Review of International Literature

Ian Wickramasekera II
Associate Editor

Barabasz, A., & Barabasz, M. (2006). Effects of tailored and manualized hypnotic inductions for complicated irritable bowel syndrome patients. *International Journal of Clinical and Experimental Hypnosis, 54*(1), 100-112. The authors present a small preliminary study of the uses of hypnosis with 8 patients who had irritable bowel syndrome (IBS) that had previously proved unresponsive to other types of medical treatment. A number of studies have demonstrated that hypnosis can be effectively used to help IBS sufferers over the past twenty years. One approach that has received much attention recently in the clinical research literature is the North Carolina protocol which is a standardized and completely scripted instrument that was developed and empirically validated by Dr. Olafur Palsson and his colleagues. The authors of this study wished to test whether using a tailored and individually unique approach to doing the hypnotic inductions in the North Carolina protocol might result in detectable treatment effects. Four of the 8 patients received a tailored administration of the North Carolina protocol which was identical to the normal administration procedures except that the hypnotic inductions were tailored to the patient’s unique trance phenomenology. The other four patients received the North Carolina protocol as typically administered while all 8 patients also received hypnotic assessment of their hypnotic ability prior to either intervention approach. All 8 patients demonstrated favorable response to treatment immediately following treatment and also at a 10 month follow-up assessment. Some differences between the tailored and standardized hypnosis treatment groups were observed. The tailored group demonstrated greater emotional distress but also paradoxically greater reduction in IBS symptoms than the standardized North Carolina protocol group at the end of treatment. However, the authors are careful to point to their study as a preliminary effort to assess the possible differences between a tailored versus a standardized hypnotic approach to IBS since the group sizes were relatively small. Address for reprints: Dr. Arreed Barabasz, Washington State University, College of Education, 237A Cleveland, Pullman, WA 99164. Email: arreed_barabasz@wsu.edu.

Barling, N. R., & Raine, S. J. (2005). Some effects of hypnosis on negative affect and immune system response. *Australian Journal of Clinical and Experimental Hypnosis, 33*(2), 160-177. The authors report on an experiment they conducted in psychoneuroimmunology to examine the ability of participants to affect their immune system with hypnosis. The study employed sixty volunteers who ranged in age from 17 to 63 and
were randomly assigned to either a hypnosis treatment or a control group. Individual differences were explored between participants by measuring their current levels of burnout, depression, anxiety, stress, and immunocompetence. Participants were also examined for their attitudes, expectancies, and trait hypnotic ability level. All participants completed self-report questionnaires and provided samples of saliva IgA, pre and post interventions. The authors interpret their results to indicate that “deep trance does significantly reduce negative emotional affect and improves immunocompetence.” Positive expectancy was also found to be predictive of successful outcomes. Address for reprints: Dr. Norman R. Barling, Psychology Department, Bond University, Gold Coast, QLD, Australia, 4229.

Brock, A. J. (2006). The use of hypnosis for irritable bowel syndrome. *Australian Journal of Clinical and Experimental Hypnosis, 33*(2), 218-231. This article provides an illustration of how hypnosis can be used to help patients with irritable bowel syndrome (IBS) in a case study of a young woman with IBS. The patient had recently developed IBS and a combination of relaxation response training with specific hypnotic suggestions to affect gastrointestinal variables was employed to reduce the patient’s IBS symptoms. The intervention resulted in a successful decrease in abdominal pain, stress, and associated sleep difficulties while helping the patient “to develop a sense of self-efficacy in managing this functional disorder of the gut.” Address for reprints: Dr. Annette Brock, 11 Orange Grove, Kensington Park, SA, Australia, 5068.

