Barling, N. R. & De Lucchi, D. A. G. (2004). Knowledge, attitudes, and beliefs about clinical hypnosis. *Australian Journal of Clinical & Experimental Hypnosis, 32*(1): 36-52. This study investigated knowledge, attitudes, beliefs, and motivation regarding clinical hypnosis. A comparison was made between those who had previous experience with hypnosis and people who had no previous experience with hypnosis. Results indicated that previous experience with hypnosis was associated with significantly more accurate knowledge, more positive attitudes and beliefs about hypnosis, and greater intention to use clinical hypnosis. There were no significant differences between younger and older non-experienced or hypnosis-experienced participants in relation to accuracy of knowledge, positive beliefs about hypnosis, beliefs about the mental stability of hypnotizable people, or fear about hypnosis. Those who obtained their information about hypnosis from personal experiences had significantly more accurate knowledge about hypnosis than those who obtained their information from stage hypnosis/television presentations. They also had significantly more positive beliefs and less fear about hypnosis than those who obtained their information from stage hypnosis/television presentations.

Blum, N. J. (2004). Nocturnal enuresis: behavioral treatments. *Urological Clinics of North America, 31*(3):499-507. Nocturnal enuresis is a common problem. Physiologic and environmental factors are thought to have a role in the etiology and treatment of this condition. This article discusses the association between enuresis and behavioral or emotional problems. Common behavioral treatments are described, and evidence for their efficacy is reviewed. A brief discussion of hypnosis and acupuncture is included.

Bob, P. (2004). Dissociative processes, multiple personality, and dream functions. *American Journal of Psychotherapy, 58*(2):139-49. From ancient times on, our dream processes were thought to be the uncovering of unknown connections. It may be that there is some basis to this belief and that dreams truly represent a mirror of our unconscious and not only random processes moving along according to some brain “computation.” These ideas are supported by some findings that involve connections among dissociative processes, hypnosis, and multiple personality disorder (MPD). From this point of view, MPD represents a very interesting theoretical problem, which may be understood as an extreme example of the dissociative nature of the human psyche. This in turn leads to an understanding of the complex structure of the human psyche and corresponds perfectly to our experience, which says that the pathological often sheds new light on the normal and physiological.
Cyna, A. M., McAuliffe, G. L., & Andrew, M. I. (2004). Hypnosis for pain relief in labor and childbirth: A systematic review. *British Journal of Anaesthesiology, 93*(4):505-511. In view of widespread claims of efficacy, we examined the evidence regarding the effects of hypnosis for pain relief during childbirth. Medline, Embase, Pubmed, and the Cochrane library 2004.1 were searched for clinical trials where hypnosis during pregnancy and childbirth was compared with a non-hypnosis intervention, no treatment or placebo. Reference lists from retrieved papers and hypnotherapy texts were also examined. There were no language restrictions. Our primary outcome measures were labor analgesia requirements (no analgesia, opiate, or epidural use), and pain scores in labor. Suitable comparative studies were included for further assessment according to predefined criteria. Meta-analyses were performed of the included randomized controlled trials, assessed as being of “good” or “adequate” quality by a predefined score. Five RCTs and 14 non-randomized comparisons studying 8395 women were identified where hypnosis was used for labor analgesia. Four RCTs including 224 patients examined the primary outcomes of interest. One RCT rated poor on quality assessment. Meta-analyses of the three remaining RCTs showed that, compared with controls, fewer parturients having hypnosis required analgesia, relative risk = 0.51 (95% confidence interval 0.28, 0.95). Of the two included NRCs, one showed that women using hypnosis rated their labor pain less severe than controls ($p < 0.01$). The other showed that hypnosis reduced opioid (meperidine) requirements ($p < 0.001$), and increased the incidence of not requiring pharmacological analgesia in labor ($p < 0.001$). The risk/benefit profile of hypnosis demonstrates a need for well-designed trials to confirm the effects of hypnosis in childbirth.

