Review of International Literature

D. Corydon Hammond
Associate Editor

Benham, G., Smith, N., & Nash, M. R. (2002). Hypnotic susceptibility scales: Are the mean scores increasing? *International Journal of Clinical & Experimental Hypnosis, 50*(1), 5-16. Several researchers have had the impression that mean scores on the Stanford Hypnotic Susceptibility Scale, Form C, often regarded as the “gold standard” research measure of hypnotic responsiveness, have been increasing. This paper comprehensively reviews studies using the SHSS:C over a 37 year period. They found a significant linear trend in scores, with higher mean scores in more recent years. A similar analysis of research using the Harvard Group Scale of Hypnotic Susceptibility is also reported. They speculate about mechanisms underlying this trend, and emphasize the importance of using local control groups in hypnotizability research.

Address for reprints: Grant Benham, Ph.D., Department of Psychology, 30-7 Austin Peay, University of Tennessee, Knoxville, TN 37996-0900, USA. E-mail: britpsyc@utk@edu.

Braffman, W., & Kirsch, I. (2001). Reaction time as a predictor of imaginative suggestibility and hypnotizability. *Contemporary Hypnosis, 18*(3), 107-119. This exploratory investigation examined the relation between reaction time, hypnotizability and imaginative suggestibility. Subjects were 119 students who were evaluated for hypnotic suggestibility (CURSS), response expectancy, absorption, motivation, and fantasy proneness (using the Inventory of Childhood Memories and Imaginings). They then performed simple and go/no-go reaction time tasks also. Faster simple reaction times were associated with higher hypnotic suggestibility, response expectancies, absorption, fantasy-proneness, and non-hypnotic motivation. Go/no-go response time was not correlated significantly with any measure. With the other controlled, the authors found that each reaction time measure was uniquely associated with response expectancy, hypnotic suggestibility, and hypnotizability, but in opposite directions. Results are interpreted as supporting the response set theory of Kirsch and Lynn (1997, 1999). Address for reprints: Irving Kirsch, Ph.D., Dept. of Psychology, U-20, University of Connecticut, 406 Babbidge Road, Storrs, CT 06269-1020, USA. E-mail: irvingk@uconnvm.uconn.edu.

sports medicine clinic for rehabilitation of anterior cruciate ligament (ACL) reconstruction were randomly assigned to either ten relaxation and guided imagery sessions, a placebo control condition (attention, encouragement, and support), or no intervention control group status. It was found that the experimental treatment group had significantly greater knee strength and significantly less reinjury anxiety and pain at 24 weeks post-surgery than either placebo or control group participants. It was concluded that relaxation and imagery may be beneficial in ACL rehabilitation and warrants further research. No address available for reprints.

DuHamel, K. N., Difede, J., Foley, F., & Greenleaf, M. (2002). Hypnotizability and trauma symptoms after burn injury. *International Journal of Clinical & Experimental Hypnosis, 50*(1), 33-50. The relationship between trauma symptoms and hypnotizability was studied in 43 hospitalized burn patients. Patients rated the frequency of intrusive and avoidance symptoms from 3-17 days after injury, were interviewed with the PTSD module of the Structured Clinical Interview for DSM-III-R, and administered the Hypnotic Induction Profile. Dividing patients into high, medium and low hypnotizability, high hypnotizability was associated with more avoidance, intrusive, and arousal symptoms. This cross-sectional study cannot evaluate causal relationships, but the results are suggestive that high hypnotizables may experience a greater frequency of trauma symptoms following burn injury. Address for reprints: Katherine DuHamel, Ph.D., Ruttenberg Cancer Center, Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1130, New York, NY 10029-6574, USA. E-mail: katherine.duhamel@mssm.edu

duPlessis, C. S. (2001). Diagnosis and the treatment of dystonia in hypnosis. *Hypnos, 28*(4), 186-192. Dystonia is a movement disorder characterized by sustained muscle contractions and spasms. It is generally classified as a medical disorder under the realm of neurology. The author emphasizes that the multidimensional nature of dystonia requires medical care, a systems approach, cognitive behavior therapy, restructuring of the patient’s life, and emotional restructuring of the patient’s thought systems. Countering feelings of helplessness and hopelessness, and providing ego-strengthening and self-hypnosis training is important. Sometimes also have unresolved trauma issues. Assessment and treatment are discussed, and two case illustrations provided. Address for reprints: Catharina S. du Plessis, P.O. Box 596, Uvongo, 4270, Republic of South Africa. E-mail: cduplesi@venturenet.co.za.

