Bloom, P. B. (2005). Advances in neuroscience relevant to clinical hypnosis: A clinician’s perspective. *Hypnos, 32*(1), 17-24. From a clinician’s perspective, he reviews several significant advances in the neurosciences and then discusses some recent clinical studies that can inform clinical work and enhance the role of hypnosis in patient care. He then speculates about the future in the field, with an emphasis on the benefits of combining research and clinical practice in health care delivery. Address for reprints: Peter Bloom, M.D., 416 Riverview Ave., Swarthmore, PA 19081, USA. E-mail: pbbloommd@verizon.net

Bryant, R. & Mallard, D. (2005). Reality monitoring in hypnosis: A real-simulating analysis. *International Journal of Clinical and Experimental Hypnosis, 53* (1), 13-25. In this study the authors addressed the question of whether hypnotic suggestions are perceived as phenomenologically “real” or valid as other perceptual stimuli. The study compared the responses of high hypnotizable subjects with those of simulators to visual hypnotic suggestions and actual visual images that were meant to resemble the hypnotic visual hallucinations. The participants were first administered the visual hypnotic hallucination to imagine a blue circle and later an actual projected image of the circle was introduced. The participants were asked to provide a rating of the vividness and felt reality of the two stimuli during the hypnotic experiment. The hypnotic session was followed up with a close phenomenological inquiry into the participants’ experiences utilizing the Experiential Analysis Technique. The simulators responses could be distinguished from the highs by their tendency to inflate their vividness and reality ratings during the projected image segment. The highs also reported that it took more effort to maintain belief in the hallucination during the condition where the projected image was absent compared to simulators. The authors interpret the findings to indicate that the reality ascribed by highs to experimental hypnotic hallucinations appears to transcend the basic demand characteristics inherent in these experiments. Address for reprints: Richard A. Bryant, School of Psychology, University of New South Wales, NSW 2052 Australia. Email: r.bryant@unsw.edu.au
Bryant, R. (2005). Hypnotic emotional numbing: A study of implicit emotion. *International Journal of Clinical and Experimental Hypnosis, 53* (1), 26-36. This study examined the phenomena of hypnotically facilitated emotional numbness through suggestions which asked participants to become “cut off from any emotional responses.” The authors compared the responses of 20 highs with 20 lows on ratings of the valence of neutral words that were preceded by subliminal presentations of negative or neutral images. Highs who received the suggestion for emotional numbing gave similar ratings of the words following presentations of the negative and neutral images. Meanwhile, highs in the control condition (without emotional numbing) and lows in both conditions rated the words more positively when they were preceded by the negative stimuli. The authors interpret these findings to indicate that the subliminally presented negative stimuli influenced the participants to rate the subsequent neutral words more positively. This effect was diminished however for the highs who received the emotional numbing suggestion which may indicate that the processes of emotional numbing operate at an implicit and preattentive stage of perceptual processing. Address for reprints: Richard A. Bryant, School of Psychology, University of New South Wales, NSW 2052 Australia. Email: r.bryant@unsw.edu.au

Bryant, R., Moulds, M., Guthrie, R., & Nixon, R. (2005). The additive benefit of hypnosis and cognitive–behavioral therapy in treating acute stress disorder. *Journal of Consulting and Clinical Psychology, 73* (2), 334–340. In this article the authors present the first controlled study of hypnosis and cognitive-behavioral therapy (CBT) in the treatment of acute stress disorder (ASD). Eighty-seven civilian trauma survivors with ASD were randomly allocated to 6 sessions of CBT, CBT and hypnosis (CBT-hypnosis), or supportive counseling (SC). There were fewer participants in the CBT and CBT-hypnosis groups who met criteria for posttraumatic stress disorder at posttreatment and 6-month follow-up than those in the SC group. Participants in the CBT-hypnosis group also experienced a larger reduction in trauma reexperiencing symptoms compared to the CBT treatment group. The authors interpreted their findings to indicate that hypnosis can be used to enhance the efficacy of CBT for treating posttraumatic stress. Address for reprints: Richard A. Bryant, School of Psychology, University of New South Wales, NSW 2052 Australia. Email: r.bryant@unsw.edu.au

Calipel, S., Lucaspolomeni, M., & Wodey, E. (2005). Premedication in children: Hypnosis versus midazolam. *Pediatric Anesthesia, 15* (4), 275-282. The practice of premedication with children prior to surgery is sometimes employed to facilitate the preoperative separation from the parents, to reduce preoperative anxiety, to smooth the induction of anesthesia, and to lower the risk of postoperative behavioral disorders. The authors of this study wished to examine whether hypnosis could be substituted as an alternative to premedication treatment with midazolam. Fifty children ranging in age from 2 to 11 years were randomized into two groups that received either hypnosis or midazolam prior to their scheduled surgery. There were no significant differences observed in preoperative anxiety between the treatment groups. Midazolam was more effective in reducing anxiety just prior to the introduction of anesthesia. Hypnosis reduced the frequency of occurrence of behavior disorders observed in the children postoperatively. The authors concluded that hypnosis might be as effective as premedication with midazolam in children scheduled for surgery through alleviating
preoperative anxiety and postoperative behavioral disorders. Email address for reprints: eric.wodey@chu-rennes.fr

