Anbar, R. D. (2002). Hypnosis in pediatrics: Applications at a pediatric pulmonary center. *BMC Pediatrics, 2*(1), 11. This report discusses the usefulness of hypnosis for patients who presented to a Pediatric Pulmonary Center over a 30 month period. Hypnosis was offered to 303 patients who were either thought to have pulmonary symptoms due to psychological issues, discomfort due to medications, or fear of procedures who were seen from May 1, 1998-October 31, 2000. Improvement in symptoms after hypnosis was observed by the pulmonologist for most patients with habit cough and conversion reaction. Improvement of other conditions for which hypnosis was used was gauged based on patients’ subjective evaluations. The author indicates that hypnosis was associated with improvement in 80% of patients with persistent asthma, chest pain/pressure, habit cough, hyperventilation, shortness of breath, sighing, and vocal cord dysfunction. When improvement was reported, in some cases symptoms resolved immediately, and for the others improvement was achieved after hypnosis was used for a few weeks. No patients’ symptoms worsened and no new symptoms emerged following hypnotherapy. Patients described in this report were unlikely to have achieved rapid improvement in their symptoms without the use of hypnosis, and therefore, hypnosis can be an important complementary therapy for patients in a pediatric practice. Address for reprints: Ray Anbar, M.D., Associate Professor of Pediatrics and Medicine, Department of Pediatrics, Upstate Medical University, 750 E, Adams Street, Syracuse, NY 13210, USA. E-mail: Anbarr@mail.upstate.edu.

Barnier, A. J. (2002). Remembering and forgetting autobiographical events: Instrumental uses of hypnosis. *Contemporary Hypnosis, 19*(2), 51-61. “Instrumental research” uses hypnosis as a tool to investigate phenomena outside the immediate domain of hypnosis. This paper illustrates the value of such uses by focusing on the use of hypnosis to explore the remembering and forgetting of autobiographical events. The paper focuses on research using posthypnotic amnesia to develop a laboratory model of functional amnesia. This research highlights some of the methodological and theoretical challenges inherent in instrumental hypnosis research, as well as its value and interest. Other potential uses of hypnosis within the domain of personal memory are also discussed, including autobiographical memory in hypnotically elicited
delusions. Address for reprints: Amanda J. Barnier, Ph.D., School of Psychology, University of New South Wales, Sydney, NSW 1052, Australia.

Barnier, A. J., & McConkey, K. M. (1999). Posthypnotic suggestions, response complexity, and amnesia. *Australian Journal of Psychology, 51*(1), 1-5. Thirty-eight high hypnotizable subjects were given a suggestion for either a simple or a complex posthypnotic response. This suggestion was given either with or without an accompanying suggestion for posthypnotic amnesia. The type of suggestion had an impact on subsequent responding: 94% of subjects given the simple suggestion and 16% given the complex suggestion responded. Interestingly, the accompanying presence of amnesia did not have an impact on responding: 46% of subjects with amnesia and 63% without responded; 58% of those who did not receive the amnesia suggestion responded. These findings are discussed in terms of a model that highlights the interaction of internal and external processes that encourages or discourages posthypnotic responding. Address for reprints: Amanda J. Barnier, Ph.D., School of Psychology, University of New South Wales, Sydney, NSW 1052, Australia.