Dyas, R. (2001). Augmenting intravenous sedation with hypnosis, a controlled retrospective study. *Contemporary Hypnosis, 18*(3), 128-134. The author evaluated 20 patients where hypnosis took place prior to sedation for mandibular third molar surgery compared with 20 control subjects treated by the same team with the same sedation regimen but without hypnosis. Sedation included midazolam and fentanyl, and heart rate (taken as an indicator of anxiety and stress), ECG, and pulse oximeter readings were taken throughout the procedures. Heart rate increase was significantly lower ($p < .001$) in patients using hypno-sedation, with much less intravenous sedation required and a significantly shorter recovery time ($p < .001$). In comparison, outcomes in the control subjects were not as good, and they required more IV medication and one patient required conversion to a full general anesthetic. Results support the value of hypnosis to augment sedation in oral surgery. Address for reprints: Dr. Robert...
Dyas, Specialist in Surgical Dentistry, Dept. of Oral & Maxillofacial Surgery, University Dental Hospital of Manchester, Higher Cambridge St., Manchester M15 6FH, United Kingdom. E-mail: robert.dyas@virgin.net


Fernandez, L. (2001). The world view of the Grade V hypnotizable person. *Hypnos, 28*(4), 207-208. This is a first person account by a very high hypnotizable woman about her personality “traits” which she believes Grade V subjects share in common: absorption; complete suspension of disbelief; psychic self-defense; psychic empathy; and being aware of energy fields in nature. Address for reprints: Linda Fernandez, 4914 Buck Tail Lane, Paso Robles, CA 93445-4269, USA. E-mail: mbecky@tcsn.net.

Frenay, M. C., Faymonville, M. E., Devlieger, S., Albert, A., & Vanderkelen, A. (2001). Psychological approaches during dressing changes of burned patients: A prospective randomised study comparing hypnotism against stress reducing strategy. *Burns, 27*(8), 793-799. This was a prospective study that was designed to compare two psychological support interventions in controlling peri-dressing change pain and anxiety in severely burned patients. Thirty patients with a total burned surface area of 10-25%, requiring a hospital stay of at least 14 days, were randomly selected to receive either hypnosis or stress reducing strategies (SRS) adjunctively to routine intramuscular pre-dressing change analgesia and anxiolytic drugs. Visual analogue scale (VAS) scores for anxiety, pain, pain control, and patient satisfaction were recorded at 2-day intervals throughout the 14-day study period, before, during and after dressing changes. The psychological interventions were given on days 8 and 10 after hospital admission. The comparison of the two treatment groups indicated that VAS anxiety scores significantly decreased before and during dressing changes when the hypnotic technique was used instead of SRS. No differences were observed for pain, pain control, and satisfaction, although VAS scores were always better in the hypnosis group. The study also found that, overall, psychological support interventions reduced pain and increased patient satisfaction. The results confirm the potential benefits of psychological assistance during dressing changes in burned patients. Address for reprints: M. C. Frenay, Burn Centre, Military Hospital Queen Astrid, Rue Bruyn, 1, 1120, Brussels, Belgium.

Gafner, G., & Benson, S. (2001). Indirect ego-strengthening in treating PTSD in immigrants from Central America. *Contemporary Hypnosis, 18*(3), 135-144. Hundreds of thousands of refugees fled civil wars in El Salvador and Guatemala in the 1980s, many of whom experienced torture and abuse resulting in PTSD. This paper discusses limitations of conventional exposure therapy, and describes two indirect hypnotic ego-strengthening techniques that have been found useful: metaphoric ego-strengthening (telling a story) and “short-burst” ego-strengthening. Address for reprints: Mr. George Gafner, 1025 W. Los Altos Road, Tucson, AZ 84704, USA.
Gay, M. C., Philippot, P., & Luminet, O. (2002). Differential effectiveness of psychological interventions for reducing osteoarthritis pain: A comparison of Ericksonian hypnosis and Jacobson relaxation. *European Journal of Pain, 6*(1), 1-16. This study compared the effects of Ericksonian oriented hypnosis with Jacobson’s progressive relaxation in reducing osteoarthritis pain in the hip or knee. Subjects were randomly assigned to either a wait list control group, 8 sessions of hypnosis, or 8 sessions of relaxation training. Both experimental groups reported lower levels of subjective pain afterwards and the level of pain decreased with time, resulting in decreased use of analgesic medication by both groups. The pain relief occurred significantly more rapidly for the hypnosis group. The study suggested that individual differences in imagery moderated the outcomes at 6 month follow-up, but not at 4 or 8 week or 3 month follow-ups. Address for reprints: M. C. Gay, Psychology Department, Universite de Paris X, 200 avenue de la Republique, Nanterre, 92000, France.

