgaris, and vitiligo. It was concluded that appropriately trained clinicians may successfully use hypnosis in selected patients as an alternative therapy for many dermatologic disorders. Address for reprints: P. D. Shenefelt, Department of Internal Medicine, College of Medicine, University of South Florida, Tampa, FL. 33612, USA. E-mail address: pshenefe@hsc.usf.edu.

Simon, E. P., & Dahl, L. F. (1999). The sodium pentothal hypnosis interview with follow-up treatment for complex regional pain syndrome. *Journal of Pain Symptom Management, 18*(2):132-6 A patient who was unresponsive to multiple conservative medical treatments for complex regional pain syndrome was assessed using a novel approach—the sodium pentothal hypnosis interview. The interview suggested that his pain was centrally generated. The patient’s pain symptoms resolved with hypnotherapeutic treatment. Indications for this procedure and implications for assessment and treatment are discussed. This case raises more questions than it answers, and leaves the reader to struggle with
current difficulties in diagnostic decision-making. Address for reprints: Eric P. Simon, PhD, Department of Psychology, Tripler Army Medical Center, Honolulu, Hawaii 96859, USA. EricSimon@Rocketmail.com.

Simon, E. P., & Schwartz, J. (1999). Medical hypnosis for hyperemesis gravidarum. Birth, 26(4), 248-54. Hyperemesis gravidarum in pregnancy is a serious condition that is often resistant to conservative treatments. Medical hypnosis is a well-documented alternative treatment. This article reviews the empirical studies of hypnosis for treating hyperemesis gravidarum, explains basic concepts, and details the treatment mechanisms. The importance of a thorough differential diagnosis and appropriate referrals is stressed. The article presents three case studies to illustrate the efficacy of this treatment approach. It is suggested that medical hypnosis should be considered as an adjunctive treatment option for those women with hyperemesis gravidarum. It is also stressed that medical hypnosis can be used to treat common morning sickness that is experienced by up to 80 percent of pregnant women. Its use could allow a more comfortable pregnancy and healthier fetal development, and could prevent cases that might otherwise proceed to full-blown hyperemesis gravidarum. Address for reprints: E. P. Simon, Department of Psychology, Tripler Regional Medical Center, Honolulu, HI 96859, USA. E-mail address: EricSimon@Yahoo.com.

Stanton, H. E. (1999). Hypnotic relaxation and insomnia: A simple solution? Sleep and Hypnosis, 1(1), 64-67. After a brief review of the use of behavioral strategies in the treatment of sleep onset insomnia, attention is centered upon one such strategy, hypnotic relaxation. A specific technique embracing visualization of a garden scene; letting go of problems; and a special place visualization, is described and its application to the problem of insomnia illustrated by means of three case studies. Each of these studies deals with a different type of insomnia: 1) slow sleep onset; 2) waking during the night, and 3) difficulty in sleeping during the day. The success of the technique with all three cases suggests it might well be used more widely in the treatment of insomnia. Address for reprints: Harry Stanton, Centre for Education, University of Tasmania, GPO Box 252C, Hobart, Tasmania 7000, Australia.

Vidakovic-Vukic M. (1999). Hypnotherapy in the treatment of irritable bowel syndrome: methods and results in Amsterdam. Scandinavian Journal of Gastroenterology, 230, (Supplement), 49-51. Irritable bowel syndrome (IBS) is frequently observed although its etiology and pathogenesis are still unknown. It is clear, however, that individual perception plays an important part in pathogenesis. There is no easy medical treatment of IBS. However, in recent years, hypnotherapy has been shown to be successful in the treatment of IBS. Recently, the authors started treating IBS using hypnosis. Despite using medical treatments, all their patients remained symptomatic. They applied the gut-targeted method, adding to it the view that the therapy should be tailored to the individual, in accordance with each person’s unique representational style. Thus far, 27 patients have been treated, with good results that are comparable with those previously reported (e.g., by Whorwell). Of the 27 patients, 2 dropped out of therapy prematurely, and one remained symptomatic. All other patients (88%) experienced clear improvement: pain and flatulence were reduced or completely disappeared, and bowel habits normalized. In conclusion, based on data from the literature and supported by their experience, they believe that hypnotherapy is a valuable addition to the conventional treatment of IBS. No address available for reprints.

Weber, A. M. (1999). The brain and hypnosis: Is there a chaotic connection? Australian Journal of Clinical & Experimental Hypnosis, 27(2), 98-117. There has been a search for a neural substrate for hypnosis, and some of this literature is reviewed, including studies on
brain lesions, ultradian rhythms, EEG patterns, evoked potentials, cerebral blood flow, lateralization, and cognitive studies. The author concludes that the data point to a global or general cognitive factor in association with hypnotizability, and that this general factor could well reflect a chaotic or non-linear aspect of brain function. The theoretical implications are discussed. Address for reprints: Alison M. Weber, Anne Caudle Campus, Bendigo Health Care Group, P.O. Box 126, Bendigo, Victoria 3552, Australia.

Zeig, J. K. (1999). The virtues of our faults: A key concept of Ericksonian therapy. *Sleep and Hypnosis, 1*(2), 129-138. Utilization is a key concept of Ericksonian approaches. Cornerstone principles of an Ericksonian approach that relate to this key concept are presented in illustrations. Address for reprints: Milton H. Erickson Foundation, 3606 North 24th Street, Phoenix, AZ 85016-6500, USA.