Croft, R. J., Williams, J. D., Haenschel, C., & Gruzelier, J. H. (2002). Pain perception, hypnosis, and 40 Hz oscillations. *International Journal of Psychophysiology, 46*(2), 101-108. A number of areas of the brain are associated with the subjective experience of pain. This study adds to our understanding of the neural mechanisms involved in pain perception by considering the relation between cortical oscillations in response to pain, with and without hypnosis and hypnotic analgesia, and the subjective experience of pain. EEG was measured in 33 subjects during a 40-540 ms period following painful phasic electrical stimulations to the right hand, under control and hypnosis conditions. The resulting FFT amplitudes for EEG frequencies ranging from 8 to 100 Hz were computed. These were grouped into 7 scalp topographic areas, for each frequency, along with the relations between these topographies and pain ratings, and performance and stimulus intensity measures were assessed. Gamma band activity (32-100 Hz) over prefrontal scalp sites predicted subject pain ratings in the control condition ($r = 0.50$, $P = 0.004$), and no other frequency/topography combination did. This relation was found to be present in both high and low hypnotizables and was independent of performance and stimulus intensity measures. This relationship was unchanged by hypnosis in the low hypnotizable subjects, but was not present in the highs during hypnosis, suggesting that hypnosis interferes with this pain/gamma relation. This study provides evidence for the role of gamma oscillations in the subjective experience of pain. In addition, it is in keeping with the view that hypnosis involves the dissociation of prefrontal cortex from other neural functions. Address for reprints: Dr. John Gruzelier, Department of Cognitive Neuroscience and Behaviour, Imperial College London, Medical Faculty, St. Dunstan’s Road, W68 RF, London, UK. E-mail: j.gruzelier@ic.ac.uk.

Dobkin de Rios, M. (2002). What we can learn from shamanic healing: brief psychotherapy with Latino immigrant clients. *American Journal of Public Health, 92*(10):1576-8. The author, a medical anthropologist and licensed psychotherapist, draws on a database of 700 Latino immigrant families whom she has treated in demonstrating concepts and techniques of psychotherapeutic intervention that are derived from shamanic roots in the immigrant’s original culture. She asserts that congruences may exist between the shamanic techniques of the coastal and Amazonian
regions of Peru and 3 Western psychotherapy techniques-hypnosis, behavior modification, and cognitive restructuring. Through using historic links with Hispanic culture and the techniques discussed in the commentary, psychotherapists can acquire cultural competence that will enable them to effectively reduce mental illness symptoms presented by Latino immigrants in clinical practice. Address for reprints: Dr. Marlene Dobkin de Rios, Department of Psychiatry and Human Behavior, University of California-Irvine, Irvine, CA, USA. E-mail: septrion@aol.com.

Finer, B. (2002). The inner theater. *Hypnos, 29*(4), 164-168. Patients with chronic pain (e.g., back pain, whiplash-associated disorders, fibromyalgia) often develop psychological distress following the pain. A multidisciplinary approach to treatment, in collaboration with a physician, can, with advantage, include hypnotherapy, both to reduce, relieve, or abolish the symptoms and also to facilitate an improved quality of life despite the symptoms. The author presents a technique he developed during the last few years. Address for reprints: Basil Finer, M.D., Ph.D., Vastra Jarnvagsgatan 7, nb, SE-753 33 Upsala, Sweden. E-mail: basil.finer@surgsdi.uu.se.

Gravitz, M. A. (2002). A retrospective view of the Bridey Murphy case. *Hypnos, 29*(4), 175-185. A noteworthy event occurred in 1956 with the publication of *The Search for Bridey Murphy*. This best seller, written for the general public, described several tape recorded sessions of alleged hypnotic age regression to a prior life nearly two centuries earlier. Subsequent investigations disproved the claim, but there were a number of important implications for the science and practice of hypnosis. Although it was concluded that the Bridey Murphy reports were products of cryptomnesia, the book was a significant factor associated with a heightened wave of public and professional interest in this modality. Address for reprints: Melvin A. Gravitz, Ph.D., Clinical Professor of Psychiatry & Behavioral Sciences, George Washington University, 1325 Eighteenth St., N.W., Suite 105, Washington, DC, USA. E-mail: melgra@eros.com.