Hirschmuller, A. (1993). Freud, Meynert, and Mathilde: Hypnosis in question. *Revue Internationale d’Histoire De La Psychanalyse, 6*, 271-86. For some reason, my recent search brought up a very old French article, which I do not believe we reported on in the past, but which may be of some interest to history buffs. During the 1889 Paris Congress, Freud showed little interest in the presentations that were made on hypnosis. This surprising attitude may have been due to ambivalence on his part, related not only to the controversy that put him in opposition to Meynert, but also to the case of Mathilde. Freud mentioned this patient, who died of sulfonal intoxication, in his Irma dream associations. Documents that, until recently have not been published, revealed that Freud had treated her for years by hypnosis for melancholia, and following a manic decompensation, he was forced to have her committed to a private clinic. The records of this patient, partially reproduced, reveal information about her, her condition, her attempted treatment, and about her relationship with Freud. She had developed a massive sexualized transference psychosis that proved untreatable. The author suggests that after her death, in 1890, this must have weighed heavily on Freud, and the Irma dream attests to prolonged after-effects. No address available for reprint.

Ho, S. M., Horne, D. J., & Szer, J. (2001). Pain language of bone marrow transplantation patients. *Psychological Reports, 89*(1), 3-10. Previous studies have found that hypnosis may be effective in reducing pain in bone marrow transplantation patients whereas cognitive behavioral intervention without imagery was not effective for this group of patients. Because hypnosis alters patients’ perception of pain and cognitive behavioral intervention changes patients’ beliefs and improves their coping with pain, it was hypothesized that sensory pain is more important than affective pain in understanding the pain experience of patients undergoing bone marrow transplantation. The McGill Pain Questionnaire as administered longitudinally to 50 consecutive eligible recipients of bone marrow transplantation during hospitalization to assess the different dimensions of pain they experienced. Consistent with the research hypothesis, sensory pain fluctuated with treatment stages, and the pattern was consistent with previous findings. Patients reported significantly higher sensory pain than affective pain at all assessments. In contrast, affective pain remained low and stable throughout treatment. The results contribute to the understanding of the nature of pain in bone marrow transplantation and suggest pain management strategies that focus on sensory
pain such as hypnosis are more useful for such patients. Address for reprints: S. M. Ho, Department of Psychology, University of Hong Kong, Pokfulam Road, Hong Kong. E-mail:


Isotani, T., Lehmann, D., Pascual-Marqui, R. D., Kochi, K., Wackermann, J., Saito, N., Yagyu, T., Kinoshita, T., & Sasada, K. (2001). EEG source localization and global dimensional complexity in high-and low-hypnotizable subjects: A pilot study. *Neuropsychobiology, 44*(4), 192-198. Information on hypnotizability-related EEG characteristics is controversial and incomplete, particularly on intracerebral source localization and EEG dimensionality. Nineteen channel, eyes closed EEGs were gathered from right-handed, healthy subjects, 8 of whom were high- and 4 of whom were low-hynotizables. Hypnotizability was rated after the subjects’ ability to attain “a deep hypnotic stage” (amnesia). FFT Dipole Approximation analysis in seven EEG frequency bands showed significant differences ($p < .04$) of source gravity center locations for theta (6.5-8 Hz, more posterior and more left for highs), beta-1 and beta-2 frequencies (12.5-18 and 18.5-21 Hz; both more posterior and more right for highs). Low Resolution Electromagnetic Tomography (LORETA) specified the cortical anteriorization of beta-1 and beta-2 in low hypnotizables. Power spectral analysis of Global Field Power time series (curves) showed no overall power differences in any band. Full-band Global Dimensional Complexity was higher in high-hypnotizable subjects ($p < .02$). Thus, it was concluded that in simply an eyes-closed, resting state, high-and low-hypnotizables were in different brain electric states, with more posterior brain activity gravity centers (excitatory right, routine or relaxation left) and higher dimensional complexity (higher arousal) in high- than low-hypnotizables. Address for reprints: T. Isotani, The KEY Institute for Brain-Mind Research, University Hospital of Psychiatry, Zurich, Switzerland.

