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Adrian, C. (2004). Therapist sexual feelings in hypnotherapy: Managing therapeutic boundaries in hypnotic work. *Australian Journal of Clinical & Experimental Hypnosis. 32*(2), 127-139. This article elaborates ways in which using hypnosis may create special vulnerability for the clinician, not only experiencing sexual feelings toward patients but also becoming confused about the meaning of these feelings, their relevance to treatment, and the maintenance of appropriate patient-clinician boundaries. Special qualities of the hypnotic experience and relationship likely to generate erotic feelings and impulses in patients and/or clinicians are addressed. A clinical case example illustrates many possible meanings of therapist sexual feelings and the impulses to avoidance or acting out they may provoke. Clinically appropriate and inappropriate ways of managing boundaries in the presence of sexual arousal and of using sexual feelings to deepen clinical understanding and direct treatment interventions are discussed.

Beshai, J. A. (2004). Toward a phenomenology of trance logic in posttraumatic stress disorder. *Psychological Reports. 94*(2), 649-654. Some induction procedures result in trance logic as an essential feature of hypnosis. Trance logic is a voluntary state of acceptance of suggestions without the critical evaluation that would destroy the validity of the meaningfulness of the suggestion. Induction procedures in real and simulated conditions induce a conflict between two contradictory messages in experimental hypnosis. In military induction the conflict is much more subtle involving society’s need for security and its need for ethics. Such conflicts are often construed by the subject as trance logic. Trance logic provides an opportunity for therapists using the phenomenology of “presence” to deal with the objectified concepts of “avoidance” or “numbing” implicit in this kind of dysfunctional thinking in Posttraumatic Stress Disorder. An individual phenomenology of induction procedures and suggestions, which trigger trance logic, may lead to a resolution of logical fallacies and recurring painful memories. It invites a reconciliation of conflicting messages implicit in phobias and avoidance traumas. Such a phenomenological analysis of trance logic may well be a novel approach to restructure the meaning of trauma.
Butler L.D., Symons B.K., Henderson S.L., Shortliffe L.D., & Spiegel, D. (2005). Hypnosis reduces distress and duration of an invasive medical procedure for children. *Pediatrics, 115*(1), 77-85. Voiding cystourethrography (VCUG) is a commonly performed radiologic procedure in children that can be both painful and frightening. Given the distress that some children experience during the VCUG and the need for children to be alert and cooperative during the procedure, finding a psychological intervention that helps children to manage anxiety, distress, and pain is clearly desirable. This study was designed to examine whether relaxation and analgesia facilitated with hypnosis could reduce distress and procedure time for children who undergo this procedure. Forty-four children who were scheduled for an upcoming VCUG were randomized to receive hypnosis (n = 21) or routine care (n = 23) while undergoing the procedure. The sample consisted of 29 (66%) girls and 15 (34%) boys with a mean age of 7.6 years (SD: 2.5; range: 4-15 years). Ethnic/racial backgrounds were 72.7% white, 18.2% Asian, 4.5% Latino, 2.3% Black, and 2.3% Filipino. The mean number of previous VCUGs was 2.95 (SD: 2.51; mode: 2; range: 1-15). Potential participants were identified through computerized hospital records of upcoming VCUGs. Parents were contacted by telephone and invited to participate if their child was eligible. To be eligible for the study, the child must have undergone at least 1 previous VCUG, been at least 4 years of age at that time, and experienced distress during that procedure, and both the child and the participating parent had to be English speaking. Each eligible child and parent met with the research assistant (RA) before the day of the scheduled procedure for an initial assessment. Children were queried regarding the degree of crying, fear, and pain that they had experienced during their most recent VCUG. Parents completed a series of parallel questions. Immediately after this assessment, those who were randomized to the hypnosis condition were given a 1-hour training session in self-hypnotic visual imagery by a trained therapist. Parents and children were instructed to practice using the imaginative self-hypnosis procedure several times a day in preparation for the upcoming procedure. The therapist was also present during the procedure to conduct similar exercises with the child. The majority (83%) of those who were randomized to the routine care control group chose to participate in a hospital-provided recreation therapy program (offered as part of routine care). The program includes demonstration of the procedure with dolls, relaxation and breath-work training, and assistance during the procedure. On the day of the VCUG, the RA met the family at the clinic before the procedure, and both the child and the parent rated the child's present level of fearfulness. During the procedure, the RA recorded observational ratings of the child's emotional tone and behavior and timed the overall procedure and its phases. Immediately after the VCUG, the child was asked how much crying, fear, and pain he or she had experienced during the procedure; the parent rated the child's experience on the same dimensions and also how traumatic the procedure had been (both generally and compared with their previous one), and the medical staff rated the degree of procedural difficulty. Outcomes included child reports of distress during the procedure, parent reports of how traumatic the present VCUG was compared with the previous one, observer ratings of distress during the procedure, medical staff reports of the difficulty of the procedure overall, and total procedural time. Results indicate significant benefits for the hypnosis group compared with the routine care group in the following 4 areas: (1) parents of children in the hypnosis group compared with those in the routine care group reported that the procedure was significantly less traumatic for their children compared with
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their previous VCUG procedure; (2) observational ratings of typical distress levels during the procedure were significantly lower for children in the hypnosis condition compared with those in the routine care condition; (3) medical staff reported a significant difference between groups in the overall difficulty of conducting the procedure, with less difficulty reported for the hypnosis group; and (4) total procedural time was significantly shorter—by almost 14 minutes—for the hypnosis group compared with the routine care group. Moderate to large effect sizes were obtained on each of these 4 outcomes. Hypnotic relaxation may provide a systematic method for improving the overall medical care of children with urinary tract abnormalities and may be beneficial for children who undergo other invasive medical procedures. These findings augment the accumulating literature demonstrating the benefits of using hypnosis to reduce distress in the pediatric setting. The present findings are noteworthy in that this study was a controlled, randomized trial conducted in a naturalistic medical setting. In this context, we achieved a convergence of subjective and objective outcomes with moderate to large effect sizes, including those that may have an impact on patient care and procedure cost, that were consistently supportive of the beneficial effects of hypnosis—a noninvasive intervention with minimal risk. The findings, therefore, have immediate implications for pediatric care. Limitations of this study include the lack of participant and staff blindness to the child’s condition assignment, which could have introduced bias into reports. However, the objective procedural time differences between groups were consistent with the other, more subjective outcome findings. The sample was also small and primarily white in ethnic/racial makeup, which may have restricted our ability to detect some differences and may limit the generalizability of findings to more representative samples. In addition, the sample comprised children who had already undergone at least 1 VCUG during which they had had difficulty. Consequently, additional research is needed to determine whether hypnosis would be helpful to those who are undergoing their first VCUG.

