Bakke, A. C., Purtzer, M. Z., & Newton, P. (2002). The effect of hypnotic-guided imagery on psychological well-being and immune function in patients with prior breast cancer. *Journal of Psychosomatic Research, 53*(6), 1131-1137. This study sought to determine the effect of “hypnotic-guided imagery” on immune function and psychological parameters in patients being treated with Stage I or II breast cancer. Psychological profiles, natural killer (NK) cell number and activity were measured at baseline, after an 8-week imagery training program and at 3-month follow-up. It was found that there was significant improvement in depression ($P < .04$) and an increase in absolute number of NK cells, but these were not maintained at the 3-month follow-up. Hypnotic-guided imagery did cause some transient changes in psychological well-being and immune parameters, but these changes were not retained after the treatment ended. Many previous studies have demonstrated interactions between the central nervous and the immune systems. While a negative effect of stress on immune responses has been demonstrated, there have also been published reports that psychological treatments can positively alter the immune system. However, given the complexities of immune system kinetics, the transient nature of any psychological effect and the insensitivity of immune assays, the authors concluded that this study indicates that there is a role for hypnotic-guided imagery as an adjuvant therapy. Address for reprints: A. C. Bakke, Dept. of Pathology, Oregon Health and Science University, Portland, OR 97201, USA. E-mail: bakkea@ohsu.edu

Byron, D. (2002). The use of hypnosis to help an anxious student with a social communication disorder to attend school. *Contemporary Hypnosis, 19*(3), 125-132. This is a case study of the use of hypnosis for anxiety management and ego-strengthening with a patient with a social communication disorder of long duration that had proven resistant to other therapeutic approaches. A 15-year-old student had a social communication disorder and inability to enter a classroom, plus other goals. Four sessions produced successful outcomes that maintained at one, three, and six month follow-ups. Address for reprints: David Byron, Senior Educational Psychologist, Hampshire Educational Psychology Service, Clarendon House, Romsey Road, Winchester, Hants SO22 5PW, United Kingdom.
Gorassini, D. R. (2002). Request-to-suggestion carryover: When responses to requests affect responses to suggestions. *Contemporary Hypnosis, 19*(4), 172-178. This study evaluated how behavior made in response to requests (e.g., “Raise your arm”) influenced responsiveness to suggestions (e.g., “Your arm is rising”). Subjects were asked to raise an outstretched arm or to hold an outstretched arm still, but imagine it rising. Subjects complied with the request that was given. Later, all subjects were given suggestions that the arm would rise and the suggested movements occurred in 8 of 10 subjects who had earlier been requested to make a voluntary response. However, the suggestion did not result in a response in all 10 subjects who were earlier requested to hold still. Theoretical implications and potential applications are discussed. Address for reprints: Donald R. Gorassini, Dept. of Psychology, Kings College, University of Western Ontario, 266 Epworth Ave., London, ON N6A 2M3, Canada.

Gravitz, M. A. (2002). Hypnosis as a countermeasure against the polygraph test of deception: Bibliographic resources. *Polygraph, 31*(4), 293-297. For more than a century technical instrumentation measuring various psychophysiological responses has been used in an effort to detect willful and deliberate attempts at deception. Such techniques often focus on respiration rate, pulse rate, electrodermal response, and blood pressure. They do not specifically measure prevarication, although this is a common misconception. Concurrent with polygraph work there has been an interest in counter-measures designed to circumvent or obviate the physiological reactions that are usually considered to accompany falsehoods. These counter-measures have included physical, pharmacological, and psychological techniques, such as hypnosis. Address for reprints: Melvin A. Gravitz, Ph.D., Clinical Professor of Psychiatry & Behavioral Sciences, George Washington University School of Medicine & Health Sciences, 1325 Eighteenth St., N.W., Suite 105, Washington, D.C. 20036-6511, USA. E-mail: melgra@erols.com.