Gruzelier, J. (2002). Self-hypnosis and immune function, health, wellbeing and personality. *Hypnos, 29*(4), 186-191. The author reviews his very fine research on the efficacy of self-hypnosis in reducing the effects of stress on the immune system, and the important consequences for health. The self-hypnosis training included medical students before final exams and patients with chronic, virulent genital herpes. Common viral illnesses were reduced at the time of exams, while herpes recurrences were almost halved along with increased cytotoxicity of natural killer cells for the virus. Subjects with a cognitively activated personality had a better outcome, as did hypnosis that involved imagining a dynamic scenario of a healthy, defensive immune system in action. Address for reprints: Professor John Gruzelier, Faculty of Medicine, Imperial College of London, Charing Cross Campus, St. Dunstan’s Road, London W6 8RF, United Kingdom. E-mail: j.gruzelier@ic.ac.uk.

Houghton, L. A., Calvert, E. L., Jackson, N. A., Cooper, P., & Whorwell, P. J. (2002). Visceral sensation and emotion: a study using hypnosis. *Gut, 51*(5):701-704. The Whorwell group has previously shown that hypnosis can be used to study the effect of different emotions on the motility of the gastrointestinal tract. These studies demonstrated that both anger and excitement increased colonic motility while happiness led to a reduction. This study investigated the effect of hypnotically induced emotion on the visceral sensitivity of the gut. Sensory responses to the balloon distension of the rectum and compliance were assessed in 20 patients (aged 17-64 years old) with irritable bowel syndrome (IBS) diagnosed by the Rome I criteria. Patients were studied on four separate occasions in random order either alert (control) or in hypnosis, during which anger, happiness, or relaxation (neutral emotion) were induced. It was found that hypnotic relaxation increased the distension volume required to induce discomfort (p = 0.05), while anger reduced this threshold compared with relaxation (p < 0.05), happiness (p < 0.01), and awake conditions (p < 0.001). Eliciting happiness did not further alter sensitivity from that observed during relaxation. No associated changes were found in rectal compliance or wall tension. Furthering their previous observations on motility, this study shows that emotion can also affect an IBS patient’s perception of rectal distension and demonstrates the critical role of the mind in modulating gastrointestinal physiology. The results emphasize how awareness of the emotional state of the patient is important when either measuring visceral sensitivity or treating IBS. Address for Reprints: Dr. L. A. Houghton, Department of Medicine, University Hospital of South Manchester, Manchester M20 2LR, United Kingdom. E-mail: lahoughton@man.ac.uk.

Jamieson, G. A., & Sheehan, P. W. (2002). A critical evaluation of the relationship between sustained attentional abilities and hypnotic susceptibility. *Contemporary Hypnosis, 19*(2), 62-74. In hypnosis, high hypnotizables report a loss of awareness of surroundings and a narrowing of awareness to the events suggested by the hypnotist, and they report more frequently occurrences of deeply involving experiences in daily life. It has been theorized that the ability to strongly maintain this focus of attention underlies hypnotic responsiveness (Crawford, 1994), and studies using various behavioral measures are cited to support this view. However, a lack of replication and uncertainty about the nature of the measures makes interpretation difficult. This was a factor analytic design study (n = 182) exploring the structure of the relationship between hypnotic susceptibility, imagery, and absorption and a range of behavioral measures that in the hypnotic literature have been found to correlate with susceptibility and to index sustained attentional abilities. It was suggested that if the general claims are correct, similar relationships should be found in this study. In addition, an identifiable sustained attention factor should emerge from the covariance structure, including a substantial loading from hypnotic susceptibility. However, these predictions were not supported. The results found that only absorption correlated significantly with susceptibility. A sustained attention factor did emerge but it was independent of the absorption factor. Thus, linkages between sustained attention and susceptibility remain undemonstrated according to these authors. Address for reprints: Dr. Graham Jamieson, Dept. of Cognitive Neuroscience & Behaviour, Imperial College of Science, Technology
Johnson, S. H. (2000). Imagining the impossible: Intact motor representations in hemiplegics. *Neuroreport, 11*(4), 729-732. This research assessed to what degree hemiplegics remained able to imagine movements that they could no longer perform. Eleven adults who experienced a cerebral vascular accident (CVA) (ages 29-83) less than 3 weeks before completed a grip selection task that was known to involve motor imagery. Subjects were found to be able to retain the ability to accurately represent movements of the impaired limb. This ability was compromised, however, in cases of right parietal or left frontal lesions. The implication of the findings is that during the acute phase of recovery from a CVA, many patients can use motor imagery in hypnosis to activate partially damaged motor networks, which may facilitate functional reorganization. The findings are consistent with the hypothesis that imagined motor activity, like actual reaching and grasping, involves a network of highly interconnected areas that are distributed throughout parietal and frontal cortices. Address for reprints: Dr. Scott Johnson, Center for Cognitive Neuroscience, Dartmouth College, Hanover, NH 03755-3569, USA.