Kirsch, I., & Braffman, W. (2001). Imaginative suggestibility and hypnotizability. *Current Directions in Psychological Science, 10*(2), 57-61. The authors suggest that hypnotizability research has disregarded findings that people respond to suggestions without being hypnotized almost as much as they do after a hypnotic induction, and that hypnotic and nonhypnotic suggestibility are correlated. They cite recent studies to try to support their extreme position that individual differences in hypnotic suggestibility may be accounted for by nonhypnotic suggestibility, expectancy, motivation, and reaction time. In support of their sociocognitive theory of hypnosis, they argue that because the amount of variance accounted for is large as the reliability of hypnotizability scales, and because nonhypnotic suggestibility was not controlled in research, that no additional variables are needed to account for hypnotic responsivity. Address for reprints: Irving Kirsch, Ph.D., Dept. of Psychology, U-20, University of Connecticut, 406 Babbidge Road, Storrs, CT 06269-1020, USA. E-mail: irvingk@uconnvm.uconn.edu.
Lehmann, D., Faber, P., Isotani, T., & Wohlgemuth, P. (2001). Source locations of EEG frequency bands during hypnotic arm levitation: A pilot study. *Contemporary Hypnosis, 18*(3), 120-127. This pilot study examined EEG source localization in different frequency bands from 1.5 to 30 Hz. while 4 subjects voluntarily raised their left arm versus hypnotic arm levitation of the left arm. Source locations of inhibitory activity in the delta-theta frequency range were found to be more posterior ($p < .04$) and alpha (especially slow alpha) band activity was found to be more anterior ($p < .10$) in the brain in hypnosis compared to the control condition. Thus, voluntary arm movement is associated with more frontal areas, while involuntary arm levitation is associated with more posterior involvement of inhibitory processes. “As hypnosis seems to share some electrophysiological features with lowered vigilance, but other features with increased attention—although less closely—it is suggested that hypnosis cannot be positioned exclusively on a scale from lowered vigilance to attention, but has an electrophysiological profile of its own” (p. 126). Address for reprints: Professor D. Lehmann, The KEY Institute for Brain-Mind Research, University Hospital of Psychiatry, Lenggstr. 31, CH-8029, Zurich, Switzerland. E-mail: dlehmann@key.unizh.ch.

Liossi, C., & White, P. (2001). Efficacy of clinical hypnosis in the enhancement of quality of life of terminally ill cancer patients. *Contemporary Hypnosis, 18*(3), 145-160. This research evaluated the efficacy of hypnosis in enhancing quality of life with 50 advanced cancer patients who were randomly assigned to standard care or hypnosis groups. Standard care received supportive cognitive existential counseling along with palliative medical care. The hypnosis group, in addition to traditional medical care, received weekly group hypnosis sessions for 4 weeks. The hypnosis group resulted in significantly better overall quality of life measures ($p < .01$), less psychological distress ($p < .01$), less physical distress ($p < .01$), and lower levels of anxiety ($p < .01$) and depression ($p < .01$) compared with standard care. Hypnosis appears effective in enhancing quality of life in terminally ill cancer patients. Address for reprints: Christina Liossi, University of Wales Swansea, Singleton Park, Swansea, Wales SA2 8PP.

Longobardi, T. (2001). Impossible trances: Trance in seawater. *Hypnos, 28*(4), 209-212. The author suggests that therapists too often believe they do the most important part of therapy, forgetting the role of patients and their unconscious power. He emphasizes the importance of therapeutic rapport and motivation. The author describes a personal experience as a hypnotherapist wherein the patients, in sea water, went into a very deep trance to relieve a very strong headache. No address available for reprints.

Martin, A. A., Schauble, P. G., Rai, S. H. J., & Curry, R. W. (2001). The effects of hypnosis on the labor processes and birth outcomes of pregnant adolescents. *Journal of Family Practice, 50*, 441-443. This was a randomized, controlled study of labor and delivery among prenatal patients where a hypnotic childbirth protocol was used. Twenty-two patients in a hypnosis group received four sessions of childbirth training and self-hypnosis training. Twenty patients in a control condition received “supportive counseling” for four sessions. No prompting occurred during delivery. Patients in the hypnosis group needed significantly fewer extended stays in the hospital.
post-delivery, fewer surgical interventions, and experienced significantly fewer complications. There were no differences in anesthesia and postpartum medication requirements. No address available for reprints.