Gruzelier, J., Champion, A., Fox, P., Rollin, M., McCormack, S., Catalan, P., Barton, S., & Henderson, D. (2002). Individual differences in personality, immunology and mood in patients undergoing self-hypnosis training for the successful treatment of a chronic viral illness, HSV-2. *Contemporary Hypnosis, 19*(4), 149-166. Individual personality differences, particularly in cognitive activation, withdrawal, and hypnotic susceptibility were evaluated in a study of self-hypnosis training with chronic and severe herpes simplex virus, genital herpes, along with depression, anxiety and activation ratings. Immune measures were done before and after six weeks of training. It was found that self-hypnosis almost cut in half the recurrence rate, benefitting 65% of the patients. Responders demonstrated an increase in natural killer cell (NKC) cytotoxicity of herpes infected cells, as well as an increase of non-specific immune parameters. In a replication of a study with student examination stress and immunity (Gruzelier, Smith Nagy, & Henderson, 2001), cognitive activation was positively associated with immune function, with improvement in herpes recurrence, improvements in specific NKC cytotoxicity, baseline functional NKC activity and energy ratings, and was unrelated to frequency of self-hypnosis practice. No other measure of affect or personality was associated with immune system enhancement and improvements in health. Depression and, to a lesser degree, anxiety improved independently of herpes outcome. Depression and/or anxiety at baseline were positively associated with withdrawal, particularly the
affective aspects, and neuroticism, which were associated with immune down-regulation seen in NKC counts and NKC functional activity at baseline. Hypnotizability was positively associated with aspects of immune system enhancement and negatively with depression. Immune system enhancement in responders was positively correlated with frequency of practicing self-hypnosis. Evidence of the benefits to health and the viral specificity of the immune changes (in the form of increased cytotoxicity of NKC for cells infected with the herpes virus) gives credence to the value of a psychological intervention for immunity—evidence which is scarce in the field of psychoneuroimmunology. “The predictive ability of cognitive activation for response to hypnotherapy is in keeping with the preferential effects on both immune parameters and health of hypnosis instructions which require the generation of dynamic imagery in contrast to instructions of passive relaxation imagery (Gruzelier, Levy, Williams & Henderson, 2001b)” (p. 149). Address for reprints: Dr. John H. Gruzelier, Dept. of Cognitive Neuroscience & Behaviour, Imperial College London, St. Dunstan’s Rd., London W6 8RF, United Kingdom. E-mail: j.gruzelier@ic.ac.uk.

Gruzelier, J., Gray, M., & Horn, P. (2002). The involvement of frontally modulated attention in hypnosis and hypnotic susceptibility: Cortical evoked potential evidence. Contemporary Hypnosis, 19(4), 179-189. Those readers who are interested in what occurs in the brain during hypnosis will find this article informative. The frontal N100 difference wave (N1200d) is an evoked potential associated with voluntary attention, and is associated with the difference to frequent and infrequent tones. The authors compared the N100d before and during hypnosis in high and low hypnotizables (as measured by the Harvard Group Scale of Hypnotic Susceptibility) as a way to examine alterations in sustained attention (and novelty detection in particular) to auditory stimuli that were extraneous to hypnosis. This attention is modulated by the frontal lobes, and particularly by the anterior cingulate, which has been implicated in hypnotic processes (analgesia, hallucinations, revivification of pleasant memories). It was found that the N100d was clearly present in high hypnotizables before hypnosis, was attenuated after a 20 minute hypnotic induction, and virtually absent following an additional 30 minutes of hypnosis. This was due to attenuated responding to the infrequent stimulus, without change to the frequent stimulus. This reduction in sustained attention was also seen in the frontal P300 wave (another measure of depth of processing and concentration) whose amplitude was reduced by 50% after the hypnotic induction and was negligible by the end of hypnosis. The parietal P300 was reduced in both hypnotic conditions to a similar degree. The results support a progressive reduction in focused attention to extraneous stimuli throughout hypnotic induction. In contrast, with low hypnotizable subjects, an opposite pattern of change was found in the N100d wave. It was absent before hypnosis, but showed a progressive increase after hypnotic induction through the end of the lengthy hypnotic procedure. “This was underpinned by changes in response amplitudes to both frequent and infrequent stimuli, without systematic changes to the P300” (p. 179). Results support a dispersion of attentional resources and absence of frontal activation in the pre-hypnotic baseline in low hypnotizables, which is compatible with a lack of focused attention and engagement of frontal functions thought to be necessary for hypnosis. Low hypnotizables showed a longer P300 latency at the central parietal peak compatible with more prolonged processing of the rare stimulus,
suggesting a more posterior bias in processing. Thus, low hypnotizables may have frontal lobe attentional problems with a dispersion of attention away from the task at hand. In contrast, high hypnotizables engage the frontal lobes and narrow their focus of attention initially, and then reduce attention to sounds irrelevant to hypnosis. Address for reprints: Dr. John H. Gruzelier, Dept. of Cognitive Neuroscience & Behaviour, Imperial College London, St. Dunstan’s Rd., London W6 8RF, United Kingdom. E-mail: j.gruzelier@ic.ac.uk.