Celinski, M. J., & Gow, K. M. (2005). Trauma clients: How understanding disintegration can help to restore resourcefulness of the self. *Australian Journal of Clinical and Experimental Hypnosis, 33*(2), 195-217. The authors discuss their unique model of how to provide a highly individualized intervention for clients with issues of psychological trauma and PTSD in this article. Their model directs the therapist to pay attention to the impact of trauma on the patient’s self schema, the language of their trauma, type of personality disintegration, resourcefulness, and potential for recovery in determining the best treatment intervention to help heal the trauma and a communication pattern in enacting the intervention. The authors also present a unique assessment instrument that they utilize to identify the patient’s initial strengths and weaknesses that may be utilized in working with them called The Resourcefulness for Recovery Inventory. Address for reprints: Dr. Marek J. Celinski, 27 Ronscesvalles Avenue, Suite 508, Toronto, ON, Canada, M6R 3B2.

Furnham, A., & Lee, E. (2005). Lay beliefs about, and attitudes towards, hypnosis and hypnotherapy. *Counseling and Clinical Psychology Journal, 2*(3), 90-103. This article reports on the common attitudes and misconceptions about hypnosis that the public generally harbors. 101 participants volunteered to complete a questionnaire the authors designed to assess the participants’ attitudes and beliefs about hypnosis. The results indicated that the participants experiences with hypnosis appeared related to their prior experiences of watching hypnotic demonstrations (stage hypnosis) or prior personal experiences with hypnosis. All this underscores the importance of good ethical practice regarding presenting hypnosis to the public using current research and clinical perspectives to prevent the spread of false expectancies regarding hypnosis. It also highlights the importance of following principles of informed consent in hypnotic treatment to address any prior misconceptions about
Green, J. P., & Lynn, S. J. (2005). Hypnosis versus relaxation: Accuracy and confidence in dating international news events. *Applied Cognitive Psychology, 19*(6), 679-691. This article presents an interesting experiment which compares hypnosis with relaxation in terms of the potential for either process to alter memory functions and confidence in memory self-assessments. The study compared participants who were administered either a hypnosis (n = 50) or a relaxation (n = 44) based recall priming procedure. The participants were all asked to estimate the dates of 20 relatively easy memorable events vs. less memorable or difficult international events. There was no difference between the hypnosis and relaxation based priming procedures in terms of the accuracy of date estimates, confidence in estimates, and the memorability and emotionality of the events that were reported. However, the experimenters also informed the participants after these initial ratings that “at least one of their estimates was incorrect” and participants were then given a chance to change their responses. Participants in the hypnosis group were less likely to change their ratings than those in the relaxation group which illustrates to some extent the classic finding that hypnosis is very likely to alter an individual’s confidence in their subjective recall of an event but not necessarily their accuracy of recall. Address for correspondence: Joseph P. Green, Department of Psychology, The Ohio State University-Lima, 4240 Campus Drive, Lima, Ohio, 45804. Email address: green.301@osu.edu.