Capafons, A. (2004). Clinical applications of “waking” hypnosis from a cognitive-behavioural perspective: From efficacy to efficiency. *Contemporary Hypnosis, 21*(4), 187-201. This paper reviews several component for using hypnosis from a cognitive-behavioral perspective, including a cognitive-behavioral perspective introduction that presents hypnosis to the client as a voluntary, self-controlled process. He then reviews a set of practical tasks for assessing suggestibility, collaborativeness, and attitudes toward hypnosis. A description of rapid self-hypnosis instruction is then provided, with the encouragement of using metaphors designed to facilitate a client’s understanding of hypnosis. “Waking” hypnosis is then introduced as an alternative to other methods of hypnosis, and discussed in terms of a socio-cognitive perspective on hypnosis. Address for reprints: Antonio Capafons, Facultat de Psicologia, Blasco Ibanez #21, Valencia 46010, Spain. E-mail: Antonio.Capafons@uv.es

Cardeña, E. (2005). The phenomenology of deep hypnosis: Quiescent and physically active. *International Journal of Clinical and Experimental Hypnosis, 53* (1), 37-59. This study examined the unique phenomenological experiences of highs in a 2 (hypnosis vs. control) × 3 (quiescent, pedaling a stationary bike, having a motor pedal the bike) within-subjects design with quantitative and qualitative measures such as Ronald Pekala’s Phenomenology of Consciousness Inventory (PCI). The author employed a “neutral hypnosis context” in which the only suggestion was “to go as deeply into hypnosis as possible.” The participants endorsed a variety of alterations in their state of consciousness involving their body image, time sense, perception and meaning, sense of being in an altered state of awareness, affect, attention, and imagery utilizing. The participants also endorsed a diminished sense of self-awareness, rationality, voluntary control, and memory. The participants’ hypnotic experiences of the 3 physical conditions were similar overall, although the quiescent condition (laying motionless on a bed) produced more alterations of body image and reports of trance depth. The author interpreted the findings to indicate that alterations in consciousness following hypnosis can be better conceptualized as distinct states of consciousness rather than being on a continuum of mental states. Address for reprints: Etzel Cardeña, Ph.D., Department of Psychology and Anthropology, University of Texas-Pan American, 1201 West University Drive, Edinburgh, TX, 78539 USA. Email: ecardena@panam.edu

Collins, M. P., & Dunn, L. F. (2005). The effects of meditation and visual imagery on an immune system disorder: Dermatomyositis. *Journal of Alternative & Complementary Medicine, 11*(2), 275-284. The purpose of this study was to analyze the relationship between a patient’s “spontaneous recovery” from dermatomyositis and her practice of transcendental meditation and visual imagery without confounding effects of conventional therapies. The design was to study time-varying relationships between (1) measures of arm strength and skin condition (rash and pain) and (2) mind-body interventions—controlling for psychologic stress—in a patient with dermatomyositis, using regression analysis to determine half-lives of treatments and stress. Daily measurements were made of arm strength and skin condition over 294 days. Events producing psychologic stress were also rated using a numerical scale. The patient recovered, which is a low-probability event without conventional therapy.
Regression analysis of time dependence between measures of rash, arm strength, and pain, and the application of meditation and visual imagery, revealed statistically significant relationships for both meditation ($p$ values 0.02 to 0.001) and visual imagery ($p$ values 0.02 to 0.002). Stress had a significant negative impact on skin symptoms but not arm strength. Beneficial effects of meditation had half-lives of 48-59 days for skin condition and no detectable decay for arm strength. Benefits of visual imagery were more transient (half-lives 4-18 days). The effects of stress on half-lives was only 1-3 days. It was concluded that the results demonstrate a statistically significant relationship between mind-body therapies and the patient’s recovery from dermatomyositis, possibly mediated by influences of the humoral immune system. A key factor in the recovery was the slower decay rate of meditation and visual imagery compared to stress. Color photographs of the patient’s hands are included. As dermatomyositis is a humorally mediated immune microvasculopathy, the benefits of meditation and imagery in their patient comport with a growing body of evidence showing that these techniques influence immune system function. Address for reprints: Michael P. Collins, M.D., Dept. of Neurosciences, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI, 54449, USA. E-mail: collins.michael@marshfieldclinic.org

Dobbin, A., Faulkner, S., Heaney, D., Selvara J. S., & Gruzelier, J. (2004). Impact on health status of a hypnosis clinic in general practice. Contemporary Hypnosis, 21(4), 153-160. The impact on health status of a hypnosis clinic in a primary care National Health Service GP surgery clinic was investigated. The Medical Outcomes Study Short Form-36 Health Survey (SF36) was the outcome measure used on patients referred for mental health issues, smoking cessation, or medical problems. A total of 115 patients completed the SF36 before and 6 weeks following intervention. For smoking referrals, there was no significant change found in mental, social or physical functioning afterwards. With mental health referrals, which were mostly anxiety related, there was a large and significant effect on the SF-36 in emotional role and mental role, and a moderate effect on social role and mental health. Self-hypnosis was found to be in widespread use on 6 week follow-ups, even in patients whose perceived problem did not appear to have improved. The outcomes suggest that simple hypnosis techniques could have a significant impact on mental health. A further randomized, controlled trial is called for. Address for reprints: Alastair Dobbin, 9 Brunton Place, Edinburgh EH7 5EG, Scotland. E-mail: Alastair.Dobbins@lothian.scot.nhs.uk