Hasegawa, H., & Jamieson, G. A. (2002). Conceptual issues in hypnosis research: Explanations, definitions and the state/non-state debate. Contemporary Hypnosis, 19(3), 103-117. This paper seeks to integrate streams of hypnosis and research theory into a broader context. They present a conceptual framework to illustrate the range of explanatory approaches available to describe psychological phenomena in general and apply this to hypnosis. In doing so, various approaches to hypnosis research are categorized and the scope and limitations of the theories derived from them are discussed. The definition of hypnosis is explored within this framework. The authors reconsider the state/non-state debate in the context of a systems approach that Charles Tart proposed in relation to states of consciousness. They seek to clarify research agendas, methodologies and future research directions. Address for reprints: Harutomo Hasegawa, 9 Kingfield Road, Sheffield S11 9AS, United Kingdom. E-mail: haruchobin@hotmail.com.

Hawkins, R. M. F. (2001). A systematic meta-review of hypnosis as an empirically supported treatment for pain. Pain Reviews, 8, 47-73. A newly developed methodology, the systematic meta-review, was applied to ascertain whether hypnosis is an empirically supported treatment for pain. This involved a systematic search of published literature for review studies, and these reviews were then subjected to a validated quality scale. There was sufficient evidence of good quality to allow the conclusion that hypnosis has demonstrable efficacy in the treatment of pain. The only meta-analysis of hypnotic analgesia (Montgomery et al., 2000) showed that “the average participant treated with hypnosis demonstrated greater analgesic response than 75% of participants in standard and no-treatment control groups.” The hypothesis that poor quality reviews are more likely to produce positive conclusions was not supported. A citation database of all reviews has been assembled and can be extended with time. Address for reprints: Russell Hawkins, Psychological Studies, Nanyang Technological University, 2 Nanyang Walk, Singapore 637616. E-mail: rhawkins@nic.edu.sg.

Hergovich, A. (2003). Field dependence, suggestibility and belief in paranormal phenomena. Personality & Individual Differences, 34(2), 195-209. The author conducted three experiments with 280 subjects (ages 17-68 years) examining relationships between field dependence, hypnotic suggestibility, and interrogative suggestibility (vulnerability to non-hypnotic social influence) and belief in paranormal phenomena. In the first experiment, subjects underwent hypnosis to determine their hypnotic suggestibility. They also were administered a paranormal belief scale and a test of field dependence. Hypnotic suggestibility and field dependence had positive and significant correlations with the belief in the paranormal. In the second experiment, interrogative suggestibility was assessed and field dependence/independence was measured using the Embedded Figures Test (EFT) and the degree of paranormal belief using the
paranormal belief scale of J. Tobacyk and G. Milford (1983). The results showed that more field-dependent and subjects with higher interrogative suggestibility have a greater belief in the paranormal than field-independent and non-suggestible subjects, although the relationship only held for the subscale “Superstition”. Findings with respect to field dependence as measured with the EFT were replicated in the third experiment. Field dependence had a main effect on the amount of belief in “Superstition” across 3 different instructions. An effect of the different instructions suggesting that paranormal phenomena are scientifically proven (unproven) or an interaction between instructions and cognitive style could not be found. No address available for reprints.

Kennedy, G. A. (2002). A review of hypnosis in the treatment of parasomnias: Nightmare, sleepwalking, and sleep terror disorders. *Australian Journal of Clinical and Experimental Hypnosis, 30*(2), 99-155. Hypnosis was utilized to treat patients with the primary parasomnias: nightmare, sleepwalking, and sleep terror disorders. The results for the patient with the nightmare disorder suggested that the effective element in decreasing the frequency of nightmares may have been the specific hypnotic suggestion to alter the nightmare content. The generalized effects of increased relaxation and improved sleep also contributed to therapeutic efficacy. Two other patients with sleepwalking and sleep terror disorders were also treated. In both the cases the effective ingredient seemed to be the generalized effects of hypnosis. The case reports suggest that the general lowering of tonic levels due to the anxiolytic effects of relaxation employed during hypnosis was responsible for reducing the incidence of these disorders. The author concluded that hypnosis is a relatively simple, non-invasive, inexpensive, and potentially effective means of treating nightmare, sleepwalking, and sleep terror disorders. No address available for reprints.