De Pascalis V., Cacace I., & Massicolle F. (2004). Perception and modulation of pain in waking and hypnosis: functional significance of phase-ordered gamma oscillations. *Pain, 112*(1-2), 27-36. Somatosensory event-related phase-ordered gamma oscillations (40-Hz) to electric painful standard stimuli under an odd-ball paradigm were analyzed in 13 high, 13 medium, and 12 low hypnotizable subjects during waking, hypnosis, and post-hypnosis conditions. During these conditions, subjects received a suggestion of Focused Analgesia to produce an obstructive hallucination of stimulus perception; a No-Analgesia treatment served as a control. After hypnosis, a post-hypnotic suggestion was given to draw waking subjects into a deep hypnosis with opened eyes. High hypnotizables, compared to medium and low ones, experienced significant pain and distress reductions for Focused Analgesia during hypnosis and, to a greater extent, during post-hypnosis condition. Correlational analysis of EEG sweeps of each individual revealed brief intervals of phase ordering of gamma patterns, preceding and following stimulus onset, lasting approximately six periods. High and medium hypnotizable subjects showed significant reductions in phase-ordered gamma patterns for Focused Analgesia during hypnosis and post-hypnosis conditions; this effect was found, however, more pronounced in high hypnotizable subjects. Phase-ordered gamma scores over central scalp site predicted subject pain ratings across Waking-Pain and Waking-Analgesia conditions, while phase-ordered gamma scores over frontal scalp site predicted pain ratings during post-hypnosis analgesia condition. During waking conditions, this relationship was present in high, low and medium hypnotizable subjects and was independent of stimulus intensity measures. This relationship was unchanged by hypnosis induction in the low hypnotizable subjects, but not present in the high and
medium ones during hypnosis, suggesting that hypnosis interferes with phase-ordered gamma and pain relationship.

German, E. (2004) Hypnosis and CBT with depression and anxiety. *Australian Journal of Clinical & Experimental Hypnosis*, 32(1):71-85. This paper illustrates the use of hypnosis as an adjunct to cognitive behavior therapy in the treatment of a mixed depressive and anxiety reaction of a 20-year-old university student. A predominant feature in his presentation was his perfectionistic standards of academic performance. He presented to the counseling service of a large university after failing an exam. Hypnosis contributed to achieving remarkable therapeutic progress in a relatively short time. On initial presentation his dysphoric feelings were extremely high. Recent test results indicated that levels of anxiety, depression, and stress returned to normal levels. This case highlights the value of hypnosis as “a tool of empowerment.”

Horton, J. E., Crawford, H. J., Harrington, G., & Downs J. H., III. (2004). Increased anterior corpus callosum size associated positively with hypnotizability and the ability to control pain. *Brain*, 127(Pt 8), 1741-7. This is the first MRI study to report differences in brain structure size between low and highly hypnotizable, healthy, right-handed young adults. Participants were stringently screened for hypnotic susceptibility with two standardized scales, and then exposed to hypnotic analgesia training to control cold pressor pain. Only the highly hypnotizable subjects (HHs) who eliminated pain perception were included in the present study. These HHs, who demonstrated more effective attentional and inhibitory capabilities, had a significantly (p < 0.003) larger (31.8%) rostrum, a corpus callosum area involved in the allocation of attention and transfer of information between prefrontal cortices, than low hypnotizable subjects (LHs). These results provide support to the neuropsychophysiological model that HHs have more effective frontal attentional systems implementing control, monitoring performance and inhibiting unwanted stimuli from conscious awareness, than LHs.

Izquierdo, S. A., & Khan, M. (2004). Hypnosis for schizophrenia. *Cochrane Database System Reviews*, (3). Many people with schizophrenia continue to experience symptoms despite the use of conventional treatments. Alternative therapies such as hypnosis, in conjunction with conventional treatments, may prove beneficial to them. The objective was to investigate the use of hypnosis for people with schizophrenia or schizophrenia-like illnesses compared to standard care and other interventions. We searched the Cochrane Schizophrenia Group’s Register (January 2003), contacted the Cochrane Complementary Medicine Field for additional searching, hand searched references of included or excluded studies and made personal contact with authors of relevant trials. All randomized or double-blind controlled trials that compared hypnosis with other treatments or standard care for people with schizophrenia. Studies were reliably selected, quality assessed and data extracted. Data were excluded where more than 50% of participants in any group were lost to follow up. For binary outcomes we calculated a fixed effects risk ratio and its 95% confidence interval. We included three studies (total n = 149). When hypnosis was compared with standard treatment no one left between 1-8 weeks (n = 70, 2 RCTs, Risk Difference 0.00 CI -0.09 to 0.09). Mental state scores were unaffected (n = 60, 1 RCT, MD BPRS by 1 week -3.6 CI -12.05 to 4.8) as were measures of movement disorders and neurocognitive function. Compared with relaxation, hypnosis was also acceptable (n = 106, 3 RCTs, RR leaving the study early 2.00 CI 0.2 to 2.15) and
had no discernable effect on mental state (n = 60, 1 RCT, MD BPRS by 1 week -3.4 CI -11.4 to 4.6), movement disorders or neurocognitive function. Hypnosis was as acceptable as music (Sibelius) by 4 weeks (n = 36, RR leaving the study early 5.0, CI 0.3 to 97.4). The studies in this field are few, small, poorly reported and outdated. Hypnosis could be helpful for people with schizophrenia but to ascertain this requires better designed, conducted and reported randomized studies.