Green, J. P, Page, R. A., Handley, G. W., & Rasekhy, R. (2005). The ‘Hidden Observer’ and ideomotor responding: A real-simulator comparison. *Contemporary Hypnosis, 22*(3), 123-137. This article presents the results of an important recent experiment that revisits the controversy regarding the hidden observer studies that were put forth to validate Ernest Hilgard’s and others versions of neodissociation theory. The hidden observer studies are often cited by many ego state theorists to be an important empirical demonstration of the ego states phenomena and a general illustration of the polypsychic nature of selfhood. In the classic hidden observer studies, some highly hypnotizable participants experiencing dissociative hypnotic suggestions such as hypnotic pain analgesia have been able to give realistic reports of their dissociated experience (pain in pain analgesia studies) when the experimenter queried the participant wether a hidden observer might actually know what that dissociated experience was like even though the sense of dissociation would remain stable. The neodissociative interpretation of this phenomena is that separate cognitive structures and subsystems may underlie our normally unitary experience of consciousness and selfhood. Therefore, the participant may able report on pain during a functioning hypnotic analgesia task because a hidden observer or separate cognitive subsystem within that person may have actual knowledge of the pain even though another cognitive subsystem experiences only hypnotic analgesia. An interesting sociocognitive alternative to the Neodissociative interpretation of this phenomena is that the hidden observer does not exist independently of the experimental instructions to report on their dissociated experience. The idea here is that the hidden observer does not exist prior to the experimenter’s instructions to the participant to report on the dissociated experience. Therefore the participant’s reports of hidden observer experiences during dissociative tasks are not evidence of separate cognitive subsystems.
within consciousness or selfhood. The investigators of this experiment focused on the critical area of task instructions to seek a test of the functional independence of the hidden observer from the task instructions used by experimenters to query for hidden observers. The normal assumption about the hidden observer within neodissociative theories is that it should be more aware of the participant’s experiences outside of hypnosis since it is somehow remaining either separate of the hypnotic experience of dissociation or simultaneously aware of both the hypnotic dissociation and non-hypnotic experience of the task which is being dissociated. The experimenters used a hypnotic arm suspension task in which all 124 subjects were asked to hold their arms out in front of them for a period of 30 seconds and that they would be able to do so effortlessly because of the hypnotic trance. The subjects were all previously selected by their level of hypnotic ability to serve as simulating low hypnotizables or highs generating the hidden observer phenomena in three different hidden observer task instruction contexts. The participants were all asked to provide an estimate how much effort was required to suspend their arm out in the air during the hypnosis trial. A classic neodissociative demonstration of arm suspension would normally be thought to be experienced as involuntary or effortless while a hidden observer could provide estimates that were similar to what lows and simulators were experiencing. The experimenters employed three different task instructions in which the participants were told that their hidden observer would be either more aware of the effort required to suspend the arm, less aware of the effort, or no instructions were given as to how much awareness the hidden observer would have of the dissociated effort to suspend their arm. The results did generally indicate that these instructions had an influence on how much awareness of effort that both simulating lows and real-high hypnotizables reported when their hidden observer was queried. However, it appears that there were large individual differences between participants which reflected the degree to which the participants’ report of their hidden observer could be influenced by task instructions. For example, about 30% of the participants who were instructed that their hidden observer would be less aware of their dissociated effort nevertheless reported more awareness of the effort when the hidden observer was asked to provide a rating of the effort to suspend their arm. This was true for both real and simulating participants which is a confusing state of affairs since the simulating lows should have definitely been expected to provide a more consistent report of less awareness if they understood their simulating task sufficiently well. In any event, this article is a very important reflection on the possible interpersonal nature of hidden observer phenomena and many of the current experts on the sociocognitive and neodissociative explanations of the hidden observer effect provide commentary on this article in the same issue of Contemporary Hypnosis. Email address for reprints: green.301@osu.edu.

Gonsalkorale, W. M. (2006). Gut-Directed hypnotherapy: The Manchester approach for treatment of irritable bowel syndrome. International Journal of Clinical and Experimental Hypnosis, 54(1), 27-50. Dr. Gonsalkorale was the lead author on the first long term study of how hypnosis can be utilized to help patients with irritable bowel syndrome (IBS). In this study the average patient treated with hypnosis for IBS symptoms was still significantly improved at five years post treatment. In this article the author provides a detailed description of an approach which uses hypnosis as a complement to standard treatment for IBS patients which was developed at the Department of Medicine at the University Hospital of South
Manchester, UK and used for over 20 years. IBS Patients who are identified to receive treatment with hypnosis receive up to 12 sessions over a 3-month period. The author asserts that the majority of these patients achieve “marked improvement in symptoms and quality of life, an effect that is usually sustained.” The author describes how the hypnosis training is highly symptom specific to IBS and adopts a “gut-directed” framework. The aim of hypnotic treatment is to teach the patients better self regulation of their mind body relationship which will result in the development of self hypnotic skills that “can control gut function and reduce symptoms, such as hand warmth on the abdomen and imagery.” The author also discusses how other lifestyle issues and psychological difficulties can be integrated into this treatment approach since IBS patients frequently present with an overlay of psychological factors that may also need to be addressed. Address for reprints: Dr. Gonsalkorale, Department of Medicine, University Hospital of South Manchester, UK. Email: wgonsalkorale@compuserve.com.

