Review of International Literature

D. Corydon Hammond
Associate Editor

After 18 years of providing these quarterly reviews of international literature for the *Journal*, I have decided that it is time to pass the baton to someone else. I hope through the years that you have enjoyed reading them as much as I have enjoyed the continuing education of regularly having to survey the new worldwide publications in our field.

Edmunds, D. & Gafner, G. (2003). Touching trauma: Combining hypnotic ego-strengthening and zero balancing. *Contemporary Hypnosis, 20*(4), 215-220. A variety of somatic and psychological treatment modalities have been reported in literature addressing the physical and behavioral sequelae of torture. The authors highlight a combined treatment method (with “zero-balancing,” hypnosis, indirect hypnosis, and indirect ego-strengthening) that they have found to be useful with refugees. Two case examples are given. Address for reprints: George Gafner, Family Therapy Training Program, Veterans Affairs Medical Center, Tucson, AZ 85723, USA. E-mail: Gafner.G@tucson.va.gov.

Elkins, G. R. & Rajab, M. H. (2004). Clinical hypnosis for smoking cessation: Preliminary results of a three-session intervention. *International Journal of Clinical & Experimental Hypnosis, 52*(1), 73-81. This is a report of an uncontrolled case series. The authors describe an individualized, 3-session hypnosis program that was used with 30 smokers in an HMO program who were physician referred. Twenty-one returned after an initial consult for hypnosis to stop smoking. At the end of 3 sessions, 81% had stopped smoking, and at 12-month follow-up, 48% remained abstinent. Among the patients who attended all 3 sessions, 58% remained abstinent a year later, while those who only attended 2 sessions, only 30% were abstinent a year later. Ninety-five percent were satisfied with their treatment. Illustrative modules of suggestions are provided. Among the 9 patients who initially consulted about participation, but who did not go through hypnosis, 22% were abstinent a year later. Address for reprints: Gary Elkins, Ph.D., Mind-Body Health Research Program, Dept. of Psychiatry & Behavioral Sciences, Scott & White Clinic and Hospital, 2401 South 31st St., Temple, TX 76501, USA. E-mail: gelkins@swmail.sw.org.
Flammer, E. & Bongartz, W. (2003). On the efficacy of hypnosis: A meta-analytic study. *Contemporary Hypnosis, 20*(4), 179-197. The authors reviewed 444 studies on the efficacy of hypnosis published before 2002. Fifty-seven randomized studies were selected where there was an untreated control group or alternative treatment (e.g., traditional medical treatment) group. A meta-analysis was done yielding a weighted average posttreatment effect size of .56 (medium effect size), but of .63 for the hypnotic treatment of ICD-10 diagnosed disorders. However, “these estimates are conservative since all variables of a given study were used” (p. 179). In an effort to estimate the influence of nonclinical factors (such as quality of research design, way of comparing dependent variables) effect sizes were computed for all 444 studies, with an average effect size of 1.07. They concluded that nonclinical factors exerted a massive influence ranging from .56 for randomized studies with group comparisons to 2.29 for nonrandomized studies using only pre-post comparisons. Only 6 of 57 studies reported correlations between hypnotic suggestibility level and treatment outcome, and the mean correlation was .44. Address for reprints: Prof. Walter Bongartz, Universitat Konstanz, Math.-Naturwiss. Sektion, Fachbereich Psychologie, 78457 Konstanz, Germany. E-mail: walter.bongartz@uni-konstanz.de.