Eitner, S., Wichmann, M., & Holst S. (2005). “Hypnopuncture”—A dental emergency treatment concept for patients with a distinctive gag reflex. International Journal of Clinical and Experimental Hypnosis, 53 (1), 60-73. The authors present a novel combination of acupuncture and hypnosis in this article which they term “hypnopuncture” and discuss its uses in dental medicine. They describe the application of their treatment to the case of a 76-year-old patient who had a severe gag reflex that interfered with his ability to complete routine dental procedures. The method of hypnopuncture is described as being a safe, effective, and quick procedure which allows the patient to be treated effectively during a root canal procedure despite his previous history of treatment failure due to the gag reflex. The authors assert that acupuncture assists patients with short-term relief from the gag reflex while hypnosis can also add a long-term solution to the problem. Address for reprints: Dr. Stephan
Eitner, S., Wichmann, M., & Holst S. (2005). A long-term therapeutic concept for patients with a severe gag reflex. *International Journal of Clinical and Experimental Hypnosis, 53* (1), 74-86. The authors further describe their techniques of “Hypnopuncture” in this second case report in the January 2005 issue. Describes the case of a 48-year-old male who presents with a history of possessing a severe gag reflex which is successfully treated with 5 sessions of training in hypnopuncture. The authors assert that the synergy between their methods of hypnosis and acupuncture is responsible for producing results that are greater in magnitude than when either method is employed by itself. Address for reprints: Dr. Stephan Eitner, Department of Prosthodontics, University of Erlangen-Nuremberg, Gluckstrasse 11 91054 Erlangen, Germany. E-mail: seitner@prothetikerlangen.de

Green, J. P. (2004). The five factor model of personality and hypnotizability: Little variance in common. *Contemporary Hypnosis, 21*(4), 161-168. In 285 undergraduates, this study compared the NEO-PI-R and the Harvard Group Scale of Hypnotic Susceptibility (HGSHS). Gender and personality test scores were accounted for by approximately 8% (6% adjusted) of the variance in hypnotizability scores. The scores on individual facets on the NEO-PI-R accounted for about 21% (12% adjusted) of the variance on the HGSHS:A. These results are consistent with previous studies that attempted to correlate hypnotizability with a measure of the five factor model of personality. Address for reprints: Joseph P. Green, Ph.D., Psychology Department, Ohio State University, Lima, OH 45804, USA. E-mail: green.301@osu.edu

Gruzelier, J. (2005). Altered states of consciousness and hypnosis in the twenty-first century. *Contemporary Hypnosis, 22*(2), 1-7. In relation to a paper by Kallio and Revonsuo (2003), Gruzelier notes that the study of consciousness, unconscious processing, and altered state of consciousness are central issues in neuroscience, heralding fresh approaches to the neuroscientific understanding of hypnosis. These include efforts to bring together new neurophysiological methods with phenomenological report. He believes that alterations during hypnosis of anterior brain processes (including the anterior cingulate and left dorsolateral prefrontal cortex) are particularly productive areas of research. The lack of engagement with neuroscientific research by theorists of a sociocognitive persuasion is noted, with examples then provided from research on attention and relaxation. Unification of the field awaits active collaboration between scientists with neurophysiological and with social orientations. Address for reprints: John Gruzelier, Ph.D., Division of Neuroscience & Psychological Medicine, Imperial College London, St. Dunstan’s Road, London, W6 8RP, United Kingdom. E-mail: j.gruzelier@imperial.ac.uk

Gruzelier, J., De Pascalis, V., Jamieson, G., Laidlaw, T., Naito, A., Bennett, B., & Dwivedi, P. (2004). Relations between hypnotizability and psychopathology revisited. *Contemporary Hypnosis, 21*(4), 169-175. The authors were inspired to examine relations between schizotypy and hypnotizability by seeing a first episode of schizophrenia that occurred within a week of being a participant in stage hypnosis. They found positive associations with 15 items consisting of positive aspects of schizotypy with the Harvard
Group Scale of Hypnotic Susceptibility. This study re-examined this finding in two further samples. The more cognitively loaded Stanford Hypnotic Susceptibility Scale, Form C, was administered to female Italian psychology students in the first study. Then the HGSHS was given to British medical students in a stress reduction study. In the first replication study, 12 correlations were found, all with positive features of schizotypy, none associated with unreality experiences, and 6 items related to psychic experiences. In the second replication study, of 13 positive associations, 7 were negative items associated to the withdrawal syndrome, and 6 items were associated with social anxiety (a nonspecific feature of schizotypy). Across the series of studies, all but one item was interpreted by the authors as being consistent with associations between hypnotizability and positive schizotypy and social anxiety. The actual items that correlated are provided in appendices. Although the items varied from study to study, and that there were sampling and scale differences, the outcome merits larger studies to investigate further the relationship between hypnotic susceptibility and psychopathology. Address for reprints: John Gruzelier, Ph.D., Division of Neuroscience & Psychological Medicine, Imperial College London, Charing Cross Campus, St. Dunstan’s Road, London W6 8RP, United Kingdom. E-mail: j.gruzelier@imperial.ac.uk