Hutchinson-Phillips, & Gow, K. (2005). Hypnosis as an adjunct to CBT: Treating self defeating eating. Journal of Cognitive and Behavioral Psychotherapies, 5(2), 113-138. The authors provide a very good summary of the uses of cognitive behavioral therapy (CBT) and hypnosis to help persons with a self defeating eating style. The authors first review the phenomena of self defeating eating which is discussed as a kind of unhealthy eating pattern that could lead one to obesity or an eating disorder. The authors discuss the crucial role of understanding an individual’s body image and self concepts in addressing this problem. They discuss how a combination of hypnosis and CBT may help free an individual from a pattern of self defeating eating. Address for correspondence: Dr Kathryn Gow, School of Psychology and Counselling, Queensland University of Technology, Beams road, Carseldine, Queensland, Australia 4034. Fax: (617) 2864 4660, E-mail: k.gow@qut.edu.au.

Jamieson, G. (2006). The modified Tellegen absorption scale: A clearer window on the structure and meaning of absorption. Australian Journal of Clinical and Experimental Hypnosis, 33(2), 119-139. In this article the author reports a study of the factor structure of a modified version of the Tellegen absorption scale (TAS) which has consistently demonstrated a modest correlation with hypnotic ability in many studies. Some controversy still exists as to how much the correlations observed in these studies are inflated by the act of measuring absorption and hypnotic ability in the same research setting which may enhance expectancy effects. The author refers to the modified absorption inventory as the MODTAS and discusses that response expectancy theory of hypnosis would predict that a “coherent single latent trait” would not be part of the factor solution of absorption. However, the author discovered that a single higher order factor emerged in the factor structure in a study of 352 participants’ responses to the MODTAS. Along with this single higher order factor the author reports that five intercorrelated primary factors (synaesthesia, altered states of consciousness, aesthetic involvement, imaginative involvement, and ESP) were present. The author also reports that in an independent sample (N = 110), all MODTAS subscales significantly predicted high versus low hypnotic ability. The author discusses his findings as being contrary to the response expectancy theory of hypnosis and absorption. The author suggests that the MODTAS should be followed up on in future absorption related research and provides a copy of it in the appendices along with the normative item response data for the instrument. Address for reprints: Dr. Graham A. Jamieson, School of Psychology,
Jamieson, G., Dwivedi, P., & Gruzleier, J. (2005). Changes in mismatch negativity across pre-hypnosis, hypnosis, and post hypnosis conditions distinguish high from low susceptibility groups. *Brain Research Bulletin, 67*(4), 298-303. The authors report on an experiment in which EEG based event related potentials (ERPs) of high and low hypnotizable participants were compared. ERP experimental paradigms measure participants’ time locked EEG responses to specific stimuli like auditory tones or visual stimuli. The participants are exposed many times to the same stimuli and thus participants’ responses can be averaged into waveforms for particular groups or individuals. The primary advantage of ERP paradigms to EEG frequency based data is that the timing of how different mental processes occur can be inferred by looking at the averaged EEG wave form at particular time intervals after the presentation of the stimulus. In this study several different ERP components such as mismatch negativity and the N100 component were examined to detect auditory processing differences between high and low hypnotizables. The authors noted distinct processing differences between highs and lows with regards to mismatch negativity which is a psychophysiological ERP component that is thought to reflect processes of selective attention. Address for reprints: Dr. Graham A. Jamieson, School of Psychology, University of New England, Armidale, NSW, Australia, 2351, Email Address: graham_jamieson@hotmail.com.