Farvolden, P. & Woody, E. Z. (2004). Hypnosis, memory, and frontal executive functioning. *International Journal of Clinical & Experimental Hypnosis, 52*(1), 3-26. This study sought to compare the performance of high and low hypnotizable subjects on a variety of memory tasks believed to be sensitive to frontal lobe functioning, as well as some control memory tasks not related to frontal lobe function. High hypnotizables consistently performed less well on the frontal memory tasks compared with low hypnotizables. High hypnotizables performed relatively poorly on source-amnesia, free-recall (of non-meaningful, unrelated words), and proactive-interference. However, high hypnotizables did just as well as low hypnotizables on memory tasks not considered to be associated with impaired frontal lobe function. It is important to note that both high and low hypnotizables scored within the normal range, but, nonetheless, the authors conclude that the small differences “suggest a subtle association between hypnotic susceptibility and frontal lobe function” (p. 18). Although the authors anticipated that the hypnotic context and induction would enhance differences between high and low hypnotizables, this basically did not occur. This might be interpreted as supporting a sociocognitive theoretical position, but on the other hand, it may be that asking hypnotized persons to complete an extensive battery of demanding cognitive tests, like those used in this study, may be incompatible with maintaining a hypnotic state. It may also be possible that altered frontal lobe functioning may be a necessary characteristic of individuals with high hypnotic capacity. They also concluded that it may be possible that “frontal executive control” is not a unidimensional entity, and different facets of executive control may be associated in different ways with hypnotizability. Address for reprints: Peter Farvolden, Ph.D., Clinical Research Division, Section on Personality & Psychopathology, Center for Addiction and Mental Health, 250 College St., Toronto, Ontario, Canada M5T 1R8. E-mail: peter_farvolden@camh.net.

Nightmares are a common and distressing symptom for veterans with chronic combat-related Posttraumatic Stress Disorder (PTSD). A psychological treatment that has recently shown promise is Imagery Rehearsal Therapy (IRT). In a pilot study by the authors, IRT was demonstrated to be effective in the treatment of posttraumatic nightmares in a group of combat veterans up to 3 months posttreatment. This paper reports the 12-month follow-up data of the pilot study, examining the longer term outcome of the IRT treatment. Twelve Australian Vietnam veterans with chronic combat-related PTSD were treated with 6 once weekly sessions of imagery rehearsal and assessed using standardized measures of nightmare frequency and intensity, PTSD, depression, anxiety and broader symptomatology at intake, posttreatment, and at 3 and 12-month follow-ups. Significant improvements in targeted nightmare frequency and intensity were evident still at 12 months posttreatment. Similarly, improvements in overall PTSD, depression, anxiety, and broader based symptomatology were also maintained to 12 months. This study provides preliminary evidence that the positive treatment effects of IRT on posttraumatic nightmares, PTSD, and broader symptomatology in males with chronic combat-related PTSD are maintained in the longer term. Address for reprints: D. Forbes, Australian Centre for Posttraumatic Mental Health, West Heidelberg, Victoria, Australia. E-mail: dforbes@unimelb.edu.au.


Gordon, J. S., Staples, J. K., Blyta, A., & Bytyqi, M. (2004). Treatment of Posttraumatic Stress Disorder in postwar Kosovo high school students using mind-body skills groups: A pilot study. Journal of Trauma Stress, 17(2), 143-147. A preliminary study examined whether the practice of mind-body techniques decreases symptoms of posttraumatic stress in adolescents. Posttraumatic Stress Reaction Index questionnaires were collected from 139 high school students in Kosovo who went through a 6-week program that included meditation, biofeedback, drawings, autogenic training, guided imagery, genograms, movement, and breathing techniques. Three separate programs were run approximately 2 months apart. No control group was included. PTSD scores significantly decreased after participation in the programs and remained decreased in the 2 groups that participated in the follow-up study when compared to pretest measures. The data suggest that mind-body skills groups were effective in reducing posttraumatic stress symptoms in war-traumatized high school students. Address for reprints: J. S. Gordon, Center for Mind-Body Medicine, Washington, D.C., 20015, USA. E-mail: jgordon@cmbm.org.