Ketterhagen, D., VandeVusse, L., & Berner, M. A. (2002). Self-hypnosis: Alternative anesthesia for childbirth. *American Journal of Maternity & Child Nursing, 27*(6), 335-340. This article was written to inform nurses about the use of self-hypnosis in childbirth. Address for reprints: Debra Ketterhagen, Women’s Health Center, Waukesha Memorial Hospital, Waukesha, WI 53188, USA. E-mail: debra.ketterhagen@phci.org.

Lang, E. V., Laser, E., Anderson, B., Potter, J., Hatsiopoulou, O., Lutgendorf, S., & Logan, H. (2002). Shaping the experience of behavior: construct of an electronic teaching module in nonpharmacologic analgesia and anxiolysis. *Academic Radiology, 9*(10), 1185-1193. The authors’ wanted to develop an electronic teaching module in nonpharmacologic analgesia and anxiolysis for use in the radiology department. Their teaching document was derived from previous training courses and validated by patient outcomes. Skills in structured empathic attention and guidance of self-hypnotic relaxation were tested in a previous prospective, randomized study with 241 patients where it was shown to affect positively patients’ perception of pain and anxiety. Patients undergoing hypnosis achieved the greatest relief and most hemodynamic stability. The skills applied also resulted in an average savings of 17 minutes of procedure time and approximately $340 in sedation cost per case. With these validated behavioral skills, an electronic teaching module was constructed. The mode of teaching reflected the content of teaching and used a multimedia format containing text, audio, video, pictures, and animation. Advanced navigation tools were included to put the students in control of their learning experience. Inclusion of experiential components, congruity of language with Ericksonian syntax, and provision of an electronic journal catered to the development of greater biobehavioral awareness. It was concluded that electronic teaching modules for biobehavioral skill training are feasible and promise to reduce the time need for life interactions with instructors. Address for Reprints: Elvira V. Lang, M.D., Department of Radiology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA 02215, USA.

anxiety treatment outcomes: hypnosis, group therapy and individual desensitization vs. no specialist treatment. European Journal of Oral Science, 110(4), 287-295. The outcomes of hypnosis (H), group therapy (GT), and individual systematic desensitization (SD) on extreme dental anxiety in adults were compared by regular attendance behaviors, changes in dental anxiety and changes in beliefs about dentists and treatment after 3 years. Treatment groups were comparable with a static reference control group of 65 anxious patients (Dental Anxiety Scale = 15) who were followed for an average of nearly 6 years. After 3 years, 54.5% of H patients, 69.6% of GT patients and 65.5% of SD patients were maintaining regular dental care habits. This was better than the 46.1% of the reference group, who were going regularly to the dentist again within the cohort follow-up period, and 38.9% of a control subgroup with observation for 3 years. Women were more regular attenders than men at 3-year follow-up. Specialist-treated regular attenders were found to be significantly less anxious and had more positive beliefs than regular attenders from reference groups. There were few differences between H, GT, and SD after 3 years. The authors concluded that many patients can, on their own, successfully start and maintain regular dental treatment habits with dentists despite years of avoidance associated with phobic or extreme anxiety. However, it also appeared that these patients had less success in reducing dental anxiety and improving their beliefs about dentists long-term than did patients who were treated at the specialist clinic with psychological strategies. Address for reprints: Dr. R. Moore, Department of Oral Epidemiology and Pediatric Dentistry, Dental Phobia Research and Treatment Center, Royal Dental College, Aarhus University, Denmark. E-mail: roding@post8.tele.dk.

