Some Remarks About the Appel and Bleiberg (2005) Study

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The study by Appel and Bleiberg (2005), which appears in this issue of the American Journal of Clinical Hypnosis, is not methodologically sophisticated. It is a simple pre and posttest design that does not utilize a control group, does not include alternate treatment comparisons and does not study a homogeneous patient group in terms of the type of pain suffered.

However, Drs. Appel and Bleiberg are undoubtedly knowledgeable about the uses of hypnosis in the treatment of pain. They make it clear that some of the treatment suggestions for pain reduction, which were utilized in their study, are very similar to those used by some practitioners of hypnosis. No mention of the word “hypnosis” is ever made before or during the treatment intervention. No hypnotic induction ceremony is ever administered, and no patient ever hears anything about hypnosis until after the posttest dependent variables are assessed. Consequently, there appears to be nothing “hypnotic” about their study until patients are subsequently asked to volunteer to have their level of hypnotic ability formally assessed.

Despite this, the authors report a highly significant correlation ($r(24)=.55, p < .001$) between self-reported, posttreatment pain reduction and measured hypnotizability. This is more than just remarkable; it is amazing. This kind of result is something one would expect to read about in a study by Herbert or David Spiegel, but Drs. Appel and Bleiberg have not been strong advocates of hypnotizability assessment. This makes their finding even more credible and even more amazing! Furthermore, the magnitude of the correlation between measured hypnotizability and pain reduction is similar to that reported in earlier published studies which utilized pain treatments either with or without hypnosis (Hilgard & Hilgard, 1975; Katz, Kao, Spiegel & Katz, 1974).

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Remarks on Appel and Bleiberg

This remarkable study runs counter to the current lack of interest among clinical practitioners of hypnosis in conducting formal assessments of hypnotizability. For example, Barber (1980) “stated that favorable response to treatment with “hypnotic” techniques can be accomplished with patients who earn low scores on standardized measures of hypnotic responsivity” (Frischholz, Spiegel & Spiegel, 1981, p. 55). While I have no doubt that this is sometimes true, the accumulated scientific data clearly indicate that hypnotic responsivity scores significantly predict pain reduction during and following treatment (Hilgard & Hilgard, 1975; Spiegel & Spiegel, 2004). If the practice of clinical hypnosis is to move forward based on scientific validation, then I believe teaching clinicians how to utilize standardized hypnotizability scales should be one of the top priorities of all professional hypnosis societies. In the era of “evidence-based medicine,” I believe this goal should be more actively supported and pursued. I congratulate Dr. Appel and Dr. Bleiberg for helping move this mission forward.

References