Harandi, A. A., Esfandani, A., & Shakibaei, F. (2004). The effect of hypnotherapy on procedural pain and state anxiety related to physiotherapy in women hospitalized in a burn unit. Contemporary Hypnosis, 21(1), 28-34. In a randomized clinical trial in Iran,
the authors evaluated the efficacy of hypnosis for pain and anxiety reduction in burn patients. Forty-four patients were selected from women in a burn unit, and randomly assigned to a hypnosis or control group. The treatment group received 4 hypnosis sessions, using a modified version of Joseph Barber’s Rapid Induction Analgesia procedure, which included direct suggestions for analgesia and detection of amnesia. Trance depth was determined using the Davis-Husband scale. Procedural pain and anxiety related to physical therapy were evaluated using a visual analogue scale in both groups. The hypnosis group experienced significantly ($P < 0.001$) less pain and anxiety than the control group, and, therefore, hypnosis is recommended in association with physical therapy for burns. Address for reprints: Ali Amini Harandi, Faculty of Medicine, Isfahan University of Medical Sciences, Hazar Jarib St., Isfahan, Iran. E-mail: ali_amini@med.mui.ac.ir or amini_ali@yahoo.com.

Hidderley, M. & Holt, M. (2004). A pilot randomized trial assessing the effects of autogenic training in early stage cancer patients in relation to psychological status and immune system responses. *European Journal of Oncology Nursing, 8*(1), 61-65. Autogenic training (AT) is a structured, German form of self-hypnosis. In this study, AT was used with a group of early stage cancer patients and the effects were observed on stress-related behaviors and immune system responses. This was a randomized trial with 31 early stage breast cancer women who had received a lumpectomy and adjuvant radiotherapy. The women were randomized into two groups, one of which received only a home visit, and a second group who received a home visit and 2 months of weekly autogenic training. At the beginning and end of the 2 monthly periods, the Hospital Anxiety and Depression Scale (HADS) and T- and B-cell markers were measured to assess indications of changes in immune system responses and to measure anxiety and depression. At the completion of the study, HADS scores and T- and B-cell markers remained similar in the women who did not receive AT. The women receiving AT showed a strong statistical difference for an improvement in their HADS scores and those women observed in “a meditative state” as opposed to a relaxed state were found to have an increase in their immune responses. They concluded that AT is a powerful self-help therapy. E-mail address for reprints: margaret.hidderley@sdah-tr.trent.nhs.uk.

Jambrik, Z., Santarcangelo, E. L., Ghelarducci, B., Picano, E., & Sebastiani, L. (2004). Does hypnotizability modulate the stress-related endothelial dysfunction? *Brain Research Bulletin, 63*(3), 213-216. Some studies have suggested that hypnotizability represents a protective factor against the cardiac effects of cognitive stress and that hypnosis prevents vascular stress-induced modifications in highly hypnotizable individuals. This study investigated whether a similar effect at the vascular level is present in alert subjects with high and low hypnotic susceptibility. Brachial artery post-ischemic flow-mediated vascular dilation (FMD) was evaluated noninvasively by ultrasound methodology during cognitive stress (mental computation) in high and low hypnotizables. Results showed that highs, similarly to that previously observed in hypnotized high susceptibles and in contrast with lows, did not exhibit any stress-related endothelial dysfunction (FMD decrement). The authors concluded that hypnotizability should be considered a protective factor against vascular disease. Address for reprints: Z. Jambrik, Echocardiography Lab, Institute of Clinical Physiology, CNR, Pisa, Italy.
Kanji, N., White, A. R., & Ernst, E. (2004). Autogenic training reduces anxiety after coronary angioplasty: A randomized clinical trial. *American Heart Journal, 147*(3), E10. Autogenic training (AT) is a structured type of self-hypnosis. This study evaluated whether AT lowers anxiety levels experienced by patients undergoing coronary angioplasty. Fifty-nine patients were randomly assigned to receive regular AT as an adjunct to standard medical care for 5 months, or to standard care. State anxiety was measured at the end of 2 and 5 months. Qualitative information was generated by face-to-face interviews. State anxiety showed a significant intergroup difference both at 2 and 5 months. This finding was corroborated by secondary outcome measures, for example, quality of life, and by qualitative information about patients’ experiences. The results did not allow a determination as to whether the observed effects are specific to AT or of a nonspecific nature. It was concluded that AT may have a role in reducing anxiety of patients undergoing coronary angioplasty. Address for reprints: Dr. N. Kanji, Complementary Medicine, Peninsula Medical School, Universities of Exeter and Plymouth, Exeter, United Kingdom.