Jamieson, G. A. & Sheehan, P. W. (2004). An empirical test of Woody and Bowers’s dissociated-control theory of hypnosis. *International Journal of Clinical & Experimental Hypnosis, 52*(3):232-249. Woody and Bowers’s dissociated-control theory predicts impaired performance on tasks indexing frontally mediated supervisory attentional functions during hypnosis, especially for high susceptibles. This prediction is tested using Stroop task behavioral performance to measure aspects of anterior-mediated supervisory attentional function. All measures of anterior-mediated attentional functions significantly declined during hypnosis. Interactions between susceptibility and hypnosis condition showed specific changes among hypnotized high susceptibles. Total Stroop errors (failures of attentional suppression) were significantly higher in hypnosis for high, but not low, susceptibles. Tellegen’s experiential mental set was highest for hypnotized highs. Use of rehearsal strategy (instrumental set) decreased significantly in hypnosis but more so for highs than lows. Results suggest that “absorption” in hypnosis may be a consequence of dissociated anterior attentional control. It is proposed that dissociated control emerges from the functional disconnection of left dorsolateral prefrontal cortex and anterior cingulate cortex.

Kraft, T. & Kraft, D. (2004). Creating a virtual reality in hypnosis: A case of driving phobia. *Contemporary Hypnosis, 21*(2), 79-85. This is a case study of a 55-year-old married woman who had a severe driving phobia. She had been involved in an accident on the motorway but did not develop phobic symptoms until after the second incident—a near collision. The treatment consisted of a systematic desensitization of driving scenarios in hypnosis. After 16 treatment sessions, the patient made a complete recovery and was able to drive on all public roads. Following each session, the patient was encouraged to practice her driving in the presence of her husband who was a skilled driver. In hypnosis, the patient was able to create a world of vivid imagery using all sensory modalities; and it was this verisimilitude, akin to “virtual reality exposure therapy“ (VRET), that may have contributed significantly to her complete recovery.

Kukuruzovic, R. (2004). Hypnosis in the treatment of migraine. *Australian Journal of Clinical & Experimental Hypnosis, 32*(1), 53-61. Hypnosis has been used extensively in the management of a range of psychobiological disorders. This case describes the use of hypnosis in the management of migraine and headaches. Hypnosis was used an adjunct to treatment for a complex of physical and psychological symptoms.

Leblanc, A. (2004). Thirteen days: Joseph Delboeuf versus Pierre Janet on the nature of hypnotic suggestion. *Journal of the History of the Behavioral Sciences, 40*(2), 123-147. The problem of posthypnotic suggestion was introduced in 1884. Give a hypnotic subject the posthypnotic command to return in 13 days. Awake, the subject remembers nothing yet nonetheless fulfills the command to return. How then does the subject count 13 days without knowing it? In 1886, Pierre Janet proposed the concept of
dissociation as a solution, arguing that a second consciousness kept track of time outside of the subject’s main consciousness. Joseph Delboeuf, in 1885, and Hippolyte Bernheim, in 1886, proposed an alternative solution, arguing that subjects occasionally drifted into a hypnotic state in which they were reminded of the suggestion. This article traces the development of these competing solutions and describes some of Delboeuf’s final reflections on the problem of simulation and the nature of hypnosis.

Lynn, S. J. & Hallquist, M. N. (2004). Toward a scientifically based understanding of Milton H. Erickson’s strategies and tactics: Hypnosis, response sets and common factors in psychotherapy. Contemporary Hypnosis, 21(2) 63-78. This article updates and extends earlier efforts to characterize Erickson’s work on the basis of the scientific literature and Kirsch and Lynn’s response set theory. It identifies therapeutic mechanisms and learning processes inherent in Erickson’s work that constitute “common factors” potentially responsible for the effectiveness of diverse psychotherapeutic and hypnotherapeutic approaches. We argue that many of Erickson’s creative techniques were effective in establishing a strong therapeutic alliance and engendering, fortifying, and maintaining positive response sets while removing impediments to the automatic activation of positive response sets and altering or deautomatizing maladaptive response sets.