Moene, F. C., Spinhoven, P., Hoogduin, K. A. L., & van Dyck, R. (2002). A randomised controlled clinical trial on the additional effect of hypnosis in a comprehensive treatment programme for in-patients with conversion disorder of the motor type. *Psychotherapy & Psychosomatics, 71*(2), 66-76. A program of using hypnosis for symptom reduction and insight-oriented techniques with inpatients being treated for persistent conversion disorder, motor type, or somatization disorder with motor conversion symptoms was evaluated with 45 subjects in a randomized controlled trial. Outcome measures included the Video Rating Scale for Motor Conversion symptoms, the Disabilities code items from the International Classification of Impairments, Disabilities and Handicaps, and the SCL-90. Patient expectations of treatment outcome and credibility of treatment were used as manipulation checks. The Stanford Hypnotic Clinical Scale was used to measure hypnotic responsiveness. Clinically significant results were found on all treatment outcome measures for the total sample who were undergoing a comprehensive treatment program, with hypnosis having no additional effect on outcome. Hypnotizability did not predict outcome. No address available for reprints.

Montgomery, G. H., Weltz, C. R., Seltz, M., & Bovbjerg, D. H. (2002). Brief presurgery hypnosis reduces distress and pain in excisional breast biopsy patients. *International Journal of Clinical & Experimental Hypnosis, 50*(1), 17-32. Hundreds of thousands of women annually endure pain, as well as distress concerning the fear of cancer, as they undergo excisional breast biopsies. Twenty excisional breast biopsy patients were randomly assigned to hypnosis or a standard care control group. Hypnosis reduced post-surgical pain ($p < .001$) and distress ($p < .025$), documenting its efficacy. Analyses indicated that patients’ postintervention response expectancies partially mediated the postsurgical hypnoanalgesic effect. Address for reprints: Guy H. Montgomery, Ph.D., Box 1130, Ruttenberg Cancer Center, Mount Sinai School of Medicine, One Gustave L. Levy Place, New York, NY 10029-6574, USA. E-mail: guy.montgomery@mssm.edu.

Moore, M. (2001). Hypnosis and post-traumatic stress disorder. *Australian Journal of Clinical & Experimental Hypnosis, 29*(2), 93-106. A case report of the use of hypnosis with acute PTSD resulting from an armed robbery at work. Hypnosis focused on abolishing her flashbacks, feelings of not being safe, and sleep disturbance. She became able to reframe her experience positively and return to work. Techniques included ego-strengthening, relaxation, safe place imagery, reviewing the hold-up on a screen, abreaction, in-vivo desensitization, future projection, a Time Line technique, and perceptual reframing through imagery modification. Address for reprints: Dr. Monica Moore, 36 Lloyd St., Oatley, NSW 2223, Australia.

Pates, J., & Maynard, I. (2001). Effects of hypnosis on flow states and golf performance. *Perceptual and Motor Skills, 91*(3, Pt. 2), 1057-1075. This study evaluated the effects of a hypnotic procedure on flow states and golf chipping performance in 3 college aged golfers. Utilizing a single subject, A-B-A design, the hypnotic intervention involved a hypnotic induction, relaxation, imagery, age regression, and a trigger control procedure over 7 sessions in 5 weeks. Mean golf chipping performance improved from the trials in the baseline condition in 1 subject, with 2 returning to their baseline performance level after the intervention phase to the second baseline. Using the Jackson and Marsh (1996) Flow State Scale, two subjects experienced a higher degree of flow during the intervention phase, and much lower flow during the two baselines. The intervention seemed helpful in facilitating confidence, relaxation, and control. It was concluded that the results support the value of hypnosis in improving golf chipping performance and in increasing the feelings and cognitions associated with experiencing flow. Address for reprints: John Pates, Sheffield Hallam University, Center for Sport and Exercise Science, Sheffield, United Kingdom.