Capafons, A. (2004). Waking hypnosis for waking people: Why from Valencia? *Contemporary Hypnosis, 21*(3), 136-145. This article presents a cultural analysis of the reasons that waking hypnosis is widely accepted in Spain. These reasons relate to several features of the Spanish people, including their attitude towards others, politics, religion, habits, and even the climate in which they live. In general, Spaniards seem to perceive “waking” hypnosis as a technique that better adapts to their lifestyle than more traditional forms of hypnosis. In addition, they may be able to have more confidence in ‘waking’ hypnosis as it appears less threatening, since it is differentiated from stage hypnosis as presented by the media. Therefore, although “waking” hypnosis is American in origin, the particular reasons why it has developed in Spain can be easily understood.

Capafons, A., Cabanas, S., Espejo, B., & Cardena, E. (2004). Confirmatory factor analysis of the Valencia Scale on Attitudes and Beliefs Toward Hypnosis: An international study. *International Journal of Clinical & Experimental Hypnosis, 52*(4), 413-433. Cognitions held about hypnosis have an important impact on areas such as initial rapport and hypnotic-treatment compliance. The Valencia Scale on Attitudes and Beliefs toward Hypnosis may be the first instrument specifically geared to the Spanish-speaking population. Besides measuring these cognitions, the scale can also help evaluate the effect of clinical and experimental manipulations on people’s attitudes and beliefs toward hypnosis. The article presents a confirmatory factor analysis.
using a sample from 5 different countries ($N = 2,402$). Test-retest analyses were also carried out. The authors found statistical confirmation for an 8-factor model solution: automatism, help, personal control, interest, magical solution, collaboration, memory, and marginal.