Lequerica, A., Rapport, L., Axelrod, B. N., Telmet, K., & Whitman, R. D. (2002). Subjective and objective assessment methods of mental imagery control: construct validation of self-report measures. *Journal of Clinical & Experimental Neuropsychology, 24*(8), 1103-1116. This study examined the relationship between subjective and objective measures of mental imagery control. Eighty undergraduates took a battery of imagery tests and self-report measures to examine whether questionnaires that purport to measure imagery control or dynamic imagery ability (imagery of movement) would show a stronger relationship with objective measures of mental manipulation than would subjective measures that tap vividness of static imagery. It was found that neither subjective measures of movement imagery nor subjective measures of stationary imagery showed meaningful relationships with objective measures of visuospatial manipulation. In addition, subjective and objective imagery measures generally tended to dissociate. Basic component skills that were thought to be involved in mental manipulation, however, showed a much stronger relationship with the objective imagery tasks than did the self-report questionnaires. The findings suggest that subjective measures of imagery control do not tap the same cognitive processes involved in objective tests that require accurate imagery manipulation. Address for reprints: A. Lequerica, Wayne State University, Detroit, MI 48202, USA.

motor tics. The therapy focused on “habit reversal,” a behavioral approach which is supported in psychotherapy outcome research. Hypnosis was included as part of the treatment plan because the client had expectations for a positive therapeutic outcome from hypnosis and felt that it might enhance various components of the habit reversal package. After two sessions the client reported a significant reduction in the frequency of tics. No address available for reprints.

Page, R. A., & Green, J. (2002). Are recommendations to avoid hypnotic aftereffects being implemented? Contemporary Hypnosis, 19(4), 167-171. To determine if recommendations that have been made through the years to avoid hypnotic sequelae are being implemented, a seven-item survey was sent to 1050 ASCH members. Eight hundred and eighty-one surveys were delivered, of which 60.3% were completed. It was found that some recommendations are being employed by almost all clinical practitioners. For example, over 90% obtain medical histories, ask if subjects have been hypnotized before, and spend time dispelling myths. Most clinicians also have a post-hypnotic interview to assess client experiences, and half of clinicians give suggestions about negative aftereffects and instruct clients to report any unusual aftereffects. Only 3.1% formally obtain informed consent, and only 2.1% inform clients about the inadmissibility of hypnotically refreshed testimony, but, importantly, these percentages may be gross underestimates because responses to the latter procedures were not specifically solicited. Address for reprints: Roger Page, Ph.D., Ohio State University, 4240 Campus Drive, Lima, OH 45804, USA. E-mail: rpage@postoffice.lima.ohio-state.edu.

Ray, P., & Page, A. C. (2002). A single session of hypnosis and eye movement desensitisation and reprocessing (EMDR) in the treatment of chronic pain. Australian Journal of Clinical & Experimental Hypnosis, 30(2), 170-178. Hypnosis and EMDR were examined in the treatment of chronic pain in a randomized controlled trial with 15 patients (mean age 36.8 yrs) in a crossover design with one session of hypnotherapy and EMDR. Subjective pain within treatment sessions was assessed using the McGill Pain Questionnaire, and between sessions using a diary record of pain. Treatment brought about reductions in subjective pain with evidence for the superiority of hypnosis. No address available for reprints.

Santarcangelo, E. L., Busse, K., & Carli, G. (2003). Frequency of occurrence of the F wave in distal flexor muscles as a function of hypnotic susceptibility and hypnosis. Brain Research & Cognitive Brain Research, 16(1), 99-103. This study assessed whether the membrane excitability of flexor cervical and/or lumbar motoneurons is related to hypnotic susceptibility (measured with the Stanford Hypnotic Susceptibility Scale, Form A) and hypnosis. Hypnotized subjects were given only suggestions of relaxation (neutral hypnosis) while alert subjects were given instructions to be quiet and relaxed (simple relaxation). F waves were recorded from the abductor digiti minimi and abductor hallucis of both sides after electrical stimulation of the ulnar or tibial nerve, respectively, and were used as an index of motoneuron membrane excitability in three subject groups: highly hypnotizable with neutral hypnosis, and highly hypnotizable and non-susceptible during simple relaxation sessions. It was found that in the lower limbs there was no difference among the groups in the frequency of occurrence of F waves. However, in the upper limbs, hypnosis selectively reduced F frequency of occurrence in flexor motoneurons on the right side. This reduction persisted.
after hypnosis and also occurred during the last period of relaxation in highly susceptible non-hypnotized subjects. The authors concluded that these results supported the idea that hypnotic phenomena develop along a continuum in which some trait differences can be more easily revealed by the induction of hypnosis. Address for reprints: Laura Santarcangelo, Dept. of Physiology, University of Siena, Via Aldo Moro, 53100, Siena, Italy.