Kallio, S., & Revonsuo, A. (2005). The observer remains hidden. *Contemporary Hypnosis, 22*(3), 138-143. The authors provide a critique of the lead article in this issue of Contemporary Hypnosis (2005) by Green, Page, Handley, & Rasekhy (a review of which is also provided above) on the sociocognitive and interpersonal nature of hidden observer phenomena. In the Green et al. article the authors demonstrate findings which appear to show that hidden observer ratings can be influenced by task instructions as to how a hidden observer might experience a dissociative hypnotic task (hypnotic arm suspension in this case). The authors point to several methodological problems with the Green et al. experiment such as their employment of hypnotic arm suspension to elicit hidden observer phenomena which has not been one of the more classic tasks like hypnotic analgesia that have been used to elicit hidden observer reports in the past. The authors also critique the experimenters for not paying enough attention to the phenomenological experience of the participants which may have held more clues to the nature of what was happening for each subject during the experiment. They point out that not all highs can experience the hidden observer effect so therefore these highs data should not be included in an analysis of real hidden observer ratings of involuntariness. They also argue for the need for sociocognitive theorists of hypnosis to provide a theoretical explanation for hidden observer phenomena that can be more consistent with findings in cognitive neuroscience. Address for reprints: Dr. Sakari Kallio, University of Skovde, School of Humanities and Informatics, 54128 Skovde, Sweden. Email address: sakad.kallio@his.se.

article in this issue of Contemporary Hypnosis (2005) by Green, Page, Handley, & Rasekhy (a review of which is also provided above) on the sociocognitive and interpersonal nature of hidden observer phenomena. In the Green et al. article the authors demonstrate findings which appear to show that hidden observer ratings can be influenced by task instructions as to how a hidden observer might experience a dissociative hypnotic task (hypnotic arm suspension in this case). The authors critique Green et al. (2005) for employing a potentially inappropriate hypnotic task for eliciting hidden observer phenomena as well as employing their simulator task in a fashion not consistent with the usual parameters for making real-simulator comparisons. The authors also have difficulty with the results of the experiment in terms of why nearly 30% of all participants (both simulators and reals) appeared to resist the task instructions given during the hidden observer trials. The authors also critique some of Green et al’s sociocognitive assumptions about neodissociative predictions of how participants should respond to task instructions in hidden observer experiments. Address for reprints: Dr. John F. Kihlstrom, Department of Psychology, MC 1650, University of California, Berkeley, Tolman Hall 3210, Berkeley, California 94720-1650. E-mail address: jfkihlstrom@berkeley.edu; Internet website: www.socrates.berkeley.edu/~kihlstrom.

Kirsch, I. (2005). The flexible observer and neodissociation theory. Contemporary Hypnosis, 22(3), 152-153. The author provides a critique of the lead article in this issue of Contemporary Hypnosis (2005) by Green, Page, Handley, & Rasekhy (a review of which is also provided above) on the sociocognitive and interpersonal nature of hidden observer phenomena. In the Green et al. article the authors demonstrate findings which appear to show that hidden observer ratings can be influenced by task instructions as to how a hidden observer might experience a dissociative hypnotic task (hypnotic arm suspension in this case). Dr. Kirsch reviews a number of similar previous experiments in which hidden observer ratings of dissociated experiences during hypnosis could be influenced by task instructions. He collectively interprets these findings to indicate that it is now relatively well established that hidden observer phenomena have a flexible nature that can be influenced by task instructions. Dr. Kirsch then provides a useful critique of what the implications of a ‘flexible’ observer might mean for neodissociative theories of the hidden observer effect while providing some sociocognitive alternative explanations of the flexible observer. His most serious critique of neodissociation theories in light of these experiments is that while “showing that hidden observer reports vary with instructions does not disprove neodissociation theory. It does, however, leave it resting on pure speculation without an evidential base.” Address for reprints: Dr. Irving Kirsch, Professor of Psychology, School of Health and Social Work, 307 Mary Newman Building, University of Plymouth, Drake Circus, Plymouth, Devon PL4 8AA, UK. Email address: irving.kirsch@plymouth.ac.uk.