Council, J. R. & Green, J. P. (2004). Examining the absorption-hypnotizability link: The roles of acquiescence and consistency motivation. *International Journal of Clinical & Experimental Hypnosis, 52*(4), 364-377. The Tellegen Absorption Scale (TAS) is one of the few personality measures commonly found to correlate with hypnotizability. However, a number of studies have found that the correlation is strongly influenced by contextual factors. Three studies examined acquiescence (or “yea-saying”) and consistency motivation as possible contributors to context effects on the absorption-hypnotizability link. Results indicate that acquiescence and consistency effects are likely to influence the level of association between the TAS and hypnotic responsiveness.

De Pascalis, V., Belluscio, A., Gallo, C., Magurano, M. R., & Chen, A. C. N. (2004). Pain-reduction strategies in hypnotic context: ERPs and SCRs during a secondary auditory task. *International Journal of Clinical & Experimental Hypnosis, 52*(4), 343-363. Pain-rating scores were obtained from 10 high-, 10 medium-, and 10 low-hypnotizable subjects who were holding a painful cold bottle in their left hands and were exposed to pain reduction treatments while they were performing a secondary oddball task. All subjects received suggestions of dissociative imagery and focused analgesia as cognitive strategies for pain reduction. The following measures were obtained for tone targets of the auditory oddball task: (a) reaction time; (b) P300 peak amplitude of the event-related potentials; (c) skin conductance levels and skin conductance responses. Focused analgesia produced the most pain reduction in high-, but not medium- or low-, hypnotizable subjects who showed shorter reaction times, higher central and parietal P300 peaks, and higher skin conductance responses. These findings were discussed vis-a-vis the dissociated-control model assuming that capacity demands of hypnotic suggestion are low.

Edser, S. J. (2004). Hypnosis and the art of motorcycle mastery—Counteracting limiting beliefs through hypnotically-enhanced self-efficacy: A Case Study. *Australian Journal of Clinical Hypnotherapy & Hypnosis, 25*(1), 21-30. This article presents the notion of self-efficacy as a key consideration, not only in enhanced self-esteem, but principally as a means to overcome limiting self-beliefs in the context of attempting to reach a particular goal. It briefly outlines the construct of self-efficacy and its history and shows how it can be used in the clinical setting. The case of Ms. C is recounted. The phenomenology of her problem is given, as well as the apparent cause of her cognitive and emotional paralysis. The paper then discusses how a hypnotic intervention was able to assist her. The hypnotic induction, therapeutic and post-hypnotic suggestions, metaphors and the rationale for each are provided to assist the reader in his/her own consideration of these issues.

loudly that she had to sleep in a back room at home. Her snoring recurred a year later when her orthopedist prescribed a muscle relaxant drug, and it again responded to a suggestion to “let it be impossible” to make that sound. There was no recurrence in a 4-year follow-up.

German, E. (2004). Hypnotic preparation of a mother-to-be. *Australian Journal of Clinical & Experimental Hypnosis, 32*(2), 157-169. This paper outlines the hypnotic preparation of a mother-to-be, Poppy, who presented for anxiety management of panic attacks of moderate severity. These panic attacks predated the pregnancy and related to a fear of no escape and lack of mobility. A recent panic attack when the client was having fetal monitoring initiated the referral from her obstetrician. Initially, Poppy requested assistance to deal with the panic attacks in general. Later on, the focus of treatment changed when she and her husband in consultation with the obstetrician decided to change delivery plans and attempted a natural delivery instead of an elective caesarian. Poppy requested assistance to have a “panic-free delivery.” The therapeutic interventions combined general psycho-education about anxiety, learning about hypnosis, and self-hypnosis on agreed cues and environmental manipulation to ensure an optimum delivery environment.

Gow, K., Lang, T., & Chant, D. (2004). Fantasy proneness, paranormal beliefs and personality features in out-of-body experiences. *Contemporary Hypnosis, 21*(3), 107-125. This study investigated the relationship between reported out-of-body experiences, certain psychological variables and personality characteristics. One hundred and sixty-seven participants completed a series of questionnaires to investigate differences amongst those participants reporting out-of-body experiences and those who were classified as believers or non-believers on: fantasy proneness, paranormal beliefs, psychological absorption, psychological association, somatoform dissociation, certain personality characteristics, and OBE experience sensations. The findings revealed that experiencers were more fantasy prone, higher in their belief in the paranormal and displayed greater somatoform dissociation. Psychological absorption and dissociation were higher for believers than for either experiencers or non-believers and in relation to experiencers, fantasy proneness, paranormal beliefs and the personality dimensions of institution and feeling were significantly related, as were psychological absorption, psychological dissociation, and somatoform dissociation.