Sarbin, T. R. (2002). Dialogical components in theory-building: Contributions of Hilgard, Orne and Spanos. Contemporary Hypnosis, 19(4), 190-197. The author believes that the many contributions of these three authors constitute “a deferred dialogue.” The dialogical format is one of advancing a claim that is answered by a counter-claim, supported by research and/or logic. A central element in the dialogue is the degree of credibility accorded to subject self-reports concerning their experience during the experience of hypnotic analgesia, amnesia, and hallucinations. The epistemological subtext of the dialogue focuses on whether the counter-expectational behaviors of hypnotic subjects are to be construed as “happenings” or as “doings.” It is suggested that future researchers take as a point of departure the construction that the hypnotic interaction is a conversation. No address available for reprints.

Sebastiani, L., Simoni, A., Gemignani, A., Ghelarducci, B. & Santarcangelo, E. L. (2003). Human hypnosis: Autonomic and electroencephalographic correlates of a guided multimodal cognitive-emotional imagery. Neuroscience Letters, 338(1), 41-44. The effects of a guided neutral and unpleasant imagery involving several sensory modalities were studied in hypnotized subjects. Heart rate (HR), respiratory frequency (RF), tonic skin resistance and the EEG were evaluated during a long-lasting hypnotic session that included the guided suggestion of a neutral and an unpleasant imagery condition, each preceded by a hypnotic relaxation rest period. During the neutral scene, the absence of autonomic changes, associated with an EEG gamma power decrement and theta1 power increment, indicated the prevalence of relaxation on the expected task-related modifications. In contrast, the unpleasant imagery elicited HR and RF increments together with higher EEG patterns of gamma, beta3 and beta2. Thus it was concluded that the hypnotic state appears to prevent the autonomic responses expected during neutral stimulation, while the emotional valence of the unpleasant imagery overwhelms the hypnotis-related relaxation. Address for reprints: L. Sebastiani, Dipartimento di Fisiologia e Biochimica, Via S Zeno 31, 56127 Pisa, Italy.

Sebastiani, L., Simoni, A., Gemignani, A., Ghelarducci, B. & Santarcangelo, E. L. (2003). Autonomic and EEG correlates of emotional imagery in subjects with different hypnotic susceptibility. Brain Research Bulletin, 60(1-2), 151-160. The authors studied autonomic and EEG correlates of the response to a cognitive unpleasant stimulation (US) verbally administered to awake hypnotizable and non-hypnotizable subjects compared with the values obtained during a resting condition immediately preceding the stimulus and with those produced by a cognitive neutral stimulation (NS), also administered after a basal resting period. It was found that there were hypnotizability effects on skin resistance, heart and respiratory rate as well as on EEG theta, alpha, beta and gamma relative power changes. The autonomic and EEG patterns observed indicated different strategies in the task execution for hypnotizable and non
hypnotizable subjects and a discrepancy between the autonomic and EEG changes associated to the US in susceptible subjects. Only susceptible subjects demonstrated EEG patterns of emotion suggesting that they had a better capability of evaluating their own psychological state, and their capability to buffer or suppress the expected autonomic output supports dissociation theories of hypnosis and suggests that hypnotizable persons have an active mechanism of protection against cardiac hazard. Address for reprints: L. Sebastiani, Dipartimento di Fisiologia e Biochimica, Via S Zeno 31, 56127 Pisa, Italy.

Sloman, R. (2002). Relaxation and imagery for anxiety and depression control in community patients with advanced cancer. *Cancer Nursing, 25*(6), 432-435. This was a community-based nursing study comparing the effects of progressive muscle relaxation and guided imagery on anxiety, depression, and quality of life in people with advanced cancer. Fifty-six patients with advanced cancer who were experiencing anxiety and depression were randomly assigned to 1 of 4 treatment conditions: (1) progressive muscle relaxation training, (2) guided imagery training, (3) both of these treatments, and (4) a control group. Subjects were tested with the Hospital Anxiety and Depression Scale and the Functional Living Index-Cancer Scale to assess anxiety, depression and quality of life both before and after learning muscle relaxation and guided imagery techniques. There was no significant improvement for anxiety, but significant positive changes occurred for depression and quality of life. Address for reprints: R. Sloman, The Hebrew University, School of Nursing, Jerusalem, Israel. E-mail: sloman@netvision.net.il.