Mackillop, J., Lynn, S. J. & Meyer, E. (2004) The impact of stage hypnosis on audience members and participants. International Journal of Clinical & Experimental Hypnosis, 52(3), 313-329. Before and after a stage-hypnosis performance, 67 audience members and 6 participants completed the Hypnotic Attitudes Questionnaire, the Posthypnotic Experience Scale, and several questions related to attitudes about performing in public. Audience members’ beliefs about hypnosis, experience rating, and responses to the performance-related questions changed in a positive direction after the performance. The participants in the show reported no significant pre- to post performance changes. However, there were indications that the onstage participants exhibited generally favorable attitudes toward hypnosis and performing before they engaged in the actual performance.

Naito, A., Laidlaw, T. M., Henderson, D. C., Farahani, L., Dwivedi, P., Gruzelier, J. H. (2004). The impact of self-hypnosis and Johrei on lymphocyte subpopulations at exam time: A controlled study. Brain Research Bulletin, 62(3), 241-253. In a prospective randomized controlled trial, 48 students were randomly assigned to stress reduction training before exams with self-hypnosis, Johrei or a mock neurofeedback relaxation control. Peripheral blood lymphocyte subpopulations and self-reported stress were measured before training and 1-2 months later as exams approached. Stressed participants showed small but significant declines in both CD3-super(-) CD56-super(+) NK cell percentages and NK cell cytotoxic activity levels while CD3-super(+) CD4-super(+) T cell percentages increased, changes supported by correlations with perceived stress. The effects of stress were moderated in those who learned Johrei at exam time; 11/12 showed increases in CD3-super(-) CD56-super(+) NK cell percentages with decreased percentages of CD3-super(+) CD4-super(+) T cells, effects not seen in the relaxation control group. The results compliment beneficial effects on mood of self-hypnosis and Johrei. The results are in keeping with beneficial influences of self-hypnosis and provide the first evidence of the suggestive value of the Japanese Johrei procedure for stress.
reduction, which clearly warrants further investigation.

Perlini, A. H., Johns, R. A., & Van Hoof, P. L. (2004). Hypnotic deafness: A cross-paradigm analysis. *Contemporary Hypnosis, 21*(2), 52-62. This study compared responses to a deafness suggestion among subjects administered one of three conditions: hypnosis and suggestion (i.e. reals), simulating instructions (i.e. simulators), or the suggestion alone without hypnosis (i.e. cognitives). Reals and simulators were administered a hypnotic induction, followed by a unilateral, left-ear deafness suggestion and the cognitive group was given the unilateral deafness suggestion without a hypnotic induction. All subjects were administered the Stenger Test of Audition during the deafness trial, and again on a final post-deafness trial. Reported changes in deafness levels were indistinguishable among high-reals, low-cognitives and high-cognitives; all three of these groups reported lower levels of deafness compared to the simulating group. The latter demonstrated a pattern of response consistent with faking deafness, a response for which the Stenger Test is designed to measure. The findings lend support to the hypothesis that deafness does not uniquely characterize highly suggestible hypnotized subjects. In addition, the differences between reals and simulators reflect contextual demands on real subjects to report their deafness experience accurately.

Perry, C. (2004). Can anecdotes add to an understanding of hypnosis? *International Journal of Clinical & Experimental Hypnosis, 52*(3), 218-231. This paper emphasizes the importance of anecdotes, in conjunction with experimental data and careful clinical observation, for an understanding of hypnosis. Anecdotes are presented that bear on (a) individual differences in hypnotizability, (b) the stereotypes of hypnosis, (c) the importance of careful wording in preparing experimental subjects and clinical patients for hypnosis, (d) the notion of hypnosis as involving a partial, but not complete, setting aside of critical judgment, which permits the hypnotized person to engage in fantasy and make-believe, (e) confabulation in hypnotic age regression, (f) the differentiation of hypnotic and therapeutic suggestion, (g) the nature of hypnotic suggestion, and (h) some experiences with the posthypnotic persistence of an uncanceled suggestion.

Raine, S. (2004). Hypnosis with eczema. *Australian Journal of Clinical & Experimental Hypnosis, 32*(1) 62-70. This case describes the use of hypnosis in the treatment of a case of eczema, associated with a range of psychological and relationship concerns that both impacted on the onset of the physiological problem and exacerbated its effects. Hypnosis was utilized for a range of short- and long-term counseling issues and as an integral component of a multifaceted treatment program.