Hammond, D. C. (2005). Clinical hypnosis and neurofeedback. Biofeedback, 33(1), 14-19. In a clinically oriented paper, the author describes unique therapeutic strengths and opportunities associated with both hypnosis and with EEG biofeedback. Based on extensive clinical experience with both modalities, the author makes practical suggestions to guide therapists concerning when to choose hypnosis versus neurofeedback as the initial intervention of choice. Address for reprints: D. Corydon Hammond, Ph.D., University of Utah School of Medicine, PM&R, 30 No. 1900 East, Salt Lake City, UT 84132-2119. E-mail: D.C.Hammond@m.cc.utah.edu

Hammond, D. C. (2005). EEG patterns and hypnotizability. Biofeedback, 33(1), 35-37. Provides a brief review of the relationship of hypnotizability and EEG activity, followed by a discussion of how modifying EEG activity with neurofeedback may have potential to increase hypnotic responsiveness, for example, in working with pain patients. This is followed by a brief summary of the relationship of hypnotizability to clinical symptoms. Address for reprints: D. Corydon Hammond, Ph.D., University of Utah School of Medicine, PM&R, 30 No. 1900 East, Salt Lake City, UT 84132-2119. E-mail: D.C.Hammond@m.cc.utah.edu

Jensen, M., Hanley, M., Engel, J., Romano, J., Barber, J., Cardenas, D., Kraft, G., Hoffman, A., & Patterson, D. (2005). Hypnotic analgesia for chronic pain in persons with disabilities: A case series. International Journal of Clinical and Experimental Hypnosis, 53 (2), 198-228. In this study, 33 adult chronic pain patients were treated with hypnosis. Significant pretreatment to posttreatment changes were observed in average pain intensity that were maintained at a 3-month follow-up. Changes were also found in pain unpleasantness and perceived control over pain although no changes were found in pain interference or depressive symptoms. The treatment outcome was not found to be significantly related to hypnotic ability, concentration of treatment (e.g., daily vs. up to weekly), or initial response pattern to treatment. The treatment outcome was, however, moderately related to the participants’ expectancy ratings of treatment after the first session. The authors interpreted their findings to indicate
support for the use of hypnosis with chronic pain patients. They also called into question the practice of screening out patients for treatment who do not meet a standard established by hypnotic assessment procedures since hypnotic ability was not shown to be related to clinical outcome. Address for reprints: Mark P. Jensen, Ph.D., Department of Rehabilitation Medicine, Box 356490, University of Washington, Seattle, WA 98195-6490, USA. Email: mjensen@u.washington.edu

Jensen, M. & Patterson, D. (2005). Control conditions in hypnotic analgesia clinical trials: Challenges and recommendations. *International Journal of Clinical and Experimental Hypnosis, 53* (2), 170-197. The authors review some methodological limitations of prior case studies and controlled clinical trials of the efficacy of hypnotic analgesia in treating patients with chronic pain disorders. The authors conclude that most of these studies lack adequate controls for expectancy and placebo effects although these studies frequently do find positive results that would otherwise indicate that hypnotic analgesia is effective in treating chronic pain. The authors offer constructive recommendations for future clinical research to adequately assess expectancy and placebo factors when designing clinical trials of hypnotic analgesia. Address for reprints: Mark P. Jensen, Ph.D., Department of Rehabilitation Medicine, Box 356490, University of Washington, Seattle, WA 98195-6490, USA. Email: mjensen@u.washington.edu

Kallio, S. & Revonsuo, A. (2005). Can hypnosis and hypnotic hallucination change information processing in the brain— A case report. *Hypnos, 32*(1), 25-35. The neural mechanisms and nature of hallucinations in a hypnotic context are still poorly understood and controversial, but they were studied in a single highly susceptible subject who scores 12 on the Stanford Hypnotic Susceptibility Scale, Form C. They examined an auditory evoked potential (mismatch negativity) measure of the brain’s electric activity which accompanied audiovisual and purely visual hallucination. No significant differences between these two hallucination conditions were found to occur in this component. These results were compared with previous ones where the same subject and identical stimuli had been used during neutral hypnosis (pure hypnosis without any additional suggestions) and normal waking conditions. The results from their studies taken together suggest that the way the brain processes the auditory stimuli