Oakley, D. A., & Halligan, P. W. (2002). Hypnotic mirrors and phantom pain: A single case study. Contemporary Hypnosis, 19(2), 75-84. Two main approaches to modifying phantom limb pain hypnotically can be identified: ipsative imagery, making use of the patient’s own imaginative interpretation of how the pain is generated, and a simulated movement approach. The latter approach has many similarities with the “mirror” technique recently used by Ramachandran in non-hypnotic settings to create the experience of movement and in some (but not in all cases) relief from phantom limb pain. This is a case report of the use of a hypnotically induced “virtual” mirror experience that modified longstanding intractable phantom limb pain despite generating a qualitatively inferior experience of movement in the phantom limb compared to that produced with an actual mirror. The preliminary findings suggest that the use of hypnotic movement imagery for the management of phantom pain is worth further evaluation both in terms of its comparative ease of use and because of its potential for informing discussion about the possible neurocognitive mechanisms involved. Address for reprints: Dr. David Oakley, Hypnosis Unit, Department of Psychology (Remax House), University College London, Gower Street, London WC3E 6BT, United Kingdom.

Palsson, O. S., Turner, M. J., Johnson, D. A., Burnelt, C. K., & Whitehead, W. E. (2002). Hypnosis treatment for severe irritable bowel syndrome: Investigation of mechanism and effects on symptoms. Digestive Diseases & Sciences, 47(11):2605-2614. Hypnotic treatment is documented to improve irritable bowel syndrome (IBS), but the mechanism is unknown. Possible physiological and psychological mechanisms were evaluated in two studies. Patients with severe IBS received seven biweekly hypnosis sessions and used hypnosis audiotapes for self-hypnosis at home. Rectal
pain thresholds and smooth muscle tone were measured with a barostat before and after treatment in 18 patients in the first study, and treatment changes in heart rate, blood pressure, skin conductance, finger temperature, and forehead EMG activity were assessed in 24 patients in the second study. Somatization, anxiety, and depression were measured as well. All central IBS symptoms improved substantially from treatment in both studies. Rectal pain thresholds, autonomic functioning (except for EDR), and rectal smooth muscle tone, were unaffected by the hypnotic treatment, but somatization and psychological distress showed large decreases. It was concluded that hypnosis improves IBS symptoms through reductions in psychological distress and somatization since improvements were unrelated to changes in the physiological parameters measured. Address for reprints: Olaf S. Palsson, Ph.D., University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27599-7080 USA. E-mail: Palsson@mindspire.com.

Page, R. A. (2002). Bridey Murphy: Five decades later. *Hypnos*, 29(4), 182-185. This paper, prompted by the death of the amateur hypnotist in the famous past life case of Bridey Murphy, examines the impact and explanations of the case, aided by recordings of some of the actual hypnotic sessions conducted. It is noted that the hypnotist believed in reincarnation and used leading suggestions. It also comments on a companion paper by Melvin Gravitz. Address for reprints: Roger A. Page, Ph.D., Ohio State University, 4240 Campus Drive, Lima, OH 45804, USA. E-mail: page.6@osa.deu.