LeBlanc, A. (2004). Thirteen days: Joseph Delboeuf versus Pierre Janet on the nature of hypnotic suggestion. *Journal of History & Behavioral Science, 40*(2), 123-147. The article indicates that ideas about posthypnotic suggestion were introduced in 1884 wherein a subject was given a suggestion to return in 13 days and alerted with an amnesia. How then does the subject count 13 days without knowing it? In 1886, Pierre Janet proposed the concept of dissociation as the reason, arguing that a second consciousness kept track of time outside of the subject’s main consciousness. In 1885, Joseph Delboeuf, and in 1886, Hippolyte Bernheim 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 theories and describes some of Delboeuf’s final reflections on the problem of simulation and the nature of hypnosis. No address available for reprints.

Lichtenberg, P., Bachner-Melman, R., Ebstein, R. P., & Crawford, H. J. (2004). Hypnotic susceptibility: Multidimensional relationships with Cloniger’s Tridimensional Personality Questionnaire, COMT polymorphisms, absorption, and attentional characteristics. *International Journal of Clinical & Experimental Hypnosis, 52*(1), 47-72. Cloniger’s Tridimensional Personality Questionnaire (TPQ), the Differential Attentional Processes Inventory (DAPI), the Tellegen Absorption Scale (TAS), and the Stanford Hypnotic Susceptibility Scale, Form C were administered to 170 healthy volunteers. An enzyme involved in dopamine metabolism (polymorphisms of catechol O-methyltransferase [COMT]) was also evaluated. It was found that TPQ persistence, COMT, TAS and the DAPI attentional scales accounted for 43.8% of the variance in women and 29% in men. Membership in extremely low and highly hypnotizable groups were correctly discriminated in 62.1% of lows and 81.5% of highs. Results suggest that high hypnotizables possess a more effective frontolimbic attentional system and suggest the involvement of dopaminergic systems in hypnotizability. Dopaminergic neurotransmitter systems have been implicated before in attentional abilities. Address for reprints: Pesach Lichtenberg, M.D., S. Herzog Memorial Hospital, and Hebrew University-Hadassah Medical School, Jerusalem, Israel. E-mail: licht@cc.huji.ac.il.
Livnay, S. (2004). Hypnotic means of enhancing “being” towards the improvement of “doing”: Strategies in dealing with people suffering from performance anxieties. *Hypnos, 31*(1), 3-14. Describes the author’s 9-stage approach that is flexibly tailored to individual patients suffering with performance anxiety (e.g., stage fright, music, acting, interviews). His approach includes reframing the past, future progression, creation of a positive anchor and a negative anchor, imaginal rehearsal, dealing with judges and examiners, and dealing with a preoccupation with the audience. Address for reprints: Shaul Livnay, Ph.D., Kaf Tet B, November St. 30, 92105 Jerusalem, Chen Blvd. 10/7, 64071, Tel Aviv, Israel. E-mail: livnays@012.net.il.

Muris, P., Meesters, C., & Merckelbach, H. (2004). Correlates of the Gudjonsson Suggestibility Scale in delinquent adolescents. *Psychological Reports, 94*(1), 264-266. Correlations between scores on the Gudjonsson Suggestibility Scale, a measure of waking social influence, and a number of relevant personality characteristics, i.e., intelligence, memory, social inadequacy, social desirability, and fantasy proneness, were examined in a sample of 71 delinquent boys. The authors found that intelligence and memory were negatively related to suggestibility scores, with lower memory and intelligence associated with higher suggestibility. There were no significant correlations found between suggestibility and other personality characteristics. Address for reprints: Dr. P. Muris, Department of Medical, Clinical, and Experimental Psychology, Maastricht University, P.O. Box 616, 6200 MD Maastricht, The Netherlands. E-mail: p.muris@dep.unimaas.nl.