McCarthy, P. (2005). ‘Special Place of Bliss’ imagery: A script for facilitating problem solving. Australian Journal of Clinical and Experimental Hypnosis, 33(2), 232-238. The discusses the use of “special place” hypnotic inductions scripts as a clinical methodology. The author describes how these scripts are often useful for beginning therapists using hypnosis as they “are helpful and easy for a novice to read, rather than to run out of ideas and come to an embarrassing and sudden stop during a session.” The author also discusses the usefulness of special place inductions for facilitating ego-strengthening in patients while providing a soothing and comforting experience for the patient. Address for reprints: Dr. Patrick McCarthy, Level 9 CMC House, 89 Courtenay Place, Wellington, New Zealand.
Naish, P. L. N. (2005). On the inevitability of finding hypnosis-simulator equivalence. *Contemporary Hypnosis, 22*(3), 154-157. The author provides a critique of the lead article in this issue of Contemporary Hypnosis (2005) by Green, Page, Handley, & Rasekhv (a review of which is also provided above) on the sociocognitive and interpersonal nature of hidden observer phenomena. In the Green et al. article the authors demonstrate findings which appear to show that hidden observer ratings can be influenced by task instructions as to how a hidden observer might experience a dissociative hypnotic task (hypnotic arm suspension in this case). The author critiques the simulating paradigm employed by Green et al. and argues that simulating paradigms in general should not be employed unless the behavior and hypnotic experiences to be compared are of a spontaneous nature. The author argues that there will be an inevitable tendency for highs suggested experiences to resemble simulating lows when the experiences being compared have been manipulated in some way through task instructions. His critique of the simulator paradigm is most challenging, provocative, and worthwhile of reflection whether one tends to agree with the rest of his theoretical assertions. The author provides some interesting perspectives on the experimental methodology used in the hidden observer studies which address his view of the nature of hypnotic phenomena. Address for correspondence: Dr. Peter LN Naish, Department of Psychology, Briggs Building, The Open University, Milton Keynes MK7 6AA, UK. Email address: p.naish@open.ac.uk.

Neumann, P. (2005). The use of hypnosis in modifying immune system response. *Australian Journal of Clinical and Experimental Hypnosis, 33*(2), 140-159. The author provides a review of findings in the field of psychoneuroimmunology over the past 25 years which indicate that hypnosis can affect the immune system. A large number of studies have been conducted that have indicated that psychological interventions can have an impact on the immune system. A recent meta-analysis of these studies has singled out hypnosis as being the most reliable psychological intervention for altering the immune system. The author discusses the great challenge remaining for psychoneuroimmunology in determining the general and possible treatment specific mechanisms of action which hypnosis and other psychological interventions may utilize in altering the immune system. The author provides some critique of previous studies methods and provides some suggestions for future research methodologies and research hypotheses to investigate. Address for reprints: Dr. Paul Neumann, 36 Leonarda Drive, Ferny Hills, QLD, Australia, 4055.

Palsson, O. S. (2006). Standardized hypnosis treatment for irritable bowel syndrome: The North Carolina protocol. *International Journal of Clinical and Experimental Hypnosis, 54*(1), 51-64. Dr. Palsson is well known for his development of a standardized treatment protocol for treating patients who have irritable bowel syndrome (IBS) with hypnosis. Previous research has indicated a great deal of success in using hypnosis with IBS patients and Dr. Palsson’s approach has also been found to be effective in empirical studies utilizing the North Carolina protocol. The North Carolina protocol for IBS utilizes a 7-session hypnosis-treatment method that has been entirely scripted to standardize and ensure the uniformity of patient care which has many potential benefits for its use in both clinical and research settings. More than 80% of patients in two separate published studies received benefits from using hypnosis utilizing the North Carolina protocol. The author describes the history
of the development of the protocol as well as its content and how it can be integrated into clinical practice. The author has a very useful website on the internet (www.IBShypnosis.com) where he offers further information about the protocol for patients and professionals, referrals to providers trained in the protocol, and information about how qualified professionals may receive the protocol itself free of charge. I highly recommend that anyone considering treating IBS patients with hypnosis look into the work of Dr. Palsson and his colleagues who have developed the North Carolina protocol. Email address for reprints: palsson2000@yahoo.com.