Kallio, S. & Revonsuo, A. (2005). Altering the state of the altered state debate: Reply to commentaries. *Contemporary Hypnosis, 22*(1), 46-55. The main point of the authors’ 2003 article was to clarify, explicate and reveal the differences between current theoretical viewpoints in explaining hypnosis. The authors wanted to present a research program and propose some experiments that when carried out may lend decisive support to either the nonstate or the state view of hypnosis. The commentaries in this same journal issue reveal that the concept of altered state of consciousness still lacks a commonly accepted definition and is in further need of clarification. The controversy between state and nonstate views of hypnosis seems to boil down to the question concerning the explanatory power of the neural level and especially to what the results at this level tell us. In their reply, these authors further clarify the multi-level framework of explanation, the problems associated with the altered state of consciousness concept, and the rationale for their proposal of using virtuosos as a model system in hypnosis research. Address for reprints: Sakari Kallio, University of Skovde, School of Humanities and Informatics, 54128 Skovde, Sweden. E-mail: sakari.kallio@his.se
used differs in all three conditions: baseline, hypnosis, and hypnotic hallucination. Address for reprints: Sakari Kallio, Ph.D., University of Skovde, School of Humanities & Informatics, 54128 Skovde, Sweden. E-mail: Sakari.kallio@his.se

Kihlstrom, J. F. (2005). Is hypnosis an altered state of consciousness or what? Contemporary Hypnosis, 22(1), 34-38. Kihlstrom considers the state-nonstate debate to be a distraction from the real business of studying the phenomena that occur in the context of hypnotic suggestion. It is preferable to study these phenomena at several levels of analysis, the psychological, sociocultural, and the neurobiological. A comprehensive position on hypnosis must recognize that the phenomena reflect both alterations of consciousness and social interactions. Address for reprints: John F. Kihlstrom, Ph.D., Dept. of Psychology, MC 1650, University of California, Berkeley, 3210 Tolman Hall, Berkeley, CA 94720-1650, USA. E-mail: jkihlstrom@berkeley.edu

Kirsch, I. (2005). Empirical resolution of the altered state debate. Contemporary Hypnosis, 32(1), 18-23. The author states that Kallio and Revonsuo (2003) correctly framed the central issue in the altered state theoretical debate as being whether a trance state is needed to produce hypnotic experiences. However, Kirsch believes that their suggested tests of that hypothesis are insufficient to answer the question. He outlines his opinion of the data required for empirical resolution of the state debate and discusses the problems faced by state and nonstate theories. Address for reprints: Irving Kirsch, Ph.D., Professor of Psychology, School of Health & Social Work, 307 Mary Newman Building, University of Plymouth, Drake Circus, Plymouth, Devon PL4 8AA, United Kingdom. E-mail: irving.kirsch@plymouth.ac.uk

Konradt, B., Deeb, S., & Scholz, O. (2005). Motor imagery in hypnosis: Accuracy and duration of motor imagery in waking and hypnotic states. International Journal of Clinical and Experimental Hypnosis, 53 (2), 148-169. In this study the authors examined response time and accuracy of motor imagery in hypnosis and waking states of consciousness. The authors employed the Vividness of Motor Imagery Questionnaire (VMIQ) and other measures with 47 participants. The subjects performed mental walking tasks of varying distances in the waking state and also in hypnosis using a counterbalanced design. The results demonstrated a significant interaction effect for condition (awake vs. hypnosis) and distance. The participants were significantly slower in the hypnosis condition across all combinations and were also significantly less accurate in their time/distance estimation. The authors interpreted their results to be supportive of a state-trait-conception of hypnotic imagery. Email address: brigette.konradt@uni-bonn.de

Krippner, S. (2005). Trance and the trickster: Hypnosis as a liminal phenomenon. International Journal of Clinical and Experimental Hypnosis, 53 (2), 97-118. Dr. Krippner presents a very thought provoking theory which asserts that hypnotic phenomena have a liminal nature that can confound dualistic and dichotomous attempts to describe the essence of hypnosis. He discusses how native healers and shamans often appear to enter the domain of hypnosis using their hypnotic-like healing rituals and other procedures which call upon the healer to take on the role of the trickster archetype. He also advances a rather playful and stimulating idea that we can find elements of the trickster role in our own approach as hypnotists that are similar to the
strategies that traditional healers and shamans employ. The author makes an interesting and convincing illustration of the trickster/shaman aspects of the tradition of hypnosis using Milton Erickson’s life history as well as his paradoxical/individualistic methods of utilizing trance. His paper contains many interesting insights and unique perspectives from anthropology, hypnosis, parapsychology, shamanism, and transpersonal psychology which are integrated with an analysis of the history of hypnosis including some of the recent scientific psychophysiological findings. The paper also touches upon several current pressing debates in hypnosis while giving recommendations that are equally useful to clinicians and researchers. Address for reprints: Stanley Krippner Ph.D., Alan Watts Professor of Psychology, Saybrook Graduate School and Research Center, 747 Front St., 3rd Floor, San Francisco, CA 94111 Email: skrippner@saybrook.edu