Green, J. P. & Council, J. R. (2004). Does the positive keying of the TAS inflate the absorption-hypnotizability link? *International Journal of Clinical & Experimental Hypnosis, 52*(4), 378-388. The search for correlates of hypnotic responsiveness has been largely unsuccessful, with the notable exception of the construct “absorption.” The Tellegen Absorption Scale (TAS) has been shown to correlate with hypnotic responsiveness, particularly if the two measures are administered in the same testing context or setting. The present study set out to determine whether the all-true, positively keyed format of the TAS inflates the absorption-hypnotizability link. With a sample of 466 participants, the authors show that wording the TAS items in either a positive or negative direction does not affect the correlation between the TAS and the Harvard Group Scale of Hypnotic Susceptibility, Form A.

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52(4), 389-399. Prognosis in surgical treatment of diseases of the oral and maxillofacial region under local anesthesia is quite commonly restricted by compliance by the patient. An alternative approach, medical hypnosis, has not been used in oral and maxillofacial surgery to any significant degree. As such, hypnosis treatment also depends to a great extent on the cooperation of the patient, and it would seem advisable to collect information concerning the individual motivation for accepting such a treatment option. The questionnaire consisted of 21 questions and was handed out to patients of the department. A total of 310 questionnaires were evaluated statistically, and the result shows a high level of acceptance of medical hypnosis by patients being treated surgically in the oral and maxillofacial region. The authors conclude that the effectiveness of this treatment option should be examined in clinical studies.

Hoencamp, E. (2004). A teaching model of hypnosis in psychiatric-residency training. International Journal of Clinical & Experimental Hypnosis, 52(4), 404-412. A stepwise hypnosis-training model for psychiatric residents is presented as used in the Netherlands. Hypnosis is presented to residents as an intervention that can be incorporated into the treatment of various types of disorders in structured, time-limited units. The model takes into account the usual reluctance and insecurity of the psychiatric resident, who is usually encountering hypnosis for the first time.

Jambrik Z., Sebastiani L., Picano E., Ghelarducci B., & Santarcangelo, E.L. (2005). Hypnotic modulation of flow-mediated endothelial response to mental stress. International Journal of Psychophysiology, 55(2):221-7. Post-ischemic flow mediated dilation of peripheral arteries (FMD) is transiently reduced during mental stress. This experiment was aimed at assessing whether hypnosis, which is a powerful relaxation technique, modulated the FMD response to mental stress in subjects with different hypnotic susceptibility. Results showed that hypnotic relaxation prevented the expected stress-related reduction of FMD only in highly hypnotizable subjects, suggesting a protective role of hypnotizability against vascular damage.

Jureidini, J. (2004). Does dissociation offer a useful explanation for psychopathology? Psychopathology, 37(6), 259-265. Dissociation is often conceptualized as an altered state of consciousness, a trance-like state in which normal barriers between conscious and unconscious memories, desires and beliefs break down and other amnestic barriers emerge. This review explores whether it is likely that there is a neurophysiology of pathological dissociative processes that will elucidate management. A critical reading of current research, sourced through Medline and Psychinfo searches from 1990 to 2002, using subject headings: dissociative disorders, hypnosis and stress disorder (posttraumatic), as well as keywords: dissociation, hypnosis and trance. Current knowledge does not support the notion of dissociation as a discrete brain state or process. Psychiatric and neurophysiological research and theory development are better directed towards individual components that contribute to dissociative experience.

Kai-ching Yu, C. (2004). Beliefs and attitudes of Chinese regarding hypnosis and its applications. Contemporary Hypnosis, 21(3), 93-106. The aim of the current study is to broadly consider the beliefs and attitudes of Hong Kong Chinese, regarding the notion of hypnosis and its applications. Particular attention is given to a comparison between the data of the current Chinese sample and those obtained by Western studies. Parameters such as self-perceived hypnotizability and psychology training are also
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examined. Four hundred and fifty-seven college students in Hong Kong were included in the study, and widely used inventories were adopted to measure their beliefs and attitudes towards hypnosis and its applications. While participants’ beliefs in regards to the general nature of hypnosis do not vary significantly according to their cultural background, participants’ perceived value of hypnosis and attitudes towards being hypnotized are subject to the effects of psychology training and self-perceived hypnotizability. In addition, a number of significant associations between beliefs and attitudes with regard to hypnosis and its applications were found. This highlights the importance of clearing up the common misunderstanding in hypnotic practice.