Patterson, D. R., Tininenko, J. R., Schmidt, A. E., & Sharar, S. R. (2004). Virtual reality hypnosis: A case report. *International Journal of Clinical & Experimental Hypnosis, 52*(1), 27-38. A preliminary case report on using hypnosis that was induced through a three-dimensional, computer-generated, immersive virtual reality (VR) world as a method for controlling pain and anxiety in a patient with a severe burn. After having uncontrollable pain and anxiety, on Day 40 of hospitalization, the patient was hypnotized while immersed in a virtual reality world, and given posthypnotic suggestions for decreased anxiety and pain when wounds were changed. The pain and anxiety dropped 40% after VR hypnosis, and the pain dropped similarly on Day 42 with an audio-only version of the intervention, but returned to baseline without the intervention on Day 43. A limitation is that there was no evidence for the VR being superior to audiotaped suggestions, but the patient expressed a strong preference for the VR environment over the audiotape. Address for reprints: David R. Patterson, Ph.D., Dept. of Rehabilitation Medicine, University of Washington School of Medicine, P.O. Box 359740, Seattle, WA 98104, USA. E-mail: davepatt@u.washington.edu.

Peter, B. (2004). The “therapeutic tertium”: On the use and usefulness of an old metaphor. *Hypnos, 31*(1), 22-32. The author believes that Erickson’s concept of the “unconscious” has reactivated the concept of a “therapeutic tertium” that has been an essential ingredient of psychotherapy. The author talks about this idea finding its way into psychoanalysis a century ago, just when hypnosis was renouncing it. He believes the reintroduction of “the therapeutic tertium” by Erickson created a renaissance in hypnosis. Historic illustrations include one of Mesmer, Bernheim, and Freud. Address for reprints: Burkhard Peter, Ph.D., Konradstr. 16, DE-80801 Munchen, Germany.
Poulsen, B. C. & Matthews, W. J. (2003). Correlates of imaginative and hypnotic suggestibility in children. *Contemporary Hypnosis, 20*(4), 198-208. Extending research that Braffman and Kirsch (1999) did with adults, these authors examined the relationship between suggestibility and hypnotizability in 44 children who were psychiatric patients. Various correlates of imaginative suggestibility were assessed while controlling for nonhypnotic suggestibility. In this study, they found that nonhypnotic suggestibility accounted for most of the variance in hypnotizability (.73; \(p < 0.001\)), while vividness of imagery and absorption predicted unique variance in hypnotizability (.28; \(p < 0.001\)) after nonhypnotic suggestibility was controlled. They interpret the results as supporting a view of hypnotic responsiveness as being on a continuum of suggestibility, weakening the contention that hypnosis produces an altered state of consciousness. The authors challenge the interpretation of hypnotic suggestibility scales. Fantasy proneness was not predictive of variance in hypnotizability. A hypnotic induction was found to predict the suggestibility of individuals who were higher in absorption and who reported vivid imagery skills. Address for reprints: Bruce C. Poulsen, Ph.D., Primary Children’s Medical Center, Wasatch Canyons Campus, 4770 South 1500 West, Bldg. A, Salt Lake City, UT 84123, USA. E-mail: bruce.poulsen@ihc.com.

Rossi, E. L. (2004). A bioinformatics approach to the psychosocial genomics of therapeutic hypnosis. *Hypnos, 31*(1), 15-21. Rossi identifies hypnosis as a neuro-psycho-physiological work function related to the bio-modal circadian profiles of hypnotic susceptibility, body temperature, and gene expression. He uses “a bioinformatic approach to computer data mining” to compare the profile of circadian hypnotic susceptibility to profiles of gene expression while awake and asleep to explore the psychosocial genomic foundations of hypnosis. He believes that such research may determine what profiles of gene expression (in relation to health, stress and illness) may be modulated by hypnosis. Address for reprints: 125 Howard Ave., Los Osos, CA, USA. E-mail: Ernest@ErnestRossi.com.