Lynn, S. J., Fassler, O., & Knox, J. (2005). Hypnosis and the altered state debate: Something more or nothing more? Contemporary Hypnosis, 22(1), 39-45. In a response to the Kallio and Revonsuo (2003) article, the authors clarify what they consider to be several simplifications and misrepresentations of the sociocognitive theoretical position inherent in the Kallio and Revonsuo presentation. Problems and limitations with their article are discussed. Address for reprints: Steven Jay Lynn, Ph.D., Psychology Dept., State University of New York at Binghamton, Binghamton, NY 13905, USA. Email: slynn@binghamton.edu

Naish, P. (2005). Detecting hypnotically altered states of consciousness. Contemporary Hypnosis, 22(1), 24-30. “The non-veridical experiences associated with hypnosis, which are clearly at variance with reality, are a clue that the hypnotized person has ceased to test the validity of experiences,” Naish says (p. 24). He notes that brain mapping studies have implicated the anterior cingulate gyrus as a key region in hypnotic misperceptions—a region that when damaged can cause patients to have difficulty distinguishing real from imaginary experiences. He believes that these observations support the claim that hypnosis entails an abandonment of reality testing, and he argues that an altered state of consciousness is an inevitable consequence of ceasing to test reality. He suggests possible ways of researching this altered state. Address for reprints: Peter L. N. Naish, Dept. of Psychology, The Open University, Milton Keynes MK7 6AA, United Kingdom. Email: P.Naish@open.ac.uk

Peter, B. (2005). Gassner’s exorcism—not Mesmer’s magnetism—is the real predecessor of modern hypnosis. International Journal of Clinical and Experimental Hypnosis, 53 (1), 1-12. The author presents a very interesting and detailed historical account of the life and work of Father Johann Joseph Gassner (1729-1779) who is usually regarded as an important figure in the history of hypnosis. The author explicates a very intriguing historical argument that Gassner deserves as much credit as Mesmer in the development of the tradition which has become our modern hypnosis. For instance, he asserts that Gassner’s theories and methods about hypnotic phenomena were inherently more elaborate and psychologically orientated than Mesmer’s attempts to understand similar phenomena. The author presents some of Gassner’s methods of exorcism and their similarities to modern hypnotic techniques. The article also touches upon the interesting contrast of scientific vs. magical/mystical worldviews that separated the theories of Mesmer and Gassner. Address for reprints: Burkhard Peter, Ph.D., Konradstr. 16, 80801 München, Germany. Email: Burkhard-Peter@t-online.de

In this experiment the authors examined the neurophenomenology of pain perception and fMRI correlates of hypnotic suggestions to experience painful hallucinations. Fourteen subjects rated the subjective reality of their experiences with either hypnotically hallucinated pain or pain that was induced by laser pulses to the skin during fMRI recording. Both conditions (laser vs. hypnosis) produced similar fMRI correlates associated with the activation of the human pain response. Sensory components of the pain response were evoked more strongly with laser stimulation and were associated with a higher sense of the subjective reality of the painful stimulation. The reality estimates were lower during hypnosis induced pain and were associated with positive correlations in the rostral and perigenual anterior cingulate cortex and in the percingulate regions of the medial prefrontal cortex. The authors interpret their findings to indicate that the sensory-discriminative processing characteristics of pain contribute more to the subjective reality of pain than other neurophysiological processing centers. The authors also argue for a probable role of the medial prefrontal cortex in monitoring the source of the painful stimulation (sensory vs. hallucinated) which influences the neurophenomenology of how noxious stimuli are experienced and processed. Email address: raijtu@neuro.hut.fi


In this experiment the authors examined the effect of indirect versus direct hypnotic suggestions with 271 participants who were randomly assigned to receive either direct suggestions via the Harvard Group Scale of Hypnotic Susceptibility: Form A (HGSHS:A) or indirect suggestions via an alternate indirect measure, the Alman-Wexler Indirect Hypnotic Susceptibility Scale (AWIHSS). The participants completed the Inventory of Childhood Memories and Imaginings (fantasy proneness) and the Therapeutic Reactance Scale (TRS, a measure of resistance to therapeutic directives) prior to hypnosis. The Phenomenology of Consciousness Inventory (PCI) was completed in reference to a 2-minute sitting-quietly period embedded in the hypnotic procedure after the hypnotic assessment was finished. The study was also designed to examine whether the AWIHSS can be accurately described as an alternate form of the HGSHS:A. Differences were observed between the direct (HGSHS:A) and indirect (AWIHSS) measures of hypnotic ability in terms of item difficulty on 4 of the 12 items, greater altered awareness with direct suggestions, and patterns in resistance. The authors assert that the results generally suggest that the two scales are alternate measures of hypnotizability although the observed differences do raise questions for further research. Address for reprints: V. K. Kumar, Department of Psychology, West Chester University, West Chester, PA 19383 USA. Email: vkumar@wcupa.edu