Rich, B. (2004). Case notes: Marital hypnotherapy. *Australian Journal of Clinical & Experimental Hypnosis, 32*(1), 111-125. The article presents two case notes involving psychological counseling. In the first case, a lady who has been living with her husband for the past 10 years is seriously considering leaving him. They had gone to counseling before, and the husband had attended an anger management course. Each time, there was transient improvement, but according to the wife he soon went back to his old ways. This was the main reason she was skeptical that there could be any permanent improvement. Hypnosis had a very useful, but strictly circumscribed, role to play: to ensure that relapse prevention occurred. The actual work of cutting long-established destructive cycles was achieved by the cognitive behavioral therapy that had preceded
the hypnotic sessions. In the second case study, the client, a 30-year-old art teacher, was experiencing quite severe morning sickness which required hospital admission due to her state of dehydration. During the admission she appeared very anxious, yet was unwilling to elaborate on any possible factors other than the sickness. Over several weeks her morning sickness and symptoms of anxiety continued. Treatable medical causes for her nausea were excluded. In this case the medical practitioner decided to introduce hypnotherapy as an adjunct to treatment.

Robertson, M., Humphreys, L., & Ray, R. (2004). Psychological treatments for posttraumatic stress disorder: recommendations for the clinician based on a review of the literature. *Journal of Psychiatric Practice, 10*(2), 106-18. This article reviews available research data supporting the use of psychotherapy in the treatment of posttraumatic stress disorder. The authors highlight how this evidence might inform clinical choices in treating PTSD, as well as demonstrating how assumptions based on gaps in the available literature may be misleading. The authors first discuss findings concerning a number of interventions that are commonly used in the treatment of trauma victims or patients with PTSD: critical incident stress debriefing, psychoeducation, exposure therapy, eye movement desensitization reprocessing, stress inoculation therapy, trauma management therapy, cognitive therapy, psychodynamic psychotherapy, and hypnotherapy. They also discuss a number of treatment strategies that have recently been studied in PTSD, including imagery rehearsal, memory structure intervention, interpersonal psychotherapy, and dialectical behavior therapy. PTSD is associated with significant symptomatic morbidity, although desired outcomes in clinical practice are typically related more to reduction in social, interpersonal, and occupational impairment. The most methodologically robust studies, which have typically examined cognitive or behavioral treatments, indicate that psychotherapy helps to relieve symptom severity; however, there is no consistent information about whether these interventions are helpful in improving other domains of impairment and associated disability, even though these problems are often the greatest concern to patients. Nor does the available evidence indicate when, and for whom, various psychotherapeutic interventions should be provided, or whether different modalities of treatment can and should be combined, or sequentially offered, as is often done in specialized treatment programs. Clinicians should keep these issues in mind in reviewing the literature on current (and future) clinical research. Unfortunately, the current evidence base on psychotherapy for PTSD gives only limited guidance concerning clinical choices in managing PTSD. The authors therefore provide some clinical guidelines based on the literature for clinicians treating patients with PTSD.

Rosewarne, P. (2004). Hypnosis and smoking. *Australian Journal of Clinical & Experimental Hypnosis, 32*(1), 86-102. This study reports the use of hypnosis with a young woman who was seeking to resolve her smoking addiction. Early in treatment it became clear that she had unresolved grief, loss, and anger concerning her sexual abuse as a young child by her father who had died many years previously. This experience had hindered her emotional development, current emotions and lifestyle, and contributed to her low self-esteem, negative feelings of self-worth, and subsequent smoking addiction. Hypnosis was incorporated into an extensive period of counseling, and was effectively used to enable this client to cease her smoking addiction, to conclude
her unresolved grief and anger, and to use her newly found peace as a means of ego-strengthening, confidence building, and promoting positive future expectations.

Sapp, M. (2004). Hypnosis: Applications for academically at-risk African-American high school students. *Sleep & Hypnosis, 6*(2), 93-99. Hypnosis has applications for at-risk African American high school students. Sapp has presented extensive group and individual data on hypnotizability with African American college students, but there are no articles that describe applications of hypnosis with at-risk African-American high school students. This article explores applications of hypnosis with at-risk African-American high school students, and it expands the multicultural application of this procedure.