Raz, A., & Shapiro, T. (2002). Hypnosis and neuroscience: A cross talk between clinical and cognitive research. *Archives of General Psychiatry, 59*, 85-90. This article provides a brief, accurate, positive review of hypnosis and part of its history, and then a good review of many of the EEG and neuroimaging studies that have been done with hypnosis, pointing out that hypnosis is associated with distinct neural changes that document that it is more than role playing or social compliance. A brief review of the three attentional networks in the brain (for alerting, orienting, and executive control) is provided. “Regrettably, to date, most scientists studying the attentional system have not used hypnosis as a variable manipulation,” the author concludes. He recommends neuroscience utilization of hypnosis in research, citing its intriguing possibilities, and making suggestions for some possible studies. He particularly recommends hypnosis neuroscience research with children. He concludes that “too few higher-order manipulations are as experimentally advantageous as hypnosis and post-hypnotic suggestion” and that “little has been done to harness this special phenomenon as a means of illuminating cognitive questions, despite its obvious relationship to attention, perception, memory, and consciousness” (p. 88). Address for reprints: Amir Raz, Ph.D., Sackler Institute for Developmental Psychobiology, Department of Psychiatry, Weill Medical College of Cornell University, New York, N.Y., USA E-mail: amr2006@med.cornell.edu.

Reig, I., Capafons, A., Bayot, A., & Bustillo, A. (2001). Suggestion and degree of pleasantness of rapid self-hypnosis and its abbreviated variant. *Australian Journal of Clinical & Experimental Hypnosis, 29*(2), 152-164. Using a mixed multi-factorial longitudinal design with a control and experimental group to study an arm dissociation self-hypnotic technique, the authors found: 1) a short version of their technique produced significantly higher objective suggestibility scores (Barber Suggestibility Scale), and 2) the arm dissociation technique was found to be more pleasant and useful than the complete rapid self-hypnosis. Address for reprints: Antonio Capafons, Facultat de Psicologia, Adv. Blasco Ibanez #21, 46010, Valencia, Spain. E-mail: Antonio.Capafons@uv.es.
Roelofs, K., Hoogduin, K. A. L., & Keijsers, G. P. J. (2002). Motor imagery during hypnotic arm paralysis in high and low hypnotizable subjects. *International Journal of Clinical & Experimental Hypnosis, 50*(1), 51-66. Research has suggested that conversion disorder patients with hand/arm paralysis have slowed reaction times for mental hand-rotation tasks corresponding to their affected arm when the tasks are explicitly instructed, but not when they are implicitly cued. Due to many similarities between conversion symptoms and hypnotic phenomena, this study evaluated whether similar motor imagery impairment would happen among normal high-hypnotizable subjects when paralysis was suggested. An implicit and an explicit mental hand-rotation task was administered to 9 high- and 8 low-hypnotizable subjects who had been given hypnotic suggestions for paralysis of the right arm. No significant reaction time differences were found on the implicit task between high- and low-hypnotizables, but on the explicit task, only highs had a significantly larger reaction time increase per degree of rotation with the paralyzed arm compared with the normal arm. The preliminary findings suggest that motor imagery impairment observed in conversion paralysis can be induced in high-hypnotizables using hypnosis. Address for reprints: Karin Roelofs, Dept. of Clinical Psychology & Personality, University of Nijmegen, P.O. Box 9104, 6500 HE, Nijmegen, The Netherlands. E-mail:

Schreiber, E. (2001). Hypnosis for fear of flying. *Australian Journal of Clinical & Experimental Hypnosis, 29*(2), 116-121. A description of the treatment of 3 cases of fear of flying in which two patients reduced their fear by 75% and another by 50%. Limited description of techniques was presented. Address for reprints: Elliott Schreiber, Rowan University, 708 Camden Ave., Moorestown, NJ 08057, USA.

Stafford, J., & Lynn, S. J. (2002). Cultural scripts, memories of childhood abuse, and multiple identities: A study of role-played enactments. *International Journal of Clinical & Experimental Hypnosis, 50*(1), 67-85. Subjects who had been instructed to role play either dissociative identity, depression, or a college student with a minor problem were compared with regard to reports of satanic, sexual, or physical abuse across several trials, including role played hypnosis. More subjects asked to role play DID reported at least one instance of ritual abuse and sexual abuse, and on measures of frequency, and severity of physical and sexual abuse, compared with other role play conditions. All subjects reported more frequent and severe incidents of physical and sexual abuse after role played hypnosis than prior to it. Results suggest that cultural expectations of psychology students link DID with a history of abuse, and imply that students believe that sexual abuse experiences that are repressed may be more readily available in hypnosis. Address for reprints: Steven Jay Lynn, Ph.D., Department of Psychology, Binghamton University, Binghamton, NY 13905, USA. E-mail: slynn@binghamton.edu.