Rossi, E. L. (2005). The memory trace reactivation and reconstruction theory of therapeutic hypnosis: The creative replaying of gene expression and brain plasticity in stroke rehabilitation. *Hypnos, 32*(1), 5-16. Rossi tells how he used his dreams and training with Milton H. Erickson to facilitate his own creative rehabilitation from a stroke at the age of 69. He explores how currently emerging neuroscience research on
memory trace reactivation and reconstruction may be foreshadowing a new theory of the basic ideodynamics of therapeutic hypnosis on a molecular genomic level. He proposes how the creative replay of activity-dependent gene expression, protein synthesis, and brain plasticity in the reconstruction of fear, stress, and traumatic memories and symptoms is the essence of therapeutic hypnosis and psychotherapy. “A new generation of clinical researchers will be required to update Milton H. Erickson’s view of the ‘neuro-psycho-physiological process’ of therapeutic hypnosis on all levels from the experiences of consciousness and dreaming to the creative replay of the gene expression/protein synthesis cycle and brain plasticity” (p. 5). Address for reprints: Ernest L. Rossi, Ph.D., 125 Howard Ave., Los Osos, CA 93402, USA. E-mail: Ernest@ErnestRossi.com

Sarbin, T. (2005). Reflections on some unresolved issues in hypnosis. *International Journal of Clinical and Experimental Hypnosis, 53* (2), 119-134. Dr. Sarbin presents a very stimulating and erudite analysis of the hypnosis literature with respect to the evolution of his theorizing in hypnosis over the past 68 years. He traces the origins of his socio-cognitive approach to his qualitative insights into an experiment he conducted on the influence of hypnotic imagery upon digestion. The author discusses his insight that the results could be better explained to be a consequence of the participant’s active efforts rather than a product of an “undefined mental state.” The author also discusses how this observation and his subsequent research led him into theoretical formulations of hypnosis in terms of social role-taking, believed-in-imagining, invitations to act “as if”, and as a social discourse. The author also advances a very important and subtle idea about how the experience of hypnosis represents an “embodied” action in the sense that the participant’s experience of hypnosis is determined by their active efforts to produce the physical enactments of a socially constructed role rather than by the influence of an altered state of consciousness upon the body. The author discusses recent findings in neuroscience which are consistent with his theorizing about the how embodied perceptions and actions are indeed partly determined by social cognitive phenomena as illustrated by some other recent experiments involving work in the neuroscience of imitation, the chameleon effect, and mirror neurons (Chartrand & Bargh, 1999; Gallese, 2003). However, the author’s use of the term embodiment can be critiqued in terms of its inconsistency with the manner in which embodiment has previously been employed by cognitive neuroscientists and phenomenologists (Varela, Thompson, & Rosch, 1991). Embodiment has been defined by scientists and philosophers in this tradition to describe how our states of mind emerge from a constructive and resonant interaction between bottom-up sensory processes and top-down expectancies (e.g., social role influences, response expectancies, etc.) that are also reciprocally influenced by these same states of mind. The author thus ironically appears to de-emphasize the equally important role that the embodied phenomenological experience of mental states plays in reciprocally shaping the psychophysiology of sensation and behavior despite his subtle insights into how social cognitions can become embodied actions. Address for reprints: 25515 Hatton Road, Carmel, CA, 93923. Email: trs85@aol.com

References:


Spiegel, D. (2005). Multileveling the playing field: Altering our state of consciousness to understand hypnosis. *Contemporary Hypnosis*, 22(1), 31-33. In another commentary of Kallio and Revonsuo’s (2003) paper, Spiegel examines the state/nonstate controversy about hypnosis through six principles of explanation: 1) When you have a hammer, everything starts to look like a nail. 2) Categories are artificial. 3) Hypnosis is not confined to context (and hypnotic phenomena occur with and without a formal hypnotic induction). 4) Social influence theory is a social influence. In this regard, Spiegel says, “The pure social psychological ‘explanation’ for hypnosis is fundamentally as arid as pur behaviourism, which similarly, patronizingly, and inaccurately referred to the brain as a ‘black box’” (p. 32). (5) Is consciousness a social construct? (6) Occam’s razor can bleed the life out of phenomena. Address for reprints: David Spiegel, M.D., Stanford University School of Medicine, 401 Quarry Road, Stanford, CA 94305-5718, USA. E-mail: dspiegel@stanford.edu

Stewart, J.H. (2005). Hypnosis in contemporary medicine. *Mayo Clinic Proceedings*, 80 (4), 511-524. In this article the author undertakes a review of the recent literature on the uses of hypnosis in contemporary medicine. The article begins with a brief primer of hypnosis on basic questions regarding the definition of hypnosis, the validity of hypnotic phenomena, the risks of hypnosis, and similar topics of interest to people who may be new to the field of medical hypnosis. The article next moves into a good overview of medical related hypnosis research into areas such as allergy, hypnotic analgesia for chronic and surgical pain, dermatology, gastroenterology, wound healing, neurology, obesity, oncology, obstetrics, and many other topics. The authors conclude that the accumulative evidence of these studies justifies an expanded role for hypnosis in medicine as well as increased emphasis on the importance of medical hypnosis research. This article may serve as a useful introduction to medical hypnosis that you can give to medical professional and patients who were previously unaware of its basic nature and numerous applications. E-mail address for reprints: stewart.james@mayo.edu