Palsson, O. S., Turner M. J., Whitehead W. E. (2006). Hypnosis home treatment for irritable bowel syndrome: A pilot study. *International Journal of Clinical and Experimental Hypnosis, 54*(1), 85-99. The authors of this study discuss the creation and employment of an ingenious self-help and home-based treatment approach to help patients with irritable bowel syndrome (IBS) using hypnosis. The authors have previously published several studies on the use of a standardized and scripted approach to helping IBS patients with hypnosis which they developed called the North Carolina protocol. The authors point out that the North Carolina protocol has the unfortunate but understandable limitation of requiring a specialized and licensed treatment professional to administer it although paradoxically the treatment method is itself entirely standardized and can be read verbatim to the patient. The standardized nature of the North Carolina protocol therefore lent itself towards developing an experimental version of it which could be utilized and self-administered by the patient in the privacy of their own home. A successful home-based treatment protocol could thus be utilized by a much greater number of individuals and at lower costs than any psychological approach which relies upon a therapeutic relationship in some way. The authors describe how they created a 3 month home-treatment version of the North Carolina protocol and made it available to 19 IBS patients who volunteered to self-administer it. The outcomes for these 19 patients were compared to 57 matched control subjects that received only standard medical care for IBS. Ten of the 19 hypnosis subjects (53%) reported receiving at least a 50% reduction in IBS symptom severity vs. 15 of 57 controls (26%). The subjects in the self-hypnosis group also improved more on quality of life measures compared to controls. Patients with stronger anxiety issues appeared to have more difficulty with treatment response than others. The benefits of the intervention were maintained at a six month follow-up although the response rate (53%) and the magnitude of symptom improvement may curiously be lower than what may be typically seen when a trained therapist administers the protocol which is never the less also scripted and standardized. Many factors may account for this difference in efficacy such as conditioning and expectation based placebo factors as well as other non-specific factors related to the therapeutic alliance. However, this approach appears to have many of the same benefits of a therapist-based administration protocol without actually requiring a therapist. This self-help and home-based approach could potentially make it useful to a much larger population of IBS patients who may not have the ability, resources, or desire to engage in a psychologically based treatment that requires the formation of a working alliance and therapeutic relationship with a therapist. Email address for reprints: palsson2000@yahoo.com.
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The author discusses his personal insights into the nature of being a hypnotist and provides some recommendations for clinical practice and personal insight. He discusses the general interpersonal nature of hypnosis and its relationship to special types of intelligence in the human mind/body relationship. The author also discusses the general nature of trance as well as the individual differences between people’s responses to hypnosis using the classification scheme developed by Herbert and David Spiegel in the classic book *Trance and Treatment*. Address for reprints: Dr. William W. Pitty, Professional Psychotherapy Centre, 11 Swan Street, Bega, NSW, Australia, 2550.


This article provides a very useful overview of what is known about the pathogenesis and pathophysiology of irritable bowel syndrome (IBS) which is one of the most frequent complaints that patients present with to gastroenterologists. The author discusses the unfortunate lack of knowledge in this area about both the nature of what causes IBS as well as what the mechanisms of action are that allow for various treatments to be successful. Many studies have shown the efficacy of hypnosis in treating IBS although we are just beginning to learn about the nature of the mechanisms that underlie why patients are able to improve using hypnosis. The author suggests that hypnosis may affect IBS through changes in colorectal sensitivity and improvements in psychological well being that have an impact on IBS. The author suggests that the effects of hypnosis on GI motility and the autonomic nervous system remain as possible hypotheses but at this point further research is needed to evaluate these claims. Address for reprints: Dr. Simrén, Department of Internal Medicine, Sahlgrenska University Hospital, Goteborg, Sweden. Email address: magnus.simren@medicine.gu.se.