Sobrinho, L. G., Simoes, M., Barbosa, L., Raposo, J. F., Pratas, S., Fernandes, P. L., & Santos, M. A. (2003). Cortisol, prolactin, growth hormone and neurovegetative responses to emotions elicited during an hypnoidal state. *Psychoneuroendocrinology, 28*(1), 1-17. This research examined the responses of cortisol, prolactin and growth hormone (GH) to emotions elicited during sessions in which a hypnoidal state was induced. The study sought to answer the following questions: (1) Do sessions with an emotional content have more hormonal surges than baseline, relaxation-only sessions? (2) Does the induction of a fantasy of pregnancy and nursing elicit a prolactin response? (3) Are there any associations between surges of different hormones? and (4) Are hormonal responses related to the intensity, type, or mode of expression of the emotions? Thirteen volunteers and 12 patients with minor emotional difficulties were studied during sessions under hypnosis. The period of observation lasted for approximately three hours, with serum cortisol, prolactin and growth hormone sampled every 15 minutes. The study found evidence that cortisol, prolactin and GH respond to psychological stress in humans, but they are regulated differently from one another. The current paradigm of stress, implying corticotrophin-releasing hormone (CRH) as the initial step of a cascade of events, is insufficient to account for the diversity of hormonal changes observed in psychological stress in humans. No address available for reprints.

Wagstaff, G. F., Toner, S., & Cole, J. (2002). Is response expectancy sufficient to account for hypnotic negative hallucinations? *Contemporary Hypnosis, 19*(3), 133-138. This study represents another blow to expectancy theorists. According to response expectancy theory, hypnotic phenomena are fundamentally genuine and occur simply
because subjects expect them to occur. In this study, under both hypnotic and non-
hypnotic conditions, subjects were presented with a clear visual stimulus after being
led to expect that they would see nothing (experience a negative hallucination). It was
found that although about half of subjects were 100% confident that they would see
nothing, all reported seeing something. Moreover, whereas expectancy did not correlate
significantly with the clarity of the image, hypnotic depth did. The results do not
support the Kirsch/Lynn response expectancy theory, but are deemed compatible with
both classic state theory and could be compatible with sociocognitive positions
stressing the operation of strategic enactment and compliance. Address for reprints:
Graham F. Wagstaff, University of Liverpool, Liverpool, United Kingdom.

Contemporary Hypnosis, 19(3), 118-124. Presents a case of a man with intractable
pain who rapidly responded to an intervention releasing suppressed anger and a
revivification of a previous successful experience with acupuncture for pain relief.
Treatment consisted of only 15 minutes in surgery and a therapy session of one hour.
Address for reprints: Dr. Ann Williamson, Hollybank House, Lees Road, Mossley,
Ashton-under-Lyne, Lancashire OL5 0PL, United Kingdom.

A phase I study on the feasibility and acceptability of an acupuncture/hypnosis
intervention for chronic pediatric pain. Journal of Pain Symptom Management,
24(4), 437-446. This was a Phase I investigation evaluating the feasibility and
acceptability of a complementary and alternative medicine (CAM) package combining
acupuncture and hypnosis for chronic pediatric pain. Thirty-three sequentially referred
children, ages 6-18 years were offered 6 weekly sessions consisting of individually
tailored acupuncture treatment together with a 20-minute hypnosis session (conducted
while the needles were in place). Both parent and child ratings of pain and pain-related
interferences in functioning, as well as child ratings of anxiety and depression, were
obtained pre- and post-treatment. It was found that the treatment was highly acceptable
(only 2 patients refused; ≥90% completed treatment) and there were no adverse effects.
Both parents and children reported significant improvements in children’s pain and
interference following treatment. The children’s anticipatory anxiety declined
significantly across treatment sessions. The results support the feasibility and
acceptability of a combined acupuncture/hypnosis intervention for chronic pediatric
pain. Address for reprints: Lonnie Zeltzer, Ph.D., UCLA Pediatric Pain Program, Dept.
of Pediatrics, #22-464 MDCC, UCLA School of Medicine, 10833 Le Conte Avenue, Los
Angeles, CA 90095-1752, USA.