Wagstaff, G., & Cole, J. (2005). Levels of explanation and the concept of a hypnotic state. *Contemporary Hypnosis*, 22(1), 14-17. This article is another response to Kallio and Revonsuo’s (2003) article, which shows that the state/nonstate debate continues to be alive and well in the field. This paper argues that sociocognitive criticisms of state/dissociation theory do not arise primarily because these approaches involve different levels of explanation, but rather because the postulated cognitive and physiological mechanisms involved are different. The authors also discuss the limitations of using hypnotic virtuosos in hypnosis research and question the utility of using the idea of altered states of consciousness as an explanatory mechanism. They
conclude that the issues dividing theoretical opinions on hypnosis operate across a variety of explanatory levels. Address for reprints: Dr. G. F. Wagstaff, Dept. of Psychology, University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool, L69 7ZA, United Kingdom. E-mail: gwf@liverpool.ac.uk

Whitehouse, W., Orne, E., Dinges, D., Bates, B., Nadon, R., Orne, M. (2005). The cognitive interview: Does it successfully avoid the dangers of forensic hypnosis? American Journal of Psychology 118 (2), 213-225. In this experiment the authors examined the influence of hypnosis and interrogation upon confabulation and erroneous recall in memory. Seventy-two undergraduates were shown a videotape in which a bank robbery took place that resulted in the shooting of a young boy. The participants were subsequently interviewed about their recollections of the film several days later. Baseline oral and written recall of the narrative events was established followed by random assignment to a hypnosis condition, the cognitive interview (CI), or a motivated, repeated recall (MRR) control interview. The results indicated that subjects in the hypnosis condition generally had greater productivity in recall than in the CI or the MRR interview. The authors attributed this difference primarily to report criterion differences rather than differences in their accessible memory. Individual differences in hypnotic ability were associated with erroneous and confabulatory recall in the hypnosis and CI conditions but not in the MRR condition. The authors interpreted their findings to indicate that some methods of CI may invoke hypnotic-like processes in hypnotizable people. E-mail address for reprints: wayne.whitehouse@temple.edu

Wickramasekera II, I. E. (2005). Best of both worlds: How to integrate hypnosis and biofeedback with empathy and hypnotic assessment procedures. Biofeedback, 33 (1), 31-34. In this article the author reviews the importance of measuring hypnotic ability in mind/body medicine. The author discusses how hypnotic assessment can provide critical information about a client’s level of hypnotic ability as well as their unique phenomenological experience of hypnosis. The author then describes how this information is also of value when determining the ideal integration of hypnosis and biofeedback to use for a particular person. The author also discusses how differences in empathic disposition appear to underlie why low hypnotizable persons prefer using biofeedback at the onset of psychotherapy, as well as why high hypnotizable persons are recommended to begin with hypnosis. Low hypnotizable persons appear to enjoy the biomedical validation of applied psychophysiology, whereas high hypnotizable persons can utilize their empathic gifts in hypnosis. Address for reprints: Ian E. Wickramasekera II, Psy.D., Adler School of Professional Psychology, 65 East Wacker Place, Suite 2100, Chicago, IL 60601, web: www.adler.edu, E-mail: rigdzen@hotmail.com.

Wilmarth, E., & Wilmarth, K. (2005). Biofeedback and hypnosis in pain management. Biofeedback, 33 (1), 20-24. In this article the authors provide a very good brief overview of the history of how hypnosis and biofeedback have been employed in pain management. The authors also provide a summary of basic concepts in pain management including the theory and neurophysiology of acute and chronic pain. Address for reprints: Eric K. Wilmarth, PhD, Michigan Behavioral Consultants, 1675 Michigan Street NE, Grand Rapids, MI 49503. Email Ewilmarth@aol.com
Woody, E. Z., & Sadler, P. (2005). On the virtues of virtuosos. *Contemporary Hypnosis, 22*(1), 8-13. This paper contrasts proposals by Kiallio and Revonsuo (2003) with some of Ernest Hilgard’s research. They note some empirical difficulties with relying on hypnotic virtuosos as the basis for hypnosis research, instead of Hilgard’s dimension-based individual differences method. The idea is also discussed that deceptive hypnotic suggestions may have important properties in comparison with the more common, invitational hypnotic type of suggestions. Address for reprints: Erik Z. Woody, Dept. of Psychology, University of Waterloo, Waterloo, Ontario N2L 3G1, Canada. E-mail: ewoody@waterloo.ca

Yu, C. K. (2004). Beliefs and opinions regarding hypnosis and its applications among Chinese professionals in medical settings. *Contemporary Hypnosis, 21*(4), 177-186. Following up on an earlier study by the author on the perceptions of 457 Chinese college students to hypnosis, this paper examines specifically the beliefs and opinions of Hong Kong Chinese health professionals about hypnosis and its clinical applications. Seventy-five professionals working in medical settings were studied. Findings indicated that while professionals share similar overall beliefs and misconceptions as college students, the professionals very much resemble those students without psychology training who hold quite different opinions on the dimensions of the worth and transcendence-achieving quality of hypnosis. Address for reprints: Calvin Kai-ching Yu, Dept. of Counseling & Psychology, Hong Kong Shue Yan College, 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong. E-mail: calyu2000@hotmail.com