The author provides a very thorough review of clinical research into the uses of hypnosis to treat patients with Irritable bowel syndrome (IBS). The author points out that IBS is a complex functional gastrointestinal disorder that is often difficult to treat and with standard medical care. The author discusses the successful studies of hypnosis and cognitive-behavioral therapy (CBT) which he regards as being best researched psychological interventions for IBS. Dr. Whitehead provides some commentary and reviews eleven studies, including 5 controlled studies, which have examined the therapeutic effects of hypnosis for IBS patients. Collectively these studies indicate that hypnosis consistently has a significant therapeutic benefit for IBS patients even when these patients have been otherwise unresponsive to standard medical interventions. The median response rate for patients to hypnosis interventions in these studies is 87% which certainly seems to indicate that the vast majority of the patients can be helped with this type of psychological treatment. Patients appear to vary in their degree of symptom improvement although the IBS symptoms can generally be expected to improve by around 50%. This improvement in IBS symptoms is attended with reductions in psychological symptoms and improvements in general life functioning. Interestingly, these improvements appear not only to be maintained after treatment but also frequently continue improving after the end of treatment. The author also provides some critique of the methods employed in the research and offers
suggestions for future studies of the effectiveness of hypnosis in treating IBS patients. Address for reprints: Dr. William Whitehead, UNC Center for Functional GI & Motility Disorders, CB #7080, Bioinformatics Building, Chapel Hill, NC 27599-7080.

Whorwell, P. J. (2006). Effective management of irritable bowel syndrome: The Manchester model. *International Journal of Clinical and Experimental Hypnosis, 54*(1), 21-26. Dr. Whorwell is regarded as one of the pioneers of research into the effectiveness of hypnosis for helping patients with Irritable Bowel Syndrome (IBS). He was one of the first authors to complete a controlled case study on using hypnosis with IBS patients which was published over 20 years ago. The author describes a model of treatment which integrates hypnosis for IBS patients that was developed for use at the University Hospital of South Manchester in England over the past 20 years. The author describes how hypnosis can best be incorporated into a medical program of graduated care that has a contingency plan for helping individuals who appear to be refractory to other forms of treatment. The author also discusses some of the limitations of utilizing hypnosis in a gastroenterology clinic such as time intensive nature as well as its inappropriateness for some patients with IBS. Email address for reprints: Peter.Whorwell@manchester.ac.uk.

Woody, E., & Sadler, P. (2005). Looking over the shoulder of the hidden observer: Is there anything for the hidden observer to observe? *Contemporary Hypnosis, 22*(3), 158-162. The authors provide a critique of the lead article in this issue of Contemporary Hypnosis (2005) by Green, Page, Handley, & Rasekhy (a review of which is also provided above) on the sociocognitive and interpersonal nature of hidden observer phenomena. In the Green et al. article the authors demonstrate findings which appear to show that hidden observer ratings can be influenced by task instructions as to how a hidden observer might experience a dissociative hypnotic task (hypnotic arm suspension in this case). The authors argue that the experimental design used in the Green et al. study makes several incorrect assumptions about neodissociative predictions of hidden observer phenomena and their relationship to sociocognitive explanations and predictions of the hidden observer. In particular, the authors point out that the studies design does not make a good distinction between testing for neodissociative-control explanation versus a neodissociative-experience based explanation of the hypnotic task which was employed. The authors discuss some other erroneous assumptions about neodissociation theory that Green et al. appear to hold regarding the influence of task demands on highly hypnotizable subjects and other topics. The authors also critique the task structure used in the experiment as well as the subject selection methods used as being inconsistent with prior hidden observer studies. Address for correspondence: Dr. Erik Woody, Department of Psychology, University of Waterloo, Waterloo, Ontario, Canada N2L3G1 Email address: ewoody@uwaterloo.ca.