Kazmierczak, T. (2004). Using hypnosis in emotional decision making. *Australian Journal of Clinical & Experimental Hypnosis*, 32(2), 206-213. This case illustrates two of the major therapeutic benefits of hypnosis. First, hypnosis can be used to bypass one’s critical conscious mind, to ask the subconscious mind for cognitive input. Second, it can also be used to allow clients to imagine situations in trance and rehearse more effective coping behaviors for real-life situations.


Laidlaw, T. M., Kerstein, R., Bennett, B. M., Naito, A., Dwivedi, P., & Gruzelier, J. (2004). Hypnotizability and immunological response to psychological intervention in HIV. *Contemporary Hypnosis*, 21(3), 126-135. This pilot study related hypnotizability to changes in HIV immune blood markers after two psychological interventions. The mean of two blood assays prior to intervention was compared to the results of the blood assay after the intervention. A course of four weekly 2-hour training sessions coupled with daily self-hypnosis practice was given to 13 participants with diagnosed HIV and for a further 9 participants a similar course was given in a Japanese healing method called Johrei (a total of 22 participants). All were naive to anti-retroviral medication. The outcome measures were CD4+ T cell counts, and viral load of the HIV virus in blood. When highly hypnotizable subjects were compared to those of lower hypnotizability in a repeated measures analysis, their CD4+ t-lymphocyte counts were significantly higher (p = 0.007). This was achieved by the highly hypnotizable subjects non-significantly raising their CD4+ counts while the CD4+ counts of the less hypnotizable subjects declined significantly (mean change = -79.4, p = 0.006). The differences in CD4+ T cell % of lymphocytes and the viral loads did not differ. This pilot study indicates that hypnotizability may predict immunological response to psychological interventions in HIV.

Patterson, D. R. (2004). Treating pain with hypnosis. *Current Directions in Psychological Science*, 13(6), 252-255. The use of hypnosis for pain control has a strong foundation in the experimental literature, as well as in numerous anecdotal reports. Up until the past two decades, however, there were very few controlled studies supporting its clinical efficacy. A review of the recent literature suggests that hypnosis can be effective for both acute and chronic pain. Clinicians can optimize their effectiveness by attending to both the experimental literature (e.g., increasing patients’ expectations)
Pearce, M. (2004). The application of the self-concordance model with hypnosis in the treatment of a phobia of medical procedures: A case study. *Australian Journal of Clinical Hypnotherapy & Hypnosis, 25*(1), 31-35. Hypnosis is used to treat a specific phobia of medical procedures. A case study of a client wishing to attend the birth of his child is presented in light of the self-concordance model. Therapy for both client and clinician may become more successful if the client’s core values can be aligned to autonomous motivation thus enhancing the therapeutic outcome.

Schreiber, E. H. & McSweeney, P. (2004). Use of group hypnosis to improve academic achievement of college freshmen. *Australian Journal of Clinical & Experimental Hypnosis, 32*(2), 153-156. This study investigated whether group hypnosis would improve college students’ achievement examination grades. They were administered both a mid-term and a final exam during a 15-week term. The groups consisted of 32 general psychology students who were hypnotized and compared with a control group of 32 general psychology students. An analysis of the groups with t-tests showed a significant difference between the classes, with the hypnosis group manifesting a significantly higher mean score on the final exam. Suggestions for further research are made.

Schulz-Stubner S., Krings T., Meister I.G., Rex S., Thron A., & Rossaint R. (2004). Clinical hypnosis modulates functional magnetic resonance imaging signal intensities and pain perception in a thermal stimulation paradigm. *Regional Anesthesia and Pain Medicine. 29*(6):549-56. This study was designed to describe regional changes in blood oxygenation level dependent signals in functional magnetic resonance images (fMRI) elicited by thermal pain in hypnotized subjects. These signals approximately identify the neural correlates of the applied stimulation to identify neuroanatomic structures involved in the putative effects of clinical hypnosis on pain perception. After determination of the heat pain threshold of 12 healthy volunteers, fMRI scans were performed at 1.5 Tesla by using echoplanar imaging technique during repeated painful heat stimuli. Activation of brain regions in response to thermal pain during hypnosis (using a fixation and command technique of hypnosis) was compared with responses without hypnosis. With hypnosis, less activation in the primary sensory cortex, the middle cingulate gyrus, precuneus, and the visual cortex was found. An increased activation was seen in the anterior basal ganglia and the left anterior cingulate cortex. There was no difference in activation within the right anterior cingulate gyrus in our fMRI studies. No activation was seen within the brainstem and thalamus under either condition. Our observations indicate that clinical hypnosis may prevent nociceptive inputs from reaching the higher cortical structures responsible for pain perception. Whether the effects of hypnosis can be explained by increased activation of the left anterior cingulate cortex and the basal ganglia as part of a possible inhibitory pathway on pain perception remains speculative given the limitations of our study design.