Raz, A., Shapiro, T., Fan, J., & Posner, M. I. (2002). Hypnotic suggestion and the modulation of stroop interference. *Archives of General Psychiatry, 59*(12), 1155-1161. Neuroscience has not fully exploited hypnosis and hypnotic suggestion as experimental tools. This study was designed to assess whether a hypnotic suggestion to hinder lexical processing could modulate the Stroop effect. Behavioral Stroop data were collected from 16 high hypnotizable and 16 less responsive subjects. Subjects were encouraged to only attend to the ink color and to impede reading the stimuli under posthypnotic suggestion. The posthypnotic suggestion eliminated Stroop interference for highly suggestible subjects, but less suggestible control subjects showed no significant reduction in the interference effect. The outcomes in this study challenge the dominant view that word recognition is obligatory for proficient readers, and may provide insight into top-down influences of suggestion on cognition. Address for reprints: Dr. A. Raz, Sackler Institute for Developmental Psychobiology, Department of Psychiatry, Weill Medical College of Cornell University, 1300 York Ave, Box 140, New York, NY 10021, USA. E-mail: amr2006@med.cornell.edu.

Roelofs, K., Keijzers, G. P., Hoogduin, K. A., Naring, G. W., & Moene, F. C. (2002). Childhood abuse in patients with conversion disorder. *American Journal of Psychiatry, 159*(11), 1908-1913. The assumption of a relationship between conversion disorder and childhood traumatization has a long history, but there has been little empirical evidence to support this premise. This study evaluated this relation and investigated whether hypnotic susceptibility mediates the relation between trauma and conversion symptoms, as suggested by Janet’s autohypnosis theory of conversion disorder. Fifty-four patients with conversion disorder and 50 matched comparison patients with an affective disorder were administered the Structured Trauma Interview as well as
measures of cognitive (Dissociative Experiences Scale) and somatoform (20-item Somatoform Dissociation Questionnaire) dissociative experiences. It was found that patients with conversion disorder reported a higher incidence of physical/sexual abuse, a larger number of different types of physical abuse, sexual abuse of longer duration, and incestuous experiences more often than the comparison patients. Additionally, within the group of patients with conversion disorder, parental dysfunction by the mother, not the father, was associated with higher scores on the Dissociative Experiences Scale and the Somatoform Dissociation Questionnaire. Physical abuse was found to be associated with a larger number of conversion symptoms (Structured Clinical Interview for DSM-IV Axis I Disorders). Hypnotic susceptibility proved to partially mediate the relationship between physical abuse and conversion symptoms. It was concluded that the present results provide evidence of a relationship between childhood traumatization and conversion disorder. Address for reprints: K. Roelofs, Department of Clinical and Health Psychology, University of Leiden, Leiden The Netherlands. E-mail: roelofs@fsw.leidenuniv.nl.

Solomon, S. D., & Johnson, D. M. (2002). Psychosocial treatment of posttraumatic stress disorder: A practice-friendly review of outcome research. *Journal of Clinical Psychology, 58*(8), 947-959. This is a review of the Posttraumatic Stress Disorder (PTSD) treatment research which finds that several forms of therapy appear to be useful in reducing PTSD symptoms. The strongest support is found for the treatments that combine cognitive and behavioral techniques. Hypnosis, psychodynamic, anxiety management, and group therapies also may produce short-term symptom reduction. It is not yet known if any approach produces lasting effects. Imaginal exposure to trauma memories and hypnosis are believed to be the techniques most likely to affect the intrusive symptoms of PTSD, while cognitive and psychodynamic approaches may address better the numbing and avoidance symptoms. It is recommended that treatment should be tailored to the severity and type of presenting PTSD symptoms, the type of trauma experience, and to the many likely comorbid diagnoses and adjustment problems. No address available for reprints.