Smith, W. H. (2004). Brief hypnotherapy of severe depression linked to sexual trauma: A case study. *International Journal of Clinical & Experimental Hypnosis, 52*(3), 203-217. Traumatic events of many sorts result in the now familiar symptoms of posttraumatic stress disorder. Many accounts have been published of the helpful role of hypnosis in symptom amelioration when the symptom onset is immediate, or even delayed, following the trauma. For some patients, though, a virtual collapse of adaptive functioning occurs after long periods of relatively symptom-free functioning. For such individuals, the relevance of the earlier trauma to their current problems may not be recognized, either by those treating them or by themselves. This case study is an attempt to illustrate treatment strategies that may be helpful in such cases, based on a good treatment outcome with a seriously ill woman, where hypnosis was an integral part of a brief, but intensive, inpatient treatment program.

Soo, S., Forman, D., Delaney, B. C., & Moayyedi, P. (2004). A systematic review of psychological therapies for nonulcer dyspepsia. *American Journal of Gastroenterology, 99*(9), 1817-22. We conducted a systematic review to determine the effectiveness of psychological interventions including psychodrama, cognitive behavioral therapy, relaxation therapy, guided imagery, or hypnosis in the improvement of dyspepsia symptoms in patients with nonulcer dyspepsia. Trials were identified through electronic searches of the Cochrane Controlled Trials Register (CCTR), MEDLINE, EMBASE, CINAHL, and PsycLIT, using appropriate subject headings and text words and searching bibliographies of retrieved articles. All randomized controlled trials or quasi-randomized studies were eligible. The four eligible trials all used different psychological interventions including applied relaxation therapy, psychodynamic psychotherapy, cognitive therapy, and hypnotherapy. Trials did not present data in a form that could be synthesized. All reported an improvement in the dyspepsia symptom scores at the end of treatment and at 1 yr in the intervention arm compared with controls. All studies only achieved statistically significant results through adjusting for baseline differences between groups. This reflects the small sample sizes of the trials. There were also problems with assumptions made in the statistical analyses used to achieve statistical significance. The studies highlighted problems with recruitment and compliance. There was insufficient evidence on the efficacy of psychological therapies. This emphasizes the need for appropriately powered well-designed trials in this area.

many psychological and psychiatric theories. At the same time, despite its integral role in therapy, it is not well articulated in the literature. This paper describes the concepts of self-esteem and self-concept, their role in psychological and emotional wellbeing, and utilization in a range of therapies. It concludes with a review of hypnosis in ego-strengthening.

Svensson, P. W. (2004). Hypnosis in the management of acute and persistent pain: Support from the recent literature. *Australian Journal of Clinical & Experimental Hypnosis, 32*(1), 103-110. Despite conclusive evidence for the efficacy of clinical hypnosis in the management of both acute and persistent (chronic) pain, hypnosis is under-utilized in these applications. The present literature review was undertaken with the aim of providing practitioners with the necessary evidence to support their clinical practice in this important area. The contribution of the elements of the hypnotic induction—suggestion, relaxation, imagery and distraction—are examined and contrasted with similar elements in a cognitive-behavioral intervention. The literature on the neurophysiology of hypnotic pain modulation is summarized. Four of the major areas where hypnosis is of particular efficacy—surgery, childbirth, burns, and cancer—are specifically discussed.

Vermetten, E. & Bremmer, J. D. (2004). Functional brain imaging and the induction of traumatic recall: A cross-correlational review between neuroimaging and hypnosis. *International Journal of Clinical & Experimental Hypnosis, 52*(3), 280-312. The behavioral and psychophysiological alterations during recall in patients with trauma disorders often resemble phenomena that are seen in hypnosis. In studies of emotional recall as well as in neuroimaging studies of hypnotic processes similar brain structures are involved: thalamus, hippocampus, amygdala, medial prefrontal cortex, anterior cingulate cortex. This paper focuses on cross-correlations in traumatic recall and hypnotic responses and reviews correlations between the involvement of brain structures in traumatic recall and processes that are involved in hypnotic responsiveness. To further improve uniformity of results of brain imaging specifically for traumatic recall studies, attention is needed for standardization of hypnotic variables, isolation of the emotional process of interest (state), and assessment of trait-related differences.

Williamson, A. (2004). A case of driving phobia treated with dissociative imagery. *Contemporary Hypnosis, 21*(2), 86-92. This is a case study of a woman who developed driving phobia following a traumatic incident two years previously while a passenger in a car. Treatment consisted of self-hypnosis training, instituting a calmness anchor, and use of dissociative imagery using a cinema technique, together with positive mental rehearsal. There was full resolution after two sessions.