Rudski, J. M., Marra, L. C., & Graham, K. R. (2004). Sex differences on the HGSHS:A. *International Journal of Clinical & Experimental Hypnosis, 52*(1), 39-46. A huge sample of 724 men and 1148 women were given the Harvard Group Scale of Hypnotic Susceptibility over a 28 year period. Women were found to have scored higher than men, and this effect was found to be most prominent on 6 of the 12 items, many of them challenge items (identified by principal-components analysis). The overall effect size, however, was small. The results are discussed in terms of differences in item difficulty. Address for reprints: Jeffrey M. Rudski, Dept. of Psychology, 2400 Chew St., Muhlenberg College, Allentown, PA 18104, USA. E-mail: rudski@muhlenberg.edu.

Santarcangelo, E. L. & Sebastiani, L. (2004). Hypnotizability as an adaptive trait. *Contemporary Hypnosis, 21*(1), 3-13. This article reviews their studies on hypnotizability and hypnotic modulation of the mind-body connection during relaxation and mental stress, regarded at as the extremes of the wakefulness cognitive-autonomic arousal. They discuss the concept of relaxation according to the observation that similar self-reports of relaxation and autonomic states may correspond with different EEG patterns in low and highly hypnotizable subjects. They discuss results obtained during mental stress in light of a possible adaptive role of hypnotic responsiveness as a natural
protection against cardiovascular hazards, particularly because only high hypnotizables can actively suppress the cardiovascular responses evoked by a moderate mental stress. The findings show that the body can differentially react to relaxation and mental stress and they suggest that hypnotizable individuals have an evolutionary advantage.

Address for reprints: Enrica L. Santarcangelo, M.D., Ph.D., Dept. of Physiology & Biochemistry, University of Pisa, Via San Zeno 31, 56127 Pisa, Italy. E-mail: enricals@dfb.unipi.it.

Sharav, Y. & Tal, M. (2004). Focused analgesia and generalized relaxation produce differential hypnotic analgesia in response to ascending stimulus intensity. International Journal of Psychophysiology, 52(2), 187-196. This study examined the effects of different types of hypnotic suggestion on hypnotic analgesia. Generalized relaxation and focused analgesia were induced in seven high-hypnotizable (HH) and eight low-hypnotizable (LH) subjects. The subjects were not aware to which group they belonged and the two groups did not differ in their expectation rates to achieve analgesia under hypnosis. Pain intensity and unpleasantness were rated by subjects on visual analogue scales in response to painful electrical stimuli, delivered in random order in five ascending intensities. It was found that both focused analgesia and generalized relaxation decreased pain intensity significantly (P < 0.01), but stimulus-intensity response curves differed under the two hypnotic conditions. They found that as stimulus intensity became higher pain reduction was enhanced under focused analgesia, while a constant reduction occurred under the generalized relaxation suggestions. The interaction between hypnotic state and stimulus intensity was found to be significant for focused analgesia (P < 0.05) but not for generalized relaxation (P > 0.07), and the difference became more pronounced when analyzed for HH subjects only (P < 0.002 for analgesia, P > 0.10 for relaxation). The level of pain reduction was significantly higher in HH than in LH subjects under focused analgesia (P < 0.02), but not under generalized relaxation (P > 0.5), which seemingly can benefit everyone to some degree. They concluded that by utilizing two modes of hypnotic suggestions in response to ascending stimuli, they were able to discover two components of hypnotic analgesia. One component, relaxation, shows a parallel shift in the stimulus-response function, has features similar to placebo and bears no clear relationship to hypnotic susceptibility. However, the analgesia component shows a slope change in the stimulus-response curve and has a positive relationship to hypnotic susceptibility. Address for reprints: Y. Sharav, Department of Oral Medicine, School of Dental Medicine, P.O. Box 1172, Jerusalem 91010, Israel; Department of Anatomy and Cell Biology, Schools of Dental Medicine and Medicine, Hebrew University-Hadassah, Jerusalem, Israel.