Talley, N. J., & Spiller, R. (2002). Irritable bowel syndrome: a little understood organic bowel disease? *Lancet, 360*(9332), 555-564. Irritable bowel syndrome affects 10% of adults, with unexplained female predominance. It causes reduced quality of life and represents a multibillion dollar health-care problem. It clusters in families, which is possibly because of intra-familial learning and a genetic predisposition. Visceral hypersensitivity has been found to be a key feature in most patients. Results of neuroimaging studies of regional cerebral blood flow during rectal distension suggest underlying disturbances of central processing of afferent signals, though this is not unique to IBS, since it is seen in other chronic pain syndromes. Environmental factors that are strongly implicated in at least some patients can include gastrointestinal infection and inflammation, as well as chronic stress. The diagnosis is based on positive symptoms and absence of any alarm indicators. It is noted that treatment remains unsatisfactory and hinges on an excellent doctor-patient relationship, with drugs for symptom exacerbations. But the authors believe that cognitive-behavior therapy and hypnosis can provide long-lasting benefit in some patients. Address for reprints: N. J. Talley, Department of Medicine, University of Sydney, NSW, Australia. E-mail:
Walters, V. J., & Oakley, D. A. (2002). Hypnosis in post-abortion distress: An experimental case study. *Contemporary Hypnosis, 19*(2), 85-99. This is a case study of a 23 year old woman dealing with post-abortion distress with hypnosis. It identifies themes across symptoms that indicate that hypnosis may be appropriate as an adjunct to therapy for this problem. A phase-oriented trauma treatment model of Brown (1995) and Brown, Scheflin and Hammond (1998) was used. Symptomatic changes were monitored throughout therapy with a multiple-baseline study design. The outcome is described from weekly monitoring and journaling, as well as pre/post-treatment questionnaires. Results indicated that the interventions improved specific symptoms as well as general mental health, and it is concluded that hypnosis can be a particularly appropriate adjunct to therapy for post-abortion distress. Address for reprints: Val Walters, Hypnosis Unit, Department of Psychology (Remax House), University College London, Gower Street, London WC1E 6BT, United Kingdom.

Wright S., Courtney, U., & Crowther, D. (2002). A quantitative and qualitative pilot study of the perceived benefits of autogenic training for a group of people with cancer. *European Journal of Cancer Care, 11*(2), 122-130. This paper describes the application of autogenic training (AT) to patients diagnosed with cancer, with the aim of increasing their coping ability. It reports the results of a questionnaire survey performed before and after an AT course. The authors believe that reduction in arousal and anxiety can help individuals to perceive their environment as less hostile and threatening, with implications for improved perceived coping ability. They further suggest that complementary therapies are useful in enhancing symptom relief, overall well-being and self-help when used as adjuvant therapies to allopathic medical interventions. This study sought to validate, in an Irish context, the effectiveness of AT as a complementary therapy for patients with cancer. Each of 18 subjects completed a Hospital Anxiety and Depression Scale and the Profile of Mood States questionnaire before and after a 10-week AT course. Analyses of the data of the pilot study revealed a statistically significant reduction in anxiety and an increase in fighting spirit after compared with before training, with an improved sense of coping and improved sleep being other apparent benefits of AT practice. No address available for reprints.

Zeltzer, L. K., Tsao, J. C., Stelling, C., Powers, M., Levy, S., & Waterhouse, M. (2002). A phase I study on the feasibility and acceptability of an acupuncture/hypnosis intervention for chronic pediatric pain. *Journal of Pain Symptom Management, 24*(4), 437-446. This study was an initial investigation evaluating the feasibility and acceptability of a complementary and alternative medicine (CAM) program combining acupuncture and hypnosis for chronic pediatric pain. Thirty-three sequentially referred children, ages 6-18 years, were offered 6 weekly sessions consisting of individually tailored acupuncture treatment together with a 20-minute hypnosis session (conducted while acupuncture needles were in place). Parent and child ratings of pain and pain-related interferences in functioning, and child ratings of anxiety and depression, were obtained at pre- and post-treatment. It was found that the treatment was highly acceptable (only 2 patients refused; = 90% completed treatment) and there were no adverse effects. Both parents and children reported significant improvements in children’s pain and interference following treatment. The anticipatory anxiety of the
children declined significantly across treatment sessions. The results support the feasibility and acceptability of a combined acupuncture/hypnosis intervention for chronic pediatric pain. Address for reprints: Lonnie Zeltzer, Ph.D., UCLA Pediatric Pain Program, Department of Pediatrics, UCLA School of Medicine, Los Angeles, CA., USA.