with “attracting dysfunctional men. The client had a background history of possible child abuse and is currently trying to establish her own independence from an insecure dependent mother.

Wagstaff, G. F., Brunas-Wagstaff, J., Cole, J., Knapton, L., Winterbottom, J., Crean, V., & Wheatcroft, J. (2004). Facilitating memory with hypnosis, focused meditation, and eye closure. International Journal of Clinical & Experimental Hypnosis, 52(4), 434-455. Three experiments examined some features of hypnotic induction that might be useful in the development of brief memory-facilitation procedures. The first involved a hypnosis procedure designed to facilitate face identification; the second employed a brief, focused-meditation (FM) procedure, with and without eye closure, designed to facilitate memory for an emotional event. The third experiment was a check for simple motivation and expectancy effects. Limited facilitation effects were found for hypnosis, but these were accompanied by increased confidence in incorrect responses. However, eye closure and FM were effective in facilitating free recall of an event without an increase in errors. FM reduced phonemic fluency, suggesting that the effectiveness of FM was not due to simple changes in expectancy or motivation.

Williamson, A. (2004). A case of post-herpetic neuralgia treated with self-hypnosis and imagery. Contemporary Hypnosis, 21(3), 146-149. This is a study of a case of post-herpetic neuralgia treated successfully with the use of self-hypnosis and client generated imagery in three sessions, the total treatment time being two hours. Paramount in the resolution was an acceptance of the symptom.

Woodard F.J. (2004). A phenomenological and perceptual research methodology for understanding hypnotic experiencing. Psychological Reports, 95(3 Pt 1):887-904. Phenomenology and perceptual psychology opens up the essential meanings of hypnosis by presenting a qualitative method as an alternative to the current predominant quantitative method in the study of hypnosis. Scales that measure susceptibility from behavioral and cognitive aspects abound in the hypnosis literature, but understanding the structure of hypnotic experiencing is yet to come. A new qualitative approach to researching hypnotic experiencing by combining aspects of phenomenological research as in work of Giorgi, Moustakas, and Wertz, familiarity with Husserl’s philosophy, and a perceptual psychological research method (cf. work by Combs, Richards, & Richards and by Wasicosko). The author utilized this combined methodology to formulate the theory of Perceptually Oriented Hypnosis. This methodology enables the therapist or professional and patient or client to share benefits from the effects of their hypnotic experiencing in its intersubjective sense. This method can be applied in numerous life situations such as teaching and therapy in addition to the experimental situation.

Young, G. (2004). Hypnotically-facilitated intervention of epileptic seizures: A case study. Australian Journal of Clinical Hypnotherapy & Hypnosis, 25(1), 1-11. This case study is an account of a hypnotically-facilitated psychotherapeutic intervention with epilepsy. This article briefly contextualises both the condition known as epilepsy in the medical literature and in the client’s history. It also outlines the rationale and methodology employed by the author in assisting the client to overcome the presenting problem. A combination of Neuro Linguistic Programming (NLP), basic counseling and Ericksonian Hypnosis was used to facilitate the outcome.
Zadow, L. (2004). Utilizing hypnosis for palliative care: The case of PB. *Australian Journal of Clinical & Experimental Hypnosis, 32*(2), 170-188. PB is a 58-year-old Indian woman with a history of an invasive nasopharangeal squamous cell carcinoma. Initial management was combined intensive radiotherapy and chemotherapy, despite which there was disease progression. She had not tolerated a further attempt with reduced dose chemotherapy. PB was referred to the Hospital Liaison Palliative Care service for assistance with her symptom control, and social issues. The story of her experience with hypnosis, used with benefit for dealing with multiple issues, provides insight into the multifaceted opportunity that hypnotherapy can offer palliative care patients on their journey.