Simren, M., Ringstrom, G., Bjornsson, E. S., & Abrahamsson, H. (2004). Treatment with hypnotherapy reduces the sensory and motor component of the gastrocolonic response in irritable bowel syndrome. Psychosomatic Medicine, 66(2), 233-238. Postprandial symptoms in irritable bowel syndrome are common and relate to an exaggerated motor and sensory component of the gastrocolonic response. This study investigated whether this response can be affected by hypnotherapy. Subjects were 28 patients with IBS who were refractory to other treatments. They were randomly assigned to receive “gut-directed hypnotherapy” for 1 hour per week for 12 weeks (N = 14) or
were provided with supportive therapy (control group; \(N = 14\)). Before randomization and after 3 months, all patients underwent a colonic distension trial before and after a 1-hour duodenal lipid infusion. Colonic sensory thresholds and tonic and phasic motor activity were assessed. At the baseline, reduced thresholds after vs. before lipid infusion were seen in both groups for all studied sensations. Posttreatment, the colonic sensitivity before duodenal lipids did not differ between groups. Controls reduced their thresholds after duodenal lipids for gas (22 +/- 1.7 mm Hg vs. 16 +/- 1.6 mm Hg, \(p < .01\)), discomfort (29 +/- 2.9 mm Hg vs. 22 +/- 2.6 mm Hg, \(p < .01\)), and pain (33 +/- 2.7 mm Hg vs. 26 +/- 3.3 mm Hg, \(p < .01\)), whereas the hypnotherapy group reduced their thresholds after lipids only for pain (35 +/- 4.0 mm Hg vs. 29 +/- 4.7 mm Hg, \(p < .01\)). The colonic balloon volumes and tone response at baseline were similar in both groups. Posttreatment, baseline balloon volumes were lower in the hypnotherapy group than in controls (83 +/- 14 ml vs. 141 +/- 15 ml, \(p < .01\)). In the control group, reduced balloon volumes during lipid infusion were seen (141 +/- 15 ml vs. 111 +/- 19 ml, \(p < .05\)), but not after hypnotherapy (83 +/- 14 ml vs. 80 +/- 16 ml, \(p > .20\)). It was concluded that hypnotherapy reduces the sensory and motor component of the gastrocolonic response in patients with IBS. These effects may be involved in the clinical efficacy of hypnotherapy in IBS.

Address for reprints: Dr. Mangus Simren, Department of Internal Medicine, Sahlgrenska University Hospital, Goteborg, Sweden. E-mail: magnus.simren@medicine.gu.se.

Wagstaff, G., Brunas-Wagstaff, J., Cole, J., & Wheatcroft, J. (2004). New directions in forensic hypnosis: Facilitating memory with a focused meditation technique. *Contemporary Hypnosis, 21*(1), 14-28. Some limitations and disadvantages to the use of forensic hypnosis are often discussed. As a consequence, hypnosis is treated more cautiously and skeptically by authorities, including the police. This paper re-examines some of the procedures employed in hypnotic interviewing that may be useful in the development of brief memory facilitation procedures. In particular, the authors describe a brief focused breathing meditation (FM) technique that uses elements common to hypnotic induction, but divorced from the context label of “hypnosis.” They describe an experiment using this technique as an aid in face identification. This procedure showed a memory facilitation effect, but without the increase in false positive errors found in some hypnosis research. In fact, the trends were for FM to produce fewer false positive errors. Implications are discussed, and the verbalizations for the “focused meditation instruction” are provided. Address for reprints: Dr. G. F. Wagstaff, Dept. of Psychology, University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool L69 7ZA, United Kingdom.

Walker, L. G. (2004). Hypnotherapeutic insights and interventions: A cancer odyssey. *Contemporary Hypnosis, 21*(1), 34-45. Cancer diagnosis and treatment are often stressful and high rates of psychological and psychiatric disorders have been consistently reported. Evidence exists that this distress is preventable through providing supportive services that is integrated functionally and geographically with the other cancer services. This article reviews findings of some of this interventional research that the author and his colleagues have done. The studies have demonstrated that relaxation therapy, guided imagery, and hypnotherapy can be very beneficial in assisting cancer patients to cope. It is intriguing that there is some evidence that such
interventions may prolong life, but further studies of this are required. Address for reprints: Professor Leslie G. Walker, Ph.D., Director, Institute of Rehabilitation, 215 Anlaby Road, Kingston upon Hull, HU3 2PG, United Kingdom. E-mail l.g.walker@